

Small Firm Application for Architects & Engineers Professional Liability

NEW APPLICANT

RENEWAL CLIENT

Is the Small Firm Application right for you?

- | | | |
|--|-----|----|
| 1. Your firm’s practice is best described as an architectural or engineering firm. | Yes | No |
| 2. Your firm is NOT a soils, process, chemical, nuclear, marine, product design, machinery/equipment, or environmental firm. | Yes | No |
| 3. Your firm meets all of the following requirements: | Yes | No |
| • A principal of the firm is licensed/registered in the appropriate discipline. | | |
| • Principals derive primary source of income from the firm. | | |
| • The firm’s gross fees for each of the last 3 complete years and projected year are \$1,000,000 or less. | | |
| • The firm or the principals have never been involved in revocation of license or had a professional liability policy cancelled. | | |
| 4. Your firm utilizes written agreements on 90% or more contracts. | Yes | No |
| 5. Your firm had fewer than 2 claims in the past 5 years and none in the last 2 years.
If “Yes,” the total amount paid or reserved by the carrier was less than \$10,000. | Yes | No |
| 6. Less than 10% of your firm’s billings are derived from Design/Build projects where construction responsibility (either in house or subcontractors) is accepted. | Yes | No |

If your responses to all the statements are “Yes,” continue through the application.
If you answered “No” to any question above, please complete standard application.

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Firm's full name (to be designated as Named Insured):

Mailing Address:

Office Phone #:

Facsimile #:

Website Address:

Federal Tax ID#:

Date Firm Established:

Entity Type:	Sole Proprietor	Joint Venture	Partnership	Corporation
	LLC	LLP	Other: Details	

Number of Personnel

Principals (Do not include below.)

Professionals (project managers, architects, engineers, scientists)

Technical (CAD operators, field, laboratory)

Administrative and other

TOTAL Personnel

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Financial Information:

Provide your firm's GROSS FEES attributable to the following years. GROSS FEES means the exact dollar amount of your firm's gross revenue, but not including interest income, rental income, or sales and service taxes.

	Projected Fiscal Year	Current Fiscal Year	Last Completed Year	2 Years Ago
Fiscal Year End Dates	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy
Total Gross Fees	\$	\$	\$	\$

Professional Disciplines:

Provide the percentages, based on your firm's GROSS FEES, attributable to the following disciplines provided by your firm, excluding subconsultants. **(Note: This section should total 100%.)**

Acoustical Engineer	%	Electrical Engineer	%	Surveyor	%
Architect	%	Illumination Engineer	%	Traffic Engineer	%
Architect Planner	%	Interior Design	%	Other: (describe below)	%
Civil Engineer – Other	%	Landscape Architect	%		
Civil Engineer – WWTP	%	Mechanical Engineer	%		
CM – Advisor	%	Process Engineer	%		
CM – At Risk	%	Structural Engineer	%		

Types of Projects:

Provide the percentages, based on your firm's GROSS FEES, attributable to the following project types. **(Note: This section should total 100%.)**

RESIDENTIAL	% of Gross Fees		% of Gross Fees
Apartments	%	High Rise	%
Condominiums	%	Multi-Unit Residential and Condominium Buildings	%
Custom Homes	%	Single Family Subdivisions	%

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Types of Projects: *(continued)*

Provide the percentages, based on your firm's GROSS FEES, attributable to the following project types.

(Note: This section should total 100%.)

INDUSTRIAL	% of Gross Fees		% of Gross Fees
Industrial Waste Treatment	%	Processing, Manufacturing & Production Systems design	%
Mines, Quarries, Tunnels	%	Other:	%
Oil Refineries, Chemical Plants, Pipelines	%		

COMMERCIAL FACILITIES	% of Gross Fees		% of Gross Fees
All Buildings Over 15 Stories	%	Offices, Warehouses, Processing, Manufacturing and Production Buildings	%
Convention Facilities, Theatres	%	Parking Garages	%
Hotels, Motels	%	Sports Complexes, Arenas, Grandstands	
Malls, Shopping Centers, Retail Stores		Other:	

INSTITUTIONAL	% of Gross Fees		% of Gross Fees
Colleges & Universities	%	Retirement Homes, Convalescent Hospitals	%
Hospitals	%	Schools, Through Grade 12	%
Jails/Correctional Institutions	%	Other:	

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Types of Projects: *(continued)*

Provide the percentages, based on your firm's GROSS FEES, attributable to the following project types.

(Note: This section should total 100%.)

INFRASTRUCTURE	% of Gross Fees		% of Gross Fees
Bridges, Trestles	%	Passenger Transportation Terminals	%
Dams	%	Roads, Highways, Airport Runways	%
Facilities Related to Nuclear Activities	%	Utilities	
Marine: Piers, Wharves, Offshore Structures		Wastewater/Sewage Treatment Plants	
Non-Nuclear Power Plants		Water Treatment Plants	

Design and Other Related Services: Did your firm's services include any of the following during the last fiscal year? If so, please enter in the percentage of GROSS FEES attributable to each.

	% of Gross Fees		% of Gross Fees
Building envelope review	%	Industrial process design	%
Building Information Modeling (BIM)	%	Inspection as a stand alone service	%
Construction review without design	%	Machinery Design	%
Design/Build	%	Plan checking without design	%
Design with construction review	%	Quantity or cost estimates without design	%
Design without construction review	%	Roofing Inspection as a stand alone service	%
Feasibility, planning, or economic studies	%	Other: Please describe	%
Forensic and/or expert witness service	%		

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Subcontracting/Subconsulting: Provide the percentage of your firm's GROSS FEES that were paid to sub-consultants and subcontractors during the last complete year.

	% of Gross Fees		% of Gross Fees
Subcontractors	%	Subconsultants	%
	%	Environmental Services	%
	%	Structural Engineering	
		Other Professional Services	

Business Practices: Does your firm's practices include

- Limitation of liability provision in contract? Yes No
If "Yes," indicate approximate % of project fees containing provision: _____%
- Continuing education and training programs for professional personnel? Yes No
- Peer review sponsored by AIA, NSPE, or other? Yes No
- LEED Certification or equivalent? Yes No
If "Yes," indicate approximate % of professional employees certified _____%

Prior Insurance: Provide the following about your firm's insurance:
Professional Liability

Insurance Company	Policy Period	Limit (per claim/aggregate)	Deductible & Deductible Type	Premium

- Retroactive date on current policy is
- Does your current policy afford First Dollar Deductible or (DOD) coverage? Yes No
- Does your current policy have Specific Job Excess endorsements? Yes No
If "Yes," provide copies.

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Claims Awareness:

a.) After inquiry, do any directors, officers, principals, partners, insurance managers, of the firm for which coverage is sought, have knowledge of any incident, a circumstance, an event, or unresolved fee dispute that may result in a claim? Yes No

If "Yes," please provide the following details:

- Project Name
- Potential claimant
- Alleged damages
- Dates

b.) Within the past 5 years, have any claims been made or legal action brought against the firm, it's predecessor(s), or any past or present principals, partners, insurance managers, or employees? Yes No

If "Yes," please provide the following details:

- Project Name
- Claimant
- Nature of damages to include dollar amount
- Dates

Claim(s) means a demand received by the Insured for money or services and which alleges a wrongful act. Claim(s) includes but is not limited to lawsuits, petitions, arbitrations or other alternative dispute resolution requests filed against the Insured.

Quotation Options: Indicate which options your firm wishes quoted for professional liability insurance:

- Limits of Liability: each Claim Aggregate
- Deductible per Claim:
- Shared Cost of Defense: Yes No
- Dollar One Defense: Yes No

SUBMIT