



**AXIS Insurance Company Renewal Application
For Design Professional Liability Insurance**

IMPORTANT NOTICE

- This is an application for a policy, which if issued, will be on a claims made and reported basis and covers only claims first made and reported against you during the Policy Period or the Optional Tail Coverage (if purchased), or made against you during the Policy Period and reported to us during the Extended Reporting Period (if applicable).
- The Limit of Liability available to pay judgments or settlements shall be reduced and may be totally exhausted by amounts incurred as Claim Expense.
- Please read the policy carefully.

INSTRUCTIONS

Please answer all questions completely. If there is insufficient space to provide your answer, please include additional sheets as necessary. *Do not use this application for a new business submission.*

Please submit the following additional information with this application:

- A. List of 5 largest projects in the last two years, including those currently in progress, with a brief project description, services you are providing, and the total construction value of each project.
- B. Resumes of key *new* professional staff.

1. Applicant Firm Name: _____
 Address: _____
 City, State, Zip Code: _____

Any new legal entities, acquisitions, related companies, or other locations since last year? Yes No : _____

2. Key Insurance Contact and/or Risk Manager:
 Name: _____ Title: _____
 Telephone: _____ Email Address: _____

3. Staffing

	Licensed Architects	Licensed Engineers	Licensed Land Surveyors	Landscape Architects	Interior Designers	Staff with Credentials or Degrees	Support & All Other	Total
Number of Existing Staff								
Number of Staff Who Left in the Past Year								
Number of Staff Hired in the Past Year								

4. Services outside the United States: _____% Foreign billings

Please provide a brief list of foreign projects, including descriptions and locations.

5. We need three years of billings to produce a premium. Please fill in the table below with your firm's financial information for the most recently closed past 12 months fiscal reporting period as well as your gross billings for the first fiscal year prior to that and your billings estimate for the current/coming year.

	Last 12 Months Billings (Year _____)	Construction Values
A. Reimbursibles	\$	Not Applicable
B. Feeds paid to professional sub-consultants	\$	Not Applicable
C. Projects insured under Specific Project/Client Excess Endorsements	\$	\$
D. Projects insured under Separate Project Policies*	\$	\$
E. Permanently abandoned project billings	\$	\$
F. All other billings	\$	\$
TOTAL GROSS BILLINGS (Lines A through F above)	\$	\$
FIRST PRIOR YEAR BILLINGS	\$	
ESTIMATED BILLINGS FOR CURRENT/UPCOMING YEAR	\$	

* Please supply the name of the project, the insurance carrier, Project Policy limits, and your services on the job.

6. What percentage of your professional sub-consultants carry professional liability insurance?

100%? Yes No Other: _____%

7. Does one contract or client represent more than 25% of your annual work? Yes No

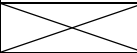
If "Yes" please provide details: _____

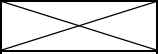
8. What percentage of your firm's business is from repeat clients? _____%

9. Please fill in the table below with the approximate percentages based upon your last 12 months total billings that were generated from the following types of services : (Note: This section must total 100%):

Service Type	% of Total Gross Billings
Studies, Reports, Planning or Permitting (no design or inspections)	%
Interior Design, Land surveying and Landscape architecture	%
Design only with no Construction Phase duties	%
Design with Construction Observation or review	%
Agency Construction Management	%
Project Management	%
Observation of Construction	%
Design/Builder (where you are legally responsible for both design and construction) or at-Risk CM	%
Inspections	%
Materials Testing	%
Site Development - Residential	%
Site Development - Non-residential	%
Other - please describe:	%
Other - please describe:	%

10. Please fill in the table below with the approximate percentages of your last 12 months billings that were generated from the following types of services and projects: (Note: Each column in this section must total 100%)

Services (must total 100%)	% of Net Billings
Acoustical Engineering	%
Architecture	%
Architect Planner	%
Chemical Engineering	%
Civil Engineering	%
Civil – Wastewater, Sewer	%
Construction Management	%
Electrical Engineering	%
Environmental Engineering	%
Environmental Science	%
Forensic Engineering	%
HVAC Engineering	%
Hydrological Engineering	%
Instrumentation & Controls	%
Interior Design	%
Land Surveying	%
Landscape Architecture	%
Lighting Engineer	%
Mechanical Engineering	%
Naval and Marine	%
Nuclear Engineering	%
Process Engineering	%
Project Management	%
Soils and Geotechnical	%
Structural Engineering	%
Telecommunications	%
Testing Labs	%
Traffic & Transportation	%
Other (detail below)	
_____	%
_____	%
_____	%

Projects (must total 100%)	% of Net Billings
Airports	%
Apartments	%
Arenas, Stadiums, Racetracks	%
Bridges (>1000 ft.), Tunnels	%
Residential Condominiums or Town-homes	%
Convention Centers	%
Dams, Harbors, Piers, Ports	%
Hospitals, Healthcare	%
Hotels, Motels	%
Jails, Prisons, Other Detention	%
Manufacturing, Industrial	%
Mass Transit	%
Mines and Quarries	%
Municipal, Libraries, Religious	%
Office Buildings	%
Parking Structures	%
Petro and Chemical Process	%
Pools, Playgrounds, Recreational	%
Roads, Highways, Traffic	%
Residential, Subdivisions	%
Schools, Colleges, Education	%
Sewer Systems	%
Sewage Treatment Plants	%
Shopping Centers, Retail	%
Telecommunications	%
Warehouses	%
Industrial Wastewater Treatment	%
Potable Water Systems	%
Utilities, Power Plants	%
Other (detail below)	
_____	%
_____	%

11. Please fill in the table below with the approximate percentages of your last 12 months gross billings in question 6 that were generated from the following types of activities: (Note: *This section does not need to total 100%.*)

Activities	%	Activities	%	Activities	%
Amusement Rides	%	High-rise (15+ Stories)	%	Product or Prototype Design	%
Asbestos Related Work	%	Home/Building/Code Inspections	%	Seismic Services	%
Continuing Service	%	Landfills	%	Software Development/Sales	%
Crane Related	%	Machine/Equipment Design	%	Sub-surface Exploration or Drilling	%
Destructive Testing	%	Oil/Mineral Evaluation/Studies	%	Structural Detailing/Connections	%
Fast Track or Turnkey	%	Nuclear or Atomic	%	Underground Utility Locating	%
Furniture Design	%	Pipelines	%	Underground Storage Tanks	%
Fracking Related Services	%	Pollution Detection or Remediation/Superfund	%	Wetland Delineation	%

12. Please provide the following information for your firm's current General Liability Insurance Coverage:

Insurance Company	Limit of Liability	Deductible

13. Have you made any changes in your firm's:

Risk management practices, education, software use, contracts, project/client selection, or fee handling?

Yes No

Please describe any improvements on a separate sheet. Many of your premium credits come from good risk and business practices so please tell us about them.

14. Alternative Coverage requested this year:

Option Number	Limit of Liability	Deductible
1		
2		
3		
Other Requests		

FRAUD WARNING

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Applicable in Alabama

Alabama Fraud Statement

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison or any combination thereof.”

Applicable in Arkansas, Louisiana, Rhode Island, and West Virginia

Arkansas, Louisiana, Rhode Island, and West Virginia Fraud Statement

“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.”

Applicable in Colorado

Colorado Fraud Statement

“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 agencies.”

Applicable in District of Columbia

District of Columbia Fraud Statement

“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.”

Applicable in Florida

Florida Fraud Statement

“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 of the third degree.”

Applicable in Kansas

Kansas Fraud Statement

“An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.”

pplicable in Kentucky

Kentucky Fraud Statement

“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.”

Applicable in Maine

Maine Fraud Statement

“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.”

Applicable in Maryland

Maryland Fraud Statement

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

Applicable in New Jersey

New Jersey Fraud Statement

“Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

Applicable in New Mexico

New Mexico Fraud Statement

“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 civil fines and criminal penalties.”

Applicable in New York

New York Fraud Statement

“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.”

Applicable in Ohio

Ohio Fraud Statement

“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.”

Applicable in Oklahoma

Oklahoma Fraud Statement

“WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

Applicable in Oregon

Oregon Fraud Statement

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

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Applicable in Pennsylvania

Pennsylvania Fraud Statement

“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.”

Applicable in Puerto Rico

Puerto Rico Fraud Statement Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in Tennessee, Virginia and Washington

Tennessee, Virginia and Washington Fraud Statement

“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.”

SIGNATURE AND CERTIFICATION

By signing this application, the Applicant agrees that:

1. The statements and answers given in this application and any attachments to it are accurate and complete;
2. The statements and answers the **Applicant** furnishes to the **Company** are representations the **Applicant** makes to the **Company** on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the **Company** to provide a proposal for insurance;
4. Any policy the **Company** issues will be issued in reliance upon those representations;
5. The **Applicant** will report to the **Company** immediately, in writing, any material change in the **Applicant's** operations, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
6. The **Company** reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the **Company** has offered.
7. Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

Signature of Principal, Partner, Officer or Director

Date

Printed Name of Principal, Partner, Officer or Director

Printed Title

BROKER INFORMATION

Agent/Broker

Agent/Broker/Producer Contact Name

Agent/Broker E-Mail Address

Agent/Broker Telephone Number

Agent/Broker Address

Producer's Florida License Number