

**PROFESSIONAL  
INDEMNITY  
AGENCY**



**ARCHITECTS, ENGINEERS & CONSTRUCTION MANAGERS  
PROFESSIONAL LIABILITY APPLICATION**

IF COVERAGE IS ISSUED, IT WILL BE ON A CLAIMS-MADE AND REPORTED BASIS

NOTICE: THIS INSURANCE COVERAGE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_ WEBSITE ADDRESS: \_\_\_\_\_

2. LIMIT OF LIABILITY DESIRED:

\$250,000 \_\_\_\_\_ \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_ Other \_\_\_\_\_

3. DEDUCTIBLE:

\$2,500 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ Other \_\_\_\_\_

4. How many registered Architects and/or licensed Engineers does your firm employ? \_\_\_\_\_

a) States in which a Professional license is held: \_\_\_\_\_

b) Foreign Work? \_\_\_ Yes \_\_\_ No. If Yes, please provide countries/revenues.

\_\_\_\_\_

5. To what Professional Associations does the applicant belong? \_\_\_\_\_

6. Does the applicant or any subsidiary or related entity engage in any general contracting, actual construction, manufacturing, fabrication or real estate development? Yes \_\_\_ No \_\_\_. If Yes, please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Total Gross Billings	Present Year (Projected Annual)	Previous Year	Next Year
a. Design Only - no construction	\$ _____	\$ _____	\$ _____
b. Construction Only – no design	\$ _____	\$ _____	\$ _____
c. Design/Construct	\$ _____	\$ _____	\$ _____
d. Other _____	\$ _____	\$ _____	\$ _____

8. Please indicate the approximate percentages of the following disciplines or services in which the applicant is engaged. (Total must equal 100%)

Acoustical Engineering	____%	Land Surveying	____%
Architecture	____%	Laboratory Testing	____%
Asbestos Inspection/Testing	____%	Mechanical Engineering	____%
Chemical Engineering	____%	Mining Engineering	____%
Civil Engineering	____%	Naval/Marine Engineering	____%
Construction/Project Mgmt	____%	Process Engineering	____%
Communication Engineering	____%	Product Design	____%
Electrical Engineering	____%	Soil/Geotech Engineering	____%
Environmental Engineering	____%	Structural Engineering	____%
HVAC Engineering	____%	Other (please specify):	
Interior Design	____%	_____	____%
Landscape Architecture	____%	_____	____%

9. Please indicate the approximate percentage of billings derived from the following services: (Total must equal 100%)

- a. Feasibility Studies/reports where applicant is not involved in design \_\_\_\_\_%
- b. Design without supervisory services \_\_\_\_\_%
- c. Design & observation \_\_\_\_\_%
- d. Construction/Project Management \_\_\_\_\_%
- e. Construction observation without design \_\_\_\_\_%
- f. Construction Inspection services: New structures \_\_\_\_\_% Existing structures \_\_\_\_\_%
- g. Inspections of homes/commercial properties for prospective buyers or lenders \_\_\_\_\_%
- h. Other \_\_\_\_\_%

10. Please indicate the proportion of your work that falls into the indicated project types:  
(Total must equal 100%)

Airport Runways/Taxiways	_____%	Nuclear Facilities	_____%
Amusement Rides	_____%	Office Buildings	_____%
Bridges	_____%	Petrochemical/Refineries	_____%
Churches	_____%	Pools	_____%
Condominiums	_____%	Power Plants	_____%
Convention Centers	_____%	Religious	_____%
Custom Residential	_____%	Roads/Highways	_____%
Dams	_____%	Schools/Colleges	_____%
Environmental Impact Studies	_____%	Sewage Systems	_____%
Foundation or Shoring Projects	_____%	Sewage Treatment Plants	_____%
Harbors/Piers/Ports	_____%	Site Development	_____%
Hospital/Healthcare	_____%	Superfund/Pollution	_____%
Hotels/Motels	_____%	Tract Homes/Subdivisions	_____%
Industrial/Manufacturing	_____%	Traffic Planning/Studies	_____%
Jails/Justice	_____%	Tunnels	_____%
Landfills	_____%	Warehouses	_____%
Libraries	_____%	Water Systems	_____%
Mass Transit	_____%	Other_____	_____%
Mines	_____%	_____	_____%

11. Please include a list of Applicant Firm's five (5) largest jobs or projects during the past year. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

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12. Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company?  
 Yes\_\_\_\_\_ No\_\_\_\_\_. If yes, attach an explanation. \_\_\_\_\_  
 Are any activities listed in Question 8 provided to such business enterprise? Yes\_\_\_\_\_ No\_\_\_\_\_

13. Is the applicant engaged in any business or profession other than as described in Item 4?  
 Yes\_\_\_ No\_\_\_ If yes, please provide an explanation and estimated revenues.  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Does the applicant sublet or sub-contract any professional services to others?  
 Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the applicant aware that no coverage is afforded for such services? Yes\_\_\_\_\_ No\_\_\_\_\_

15. Please advise the contract type utilized by the applicant with clients (total must equal 100%)

Professional Association Contract	_____%	Letter agreement	_____%
Client drafted Contract	_____%	Verbal agreement	_____%
Purchase order	_____%	Other (give details)	_____%
Applicant's standard Contract	_____%		_____%

16. Does your firm incorporate a limitation of liability provision in its contracts? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, please attach wording utilized.

**Section II – Insurance and Claims Information – FOR NEW APPLICANTS ONLY**

**Questions 17-22 are for new applicants only. If the applicant is applying for a renewal policy with Houston Casualty, US Specialty or HCC Specialty, questions 17-22 should not be answered.**

17. Has any similar insurance ever been declined or cancelled? Yes \_\_\_\_\_ No \_\_\_\_\_.(If yes, attach explanation.)

18. Is similar insurance currently in force? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide:

Description of services being covered: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

Effective/Expiration Dates:\_\_\_\_\_ Prior Acts/Retro. Date: \_\_\_\_\_

Limit: \$\_\_\_\_\_ Deductible: \$\_\_\_\_\_ Premium: \$\_\_\_\_\_

Length of time coverage has been in force: \_\_\_\_\_

19. Is the applicant currently insured under a General Liability policy? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please provide:

Insurance Company	Type of coverage	Limits	Effective:	From	To
_____	_____	_____	_____	_____	_____

20. Have any of the individuals listed in question No. 12 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her and/or the applicant company?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please complete a Supplemental Claim Information form for each.

22. After inquiry of all proposed insureds, have any claims been made against any proposed Insured(s) during the past three (3) years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please complete a Supplemental Claims Information form for each claim.

23. How many claims have been made against any proposed Insured(s) in the last three (3) years?\_\_\_\_\_

It is understood and agreed that with respect to questions 20, 21, 22 and 23 above, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

**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 CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the Applicant:

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

This Application Form duly completed, together with any supplementary information, must be signed in ink by the person indicated.

Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.

ELECTRONIC VERSIONS OF THIS APPLICATION MAY BE SUBMITTED TO:

**MPL@PIAINT.COM**

HARD COPIES OF THIS APPLICATION MAY BE SUBMITTED TO:

**MPL DEPARTMENT  
PROFESSIONAL INDEMNITY AGENCY  
37 Radio Circle Drive  
Mount Kisco, NY 10549-5000**

HARD COPY OF THIS APPLICATION MAY BE FAXED TO:

**(914) 241-1133**