



Application Instructions

You have chosen to complete an Architects and Engineers New Business Application. Please follow the instructions listed below.

1. Complete the application:

- Option one: Complete the information on screen and print and/or save the application.
- Option two: Print the application and complete the information manually.

Please note that although the application can be completed on your computer, you will not be able to save a copy unless you have Adobe Acrobat 5.0 Professional. If you choose to complete the information on your computer, be sure to print an extra copy for yourself.

2. You have several options for submitting your application:

- a. Fax the completed application using the fax cover sheet below.
- b. Save the application and email it to info@aoneadvantage.com
Mail the completed application to the following address:

Aon Insurance Services

Architects and Engineers Application
159 East County Line Road
Hatboro, PA 19040-1218

If you have any questions, please call one of our representatives at **1-877-266-4929**
Monday – Friday between 8:30 A.M. and 6:00 P.M. EST.



Liberty
International
Underwriters.
Member of Liberty Mutual Group

Fax

To: Aon Insurance Services

From:

Fax: 1-877-937-3348

Phone:

Phone: 1-877-266-4929

Pages:

Re: New Business Application

Date:

A&E Advantage

APPLICATION FOR SMALL FIRM ARCHITECTS, ENGINEERS & ENVIRONMENTAL SERVICES PROFESSIONAL LIABILITY POLICY (CLAIMS MADE COVERAGE)

Coverage is written by: **Liberty Insurance Underwriters Inc.**

APPLICANT INSTRUCTIONS:

1. Please type or print in ink.
2. Answer all questions: **leave no blank spaces.**
3. If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
4. This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship, a Partner if Applicant is a Partnership, or Authorized Officer if Applicant is a Corporation.

Notice: The insurance coverage for which you are applying is written on a Claims Made and Reported policy. Only claims that are first made against you during the policy year and reported to us within that policy year, or within 60 days after the end of the policy year, are covered, subject to policy provisions.

The limits of liability available to pay damages, including judgment or settlement amounts, shall be reduced by amounts incurred for claims expenses. Further note that amounts incurred for claims expenses and damages shall also be applied against the deductible amount, subject to policy provisions.

If you have any questions about coverage, please discuss them with Affinity Insurance Services, Inc.

FIRM PRACTICE

- A. Your firm's practice is best described as an architectural, engineering or environmental firm. It is not a geotechnical engineering, marine or naval architectural firm. Yes No
- B. Your firm meets all of the following requirements:
- A principal of the firm is licensed/registered in the appropriate discipline
 - The principals derive their primary source of income from the firm
 - The firm and/or principals have never been involved in revocation of license nor have been subject to bankruptcy within the last ten years.
 - The average of the firm's gross receipts for the last two complete fiscal years and projected fiscal year is \$2,000,000 or less.
- Yes No

In the past three years and for projected year, did your firm:

- C. Engage in design-build (as the prime on a design-build project); retain contractors and/or subcontractors; perform construction, manufacturing, product sales or distribution, fabricating, real estate development, residential or commercial inspections, or project financing or have financial interest in organizations that do? Yes No



- D. Perform Construction Management services? (This does not include construction phase services on projects you designed). Yes No
- E. Contract with more than 10% uninsured design professional subconsultants? Yes No
- F. Enter into more than 10% of projects without written contracts? Yes No
- G. Perform services on:
- a. Ski lifts or amusement rides? Yes No
 - b. Any projects involving design of any building, system or component intended to be manufactured or used on more than one project without site adaption? Yes No
 - c. Asbestos, mold or lead abatement? Yes No
- H. Perform services accounting for more than 10% of gross receipts on:
- a. Residential condominium projects, planned unit developments or time-share projects? Yes No
 - b. Retaining walls? Yes No
 - c. Buildings over 15 stories? Yes No
- I. Perform services accounting for more than 25% of gross receipts on:
- a. Sports facilities, arenas, convention facilities, grandstands, theaters, amusement parks, transportation passenger terminals (excluding interior design and landscape design services), wastewater/sewage treatment plants or systems or environmental remediation projects? Yes No
 - b. Mines, quarries, tunnels, bridges or trestles? Yes No
 - c. Structures for offshore or marine use, harbors, jetties, docks, piers, wharves? Yes No
 - d. Preliminary site assessments, retirement hospitals, convalescent hospitals, parking garages, correctional institutions? Yes No
- J. Develop, sell or lease computer software to others? Yes No

Comments: _____

- K. Claim Experience - Please select the option that corresponds to your firm's revenue:
- a. If the average of your firm's three-year gross receipts (see Question B above) is less than \$1,000,000:

Have more than one professional liability claim, or claims for which the combined total amount, reserved or paid, is in excess of \$10,000? Yes No
 - b. If the average of your firm's three-year gross receipts (see Question B above) is between \$1,000,000 and \$2,000,000:

Have more than two professional liability claims, or claims for which the combined total amount, reserved or paid, is in excess of \$25,000? Yes No

Principals, Partners, Officers and Directors: _____

Architects, Engineers, Surveyors, Site Representatives,
Landscape Architects, Draftsmen and other Technical Personnel: _____

Clerical and Accounting Employees: _____

Total Staff: _____

13. Please indicate the percentage of gross receipts by **discipline** for the last fiscal year.

- Please round to the nearest whole number.
- The total of all items must equal 100%.

Architecture	_____ %	Civil – WWTP	_____ %
Architectural Planning	_____ %	Structural Engineering	_____ %
Interior Design and Graphics	_____ %	Environmental Engineering	_____ %
Landscape Architecture	_____ %	Environmental Science	_____ %
Illumination Engineering	_____ %	Geotechnical Engineering	_____ %
Electrical Engineering	_____ %	Surveyor	_____ %
Mechanical Engineering	_____ %	Traffic Engineering	_____ %
Acoustical Engineering	_____ %	Laboratory	_____ %
Process Engineering	_____ %	Construction Management-Agency	_____ %
Civil Engineering	_____ %	Construction Management-At Risk	_____ %

14. What percentage of the firm's last fiscal year gross receipts were paid to subconsultants in the following disciplines:

	Insured for Professional Liability	Uninsured
a. Structural	_____ %	_____ %
b. Environmental Services	_____ %	_____ %
c. Other professional services	_____ %	_____ %

15. Does the firm obtain certificates of insurance from subconsultants? Yes No

Does the firm have a procedure to update subconsultant certificates annually? Yes No

16. Please indicate the percentage of gross receipts by **project** for the last fiscal year.

- Please round to the nearest whole number.
- The total of all items must equal 100%.

High rise – all buildings over 15 stories	_____ %	Hospitals	_____ %
Residential condominiums (including other residential with HOA)	_____ %	Parking garages	_____ %



Single family residential subdivisions	_____ %	Hotels	_____ %
Custom homes	_____ %	Motels	_____ %
Apartments	_____ %	Retail, malls, shopping centers	_____ %
Retirement homes, convalescent homes	_____ %	Offices, warehouses	_____ %
Public schools, colleges and universities	_____ %	Harbors, docks, piers, or structures for offshore use	_____ %
Private schools, colleges and universities	_____ %	Mines, quarries, tunnels	_____ %
Churches	_____ %	Bridges, trestles	_____ %
Correctional institutions	_____ %	Dams, reservoirs, levees	_____ %
Pools	_____ %	Restaurants	_____ %
Processing, manufacturing and production systems	_____ %	Parks/Playgrounds	_____ %
Processing, manufacturing and production buildings	_____ %	Sports facilities, arenas, convention facilities, grandstands, theaters	_____ %
Oil refineries	_____ %	Ski lifts, amusement rides, amusement parks	_____ %
Chemical plants and pipelines	_____ %	Landfills	_____ %
Utilities	_____ %	Facilities related to nuclear activities	_____ %
Roads and highways	_____ %	Wastewater, sewage and water treatment systems	_____ %
Airport runways	_____ %	Waste treatment, storage or disposal facilities	_____ %
Transportation passenger terminals	_____ %	Retaining Walls	_____ %

18. Indicate the percentage of last fiscal year gross receipts attributable to the following services:

Design with construction observation/review	_____ %
Design without construction observation/review	_____ %
Construction observation/review without design	_____ %
Feasibility, economic, seismic or forensic studies, expert opinions or reports	_____ %
Conceptual, schematic, or other design without construction documents	_____ %
Abandoned projects	_____ %
Project/Construction Management	_____ %
Operation and Management Services	_____ %
Program Management or other non-design related services	_____ %

Plan checking without design _____%

Quantity or cost estimates without design _____%

Inspection as a stand-alone service _____%

Residential or Commercial real estate inspections _____%

Boundary and construction staking _____%

Construction materials testing (including compaction testing) and related laboratory analysis _____%

Geotechnical drilling/sampling/laboratory analysis _____%

Asbestos and lead studies or abatement _____%

Mold inspections, assessments or remediation design _____%

Environmental preliminary site assessments or investigations (Phase 1 PSA, drilling, sampling, Phase II) _____%

Environmental design services _____%

Environmental remediation activities, remediation or management _____%

Environmental project observation/oversight _____%

Environmental Permitting _____%

Environmental Lab Analysis _____%

Fish, wildlife or botanical studies, wetland delineation _____%

17. TYPES OF CLIENTS: (Total must equal 100%)

Commercial	%	Industrial	%	Real Estate Developers	%
Contractors	%	Institutional	%	State Government	%
Federal Government	%	Local Government	%	Foreign	%
Individual Owners	%	Other Design Professionals	%	Total	%

18. Please specify the types of contracts used by the firm in the last fiscal year.

Firm's own standard contract _____% Purchase order forms _____%

Standard industry contract (AIA, EJCDC, etc.) _____% Verbal agreements _____%

Letter of agreement _____% Other _____%

Client contract _____%

19. Does your firm perform services under a Design-Build or Fast-Track delivery method? Yes No

If **yes**, what is the **total percentage** of your gross receipts for the last fiscal year attributed to this delivery method? _____

20. Does the Firm have written in-house quality control procedures? Yes No

21. What percentage of the last fiscal year receipts included a signed contract limiting the firm's liability to \$100,000 or

less? _____%

Attach sample clause for consideration of Limitation of Liability credit.

22. Did at least 50% of your firm's professionals complete a risk management or loss prevention seminar or program (in person or web-based including LIU's online risk management e-Learning courses) during the last complete fiscal year?

Yes No

If yes, please provide the date, names of the employees who completed the program, program name and provider **on a separate sheet.**

23. In addition to Question 22, did at least 50% of your firm's professionals complete a **RedVector**-approved online education course through the LIU Risk Management website's RedVector Portal during the last complete fiscal year? Yes No

If yes, please provide the date, the names of employees who completed the program, and the program name **on a separate sheet,**

24. In the last ten years, has any disciplinary action been filed against the firm, its predecessors or any past or present principal, partner, officer, director or employee, or any entity identified in response to **question 10**? Yes No

If yes, please provide details on a separate sheet.

25. In the last five years, have any professional liability claims been made against the firm, its predecessors or any past or present principal, partner, officer, director or employee, or any entity identified in response to **question 10**? Yes No

If yes, complete the claims questionnaire.

26. Does the firm or any of the principals, partners, officers, directors or employees, or any entity identified in response to **question 10**, have knowledge of any act, error, omission, unresolved job dispute, complaints, accident or any other circumstance which might reasonably be expected to give rise to a claim under this insurance? Yes No

If yes, on a separate sheet, list details of this situation including name of project, involved parties and description of circumstance.

27. Is the firm currently insured for Professional Liability coverage? Yes No

If yes, please provide the retroactive date on your policy. _____

Provide your insurance history for the past five years below.

Company	Policy Period	Limit	Deductible	Premium

28. Has any insurer canceled or refused to renew any similar insurance to the firm, its members or an entity listed in **question 5** of this application? Yes No

If yes, please provide details: _____

29. Indicate the options the applicant would like quoted for professional liability coverage:

Combined Single/Aggregate Limit	Split Limits Per Claim/Aggregate	Per Claim Deductible
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<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$250,000/500,000	<input type="checkbox"/> \$1,000
<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$500,000/1,000,000	<input type="checkbox"/> \$2,500
<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$1,000,000/2,000,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$2,000,000		<input type="checkbox"/> \$7,500
		<input type="checkbox"/> \$10,000
		<input type="checkbox"/> \$15,000
		<input type="checkbox"/> \$25,000

IMPORTANT NOTICE

In granting coverage to any of the insureds, the insurer has relied upon the declarations and statements in this application for coverage. All such declarations and statements are the basis of coverage and shall be considered incorporated in and constituting part of the policy should one be issued.

All written statements and materials furnished to the company submitted in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

This application does not bind the applicant to buy, or the company to issue the insurance, but it is agreed that this form shall be the basis of the contract and should a policy be issued, it will be made a part of the policy.

The undersigned applicant declares that the statements set forth in this application are true, complete and accurate. The applicant further declares that if the information supplied on this application changes between the date of this application and the effective date of the policy, should a policy be issued, the applicant will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

If and when a policy is issued, this application is made a part of the policy, so it is necessary that all questions be answered in detail. The applicant hereby acknowledges that he/she is aware that by signing below where indicated, that this signed statement will be made a part of this policy.

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO ILLINOIS APPLICANTS: The discovery of any fraud, intentional concealment, or misrepresentation of material fact in the policy will render this policy, if issued, void at inception. The discovery of any fraud, intentional concealment, or misrepresentation of a material fact during a claim will render this policy, if issued, cancelled.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO ALL MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF THIS POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Applicant hereby acknowledges that he/she/it is aware that the limits of insurance contained in this policy shall be reduced, and may be completely exhausted, by the costs of defense expenses which include but are not limited to attorneys fees and, in such event, the insurer shall not be liable for the costs of defense expenses or for the amount of any judgement or settlement to the extent that such exceeds the limits of insurance of this policy.

This Applicant hereby further acknowledges that he/she/it is aware that defense expenses that are incurred shall be applied against the deductible amount, if any.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____

Date: _____

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