



EXCELLENCE IN INSURANCE
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ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY APPLICATION

1. Name of Applicant _____
(If partnership or corporation show firm)

2. Address _____
Street City State Zip Code

3. Address of all Branch Offices

4. When was the firm established?: _____ / _____ / _____

5. Is firm?: _____ Sole Proprietorship _____ Partnership _____ Corporation _____ Professional Corporation

6. During the past five years has the named of the firm been changed or has any other business been purchased or any merger or consolidation taken place? _____ Yes _____ No If Yes, please give full details (including dates):

7. Number of Total Staff:
 1. Principals, Partners, Officers and Directors: _____
 2. Architects, Engineers, Surveyors, Site Representatives, Landscape Architects, Draftsmen and other Technical Personnel: _____
 3. Clerical and Accounting Employees: _____
 4. Total Staff (1+2+3): _____

On a separate sheet, please provide full name and professional qualifications (registrations and degrees, date and place acquired) of all principals, partners or officers of the current firm(s).

8. States in which a Professional License is held: _____

9. Foreign Work? _____ Yes _____ No If Yes, please give full details: _____

10. Have any of the Principal Officers or Partners listed in question 7 ever been subject to disciplinary action by authorities as a result of their professional activities? _____ Yes _____ No
If Yes, please give full details:

11. To what Professional Associations does the Applicant belong? _____

12. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, erection, manufacturing, fabrication or real estate development? _____ Yes _____ No
If Yes, please give details:

13. Are any principals, officers, directors, or employees of the Applicant engage in actual construction, erection, manufacturing, fabrication or real estate development? _____ Yes _____ No
If Yes, please give details:

14. Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? _____ Yes _____ No
If Yes, please give details: _____

15. Does the Applicant provide professional services on projects in which any principal, officer, director or shareholder or an immediate family member of such person retains any ownership interest?
_____ Yes _____ No
If Yes, please attach a complete description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each hold. _____

16. Does the Applicant ever perform services on a salaried or annual retainer basis or act in the capacity of an employee or official of any governmental body? _____ Yes _____ No
If Yes, please give details:

17. Please indicate the percentage 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 or Abatement Design	_____ %	Machine Equipment Design	_____ %
Chemical Engineering			
Civil Engineering	_____ %	Mechanical Engineering	_____ %
Construction / Project Management	_____ %	Mining Engineering	_____ %
Communication Engineering	_____ %	Naval / Marine Engineering	_____ %
Electrical Engineering	_____ %	Process Engineering	_____ %
Environmental Engineering	_____ %	Soil / Geotech Engineering	_____ %
HVAC Engineering	_____ %	Structural Engineering	_____ %
Interior Design	_____ %	Other (please specify)	_____ %
Landscape Architecture	_____ %		_____ %

18. Please indicate the approximate percentage of billings derived from the following types of services
(Total Must Equal 100%)

- a. Feasibility studies, reports, surveys 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. Inspection services on existing structures _____ %
- g. Inspections of homes/commercial properties for prospective buyers or lenders _____ %
- h. Manufacture, sale or distribution of any product or process _____ %
- i. Development, sale or leasing of computer software to others _____ %
- j. Other _____ %

19. Please indicate the approximate percentage of billings derived from each project type:
(Total Must Equal 100%)

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

20. Types of Clients

Commercial	_____ %	Federal Government	_____ %	Real Estate	_____ %
Contractors	_____ %	State Government	_____ %	Developers	
Other Design Prof.	_____ %	Local Government	_____ %	Other	_____ %
Institutional	_____ %	Industrial	_____ %	_____	_____ %

21. Does the Applicant foresee any substantial changes in the percentage of items 17-20 during the next twelve months? _____ Yes _____ No

If Yes, please give details:

22. Gross Billings and Construction Values:
If firm is doing design/build, please leave this question blank and complete question 24.

Dates: Present 12 Months Present 12 Months
From _____ From _____
To _____ To _____

Domestic Operations	Total Gross Billings	Construction Values	Total Gross Billings
a. Joint Venture Projects			
Applicant Portion Only	\$ _____	\$ _____	\$ _____
b. Projects Insured Under			
Separate Project Policies	\$ _____	\$ _____	\$ _____
c. Projects Which Have Been			
Permanently Abandoned	\$ _____	\$ _____	\$ _____
d. Feasibility Studies,			
Master Plans, Reports	\$ _____	\$ _____	\$ _____
e. Direct Reimbursables	\$ _____	\$ _____	\$ _____
f. All Other Billings	\$ _____	\$ _____	\$ _____
TOTAL GROSS BILLINGS	\$ _____	\$ _____	\$ _____

For a,b, and c above, on a separate sheet please provide the name, location and current status of each project. If the Applicant is engaged in projects located outside the United States, its territories or Canada, please attached a description or such projects including gross billings as described above.

23. Estimates of the Applicant's Total Gross Billings and Construction Values for the next 12 months:

Gross Billings \$ _____ Construction Values: \$ _____

24. Design/Build – Construct Values (Complete only if firm is doing design/build work)

Dates:	Estimate of	Present 12 months	Previous 12 months
	Coming Year		
	From _____	From _____	From _____
	To _____	To _____	To _____
a. All Operations	\$ _____	\$ _____	\$ _____
b. Design / Construct	\$ _____	\$ _____	\$ _____
c. Design Only – No	\$ _____	\$ _____	\$ _____
Construction	\$ _____	\$ _____	\$ _____
d. Construction Only –			
Design	\$ _____	\$ _____	\$ _____

25. What percentage of the Applicant's practice involves any of the following?:

a. Subletting of work to others _____ % Type of work sublet? _____

b. Is evidence of insurance from consultants required? _____ Yes _____ No

26. Does any one contract or client represent more than 50% of annual work? _____ Yes _____ No

If Yes, please give details:

27. Does the Applicant work with other firms in Joint Ventures? _____ Yes _____ No
If Yes, please describe.
-
-
28. Does the Applicant perform asbestos abatement services? _____ Yes _____ No
If Yes, please describe.
-
-
29. If the Applicant has any direct or indirect responsibility for the design or redesign of HVAC systems. Please comment on any engineering or administrative controls that are routinely employed to insure acceptable indoor air quality. _____
-
-
30. If the Applicant is involved in the selection of furnishings or building materials, comment on any controls or procedures that are employed to minimize the introduction of sources of chemical contamination into public buildings. _____
-
-
31. a. Does your firm follow written in-house quality control procedures? _____ Yes _____ No
 b. Are all staff members familiar with these procedures? _____ Yes _____ No
 c. Does your firm use an automated master specification system such as MASTERSPEC@ or SPEC System@? _____ Yes _____ No
 d. Does your firm use an in-house program of continuing education for professional employees? _____ Yes _____ No
 e. How many professional employees of your firm have had as least six hours of continuing education in the past 12 months? _____
 f. Does your firm use written contracts on every project? _____ Yes _____ No
 g. Specify the approximate percentage of your firm's professional services rendered under AIA or EJCDC standard forms for agreement: _____%
 h. If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing. _____ Yes _____ No
 i. Does your firm have procedures for monitoring or collecting outstanding fees? _____ Yes _____ No
 j. Does your firm have a pre-screening methodology for potential clients? _____ Yes _____ No
32. Please detail current Architects and Engineers Professional Liability insurance coverage.
- | Insurance Company | Policy Number | Limits | Deductible |
|-------------------|---------------|--------|------------|
| _____ | _____ | _____ | _____ |
- Expiring Premium: \$ _____ Expiration Date: _____
- Present Policy Retroactive Date: _____

33. Please detail Architects and Engineers Professional Liability Coverage for the FIVE YEARS prior to the current policy term.

Insurance Company	Policy Number	Limits	Deductible	Policy Period

34. Date UNINTERRUPTED insurance began: _____

35. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy?
_____ Yes _____ No

36. Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm any predecessors in business or present Partners ever been declined or has the insurance ever been Cancelled or renewal refused? _____ Yes _____ No
If Yes, please give details:

37. Has any claim ever been made against the firm or any persons named in Item No. 1 or Item No. 7?
_____ Yes _____ No

If Yes, please attach details stating: (1) date when claim was made, (2) date the act giving rise the claim was committed, (3) name of the claimant, (4) nature of the claim, (5) amount involved including reserves, (6) final disposition.

38. After the inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance which may possibly result in a claim being made against them? _____ Yes _____ No
If Yes, attach a statement giving full details.

39. Has the Applicant, any predecessor in business or any other person for whom coverage is requested ever reported a potential claim circumstance to a professional liability carrier? _____ Yes _____ No
If Yes, attach a statement giving full details.

40. Coverage requested: Limit _____ Deductible _____

41. Please attach:
- a. List 10 largest jobs in the last five years.
Detail: (1) project name; (2) type of structure; (3) services performed; and (4) construction values
 - b. Copy of the firm's brochure.
 - c. Copy of the firm's latest financial statement, annual report or 10-K.

Applicant's Named:	Signature
Title:	Date: