

**Application for Architects & Engineers Professional Liability Coverage**

<input type="checkbox"/> <b>New Application</b>	<b>Schinnerer Use Only</b>
<input type="checkbox"/> <b>Renewal Application</b>	<b>ISN:</b>
<b>Renewal Policy #:</b>	<b>Broker #:</b>

The insurance coverage for which you are applying is written on a **CLAIMS-MADE AND REPORTED** policy. Only claims which are first made against you and reported to us in writing during the policy period are covered, subject to policy provisions. The Limits of Liability stated in the Policy are reduced by the cost of defense. Legal defense costs also may be applied against your Deductible, if applicable to the Claim. Please consult your policy directly for specific coverage. If you have any questions about the coverage, please discuss them with your insurance agent or broker.

Please indicate the limits that you would like us to quote: \$ \_\_\_\_\_,000 per claim \$ \_\_\_\_\_,000 aggregate

Please indicate the deductible(s) you wish us to quote: \$ \_\_\_\_\_

**FIRM INFORMATION**

1. Principal Firm Name:

*Please list all persons or entities for which you are seeking coverage and describe the relationship and ownership of each listed person or entity on a separate sheet. Please also list the addresses of all branch offices.*

Address:			Contact Name:			
City:			Contact Email:			
State:	Zip:	County:	Phone:	Fax:		
Website URL:						
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> PLLC <input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Subchapter S Corporation	<input type="checkbox"/> Other:
Tax ID #:			Year Firm Established:			

2. Indicate the numbers of licensed professionals in each category:

	Architects	Engineers	Land Surveyors	Landscape Architects	All Others	Total
<b>A.</b> Principals, Partners, Officers & Directors:						
<b>B.</b> Number of All Employees that are:	<i>Full Time</i>	<i>Part Time</i>	<i>Temporary</i>	<i>Leased</i>		
<b>C.</b> Total Number of Staff:						
<b>D.</b> Number of professional or management staff or principals that left the firm in the last year:						

**SERVICES**

Alarm Systems/Fire Protection	%	HVAC Engineering	%
Analytical Laboratory Testing	%	Laboratory Testing	%
Architecture	%	Landscape Architecture	%
Chemical Engineering	%	Land Surveying	%
Civil Engineering	%	Machinery/Equipment Design	%
Commissioning/Test & Balance	%	Management Consulting	%
Concept Design without Construction Documents	%	Marine Engineering	%
Construction/Program Management	%	Mechanical Engineering	%
Drafting Services	%	Mining Engineering	%
Electrical Engineering	%	Nuclear Engineering	%
Environmental Abatement	%	Oil/Gas Well Engineering	%
Forensic Investigations and Testimony	%	Process Engineering	%
Geotechnical Engineering	%	Structural Engineering	%
Other (please specify)	%	Other (please specify)	%

**ACCOUNTING YEAR DATA**

**3. Date of Reporting Periods**

Please provide your professional service billing information, including billings attributable to consultants, in the questions below. Newly formed firms should use estimated total gross billings for the next twelve months.

*Past Twelve Months  
Billing Period*

*Second Most  
Recently Completed  
Past Twelve Months*

*Estimated Billings  
for Next Twelve  
Months*

	From: To:		From: To:		From: To:	
	<b>A.</b> Projects currently covered by a project policy (separate from your practice policy). Please provide the project name, location, construction values, current status, insurance carrier and limits of liability on a separate sheet.	\$		\$		\$
<b>B.</b> Feasibility studies, master plans, reports, and opinions	\$		\$		\$	
<b>C.</b> Abandoned Projects	\$		\$		\$	
<b>D.</b> Non-Structural Interior Design	\$		\$		\$	
<b>E.</b> Landscape Architecture	\$		\$		\$	
<b>F.</b> Land Surveying	\$		\$		\$	
<b>G.</b> International Work	\$		\$		\$	
<b>H.</b> Construction Management or Program Management (as owner's agent or representative)	\$		\$		\$	
<b>I.</b> Facilities or Operations Management	\$		\$		\$	
<b>J.</b> All Other Billings	\$		\$		\$	
<b>K.</b> Direct Reimbursables (travel, per diem, etc.) not to include sub-consultants	\$		\$		\$	
<b>L. Total Gross Billings</b> (sum of A through K = L)	\$		\$		\$	
<b>M.</b> Approximate Construction Values	\$		\$		\$	

**4.** If you currently have a supplemental additional limit of liability endorsement (SALE) on your policy, provide us with your firm's billings for the most recently completed fiscal year and estimated billings for each project on the endorsement:

**5. PROJECTS**

Airport Facilities (except terminals)	%	Hotels/Motels	%	Petro/Chemical	%
Airport Terminals	%	Houses/Single Family Residential	%	Potable Water Systems	%
Amusement Rides	%	Industrial Waste Treatment	%	Real Estate Development	%
Apartments	%	Jails/Justice	%	Recreation/Sports	%
Assisted Living Facilities	%	Landfills/Solid Waste Facilities	%	Roads/Highways	%
Bridges	%	Libraries	%	Schools/Colleges	%
Churches/Religious	%	Manufacturing/Industrial	%	Shopping Centers/Retail/Restaurants	%
Condos/Co-ops	%	Mass Transit	%	Storm Water Systems	%
Convention Centers/Arenas/Stadiums	%	Multi-family Residential excl. Condos	%	Tunnels	%
Dams	%	Nuclear/Atomic	%	Warehouses	%
Dormitories	%	Office Buildings/Banks	%	Water/Sewer Pipelines	%
Environmental Remediation	%	Parking Structures	%	Water/Wastewater Treatment	%
Harbors/Piers/Ports	%	Parks/Playgrounds/ Pools	%	Utilities (Gas, Electric, Steam)	%
Hospitals/Health Care	%	Other (specify)	%	Other (specify)	%

**A.** If you attribute any of your billings from Condominium projects, please attach a completed supplemental Condominium Questionnaire. Please visit [www.Schinnerer.com](http://www.Schinnerer.com) and click on our Applications link on the right side menu.

**B.** Do you or your sub-consultants specify, or do any of your projects involve the installation of Exterior Insulation and Finish Systems (EIFS)? If yes, please list the specific project, including project location.  Y  N  
Project with (EIFS):

<b>6. Please provide the following information regarding your firm's three largest current projects:</b>							
Name	City & State	Owner/Client	Project Type	Services you Performed	Estimated Total Construction Cost	Total Gross Billings	
<b>7. Please indicate the approximate percentage of your total gross billings, if any, derived from the following services or projects. NOTE: If you sub-contract any portion of these services, please provide details of these services, including whether the sub-contractor is insured, on a separate piece of paper. Please note that the categories may overlap and the total does not have to equal 100%.</b>							
Air Quality Testing/Evaluation			%	Lead Abatement or Evaluation			
Concrete Formwork Design			%	Projects Located Outside the U.S.			
Environmental Site Assessments			%	Scaffolding and Shoring Design			
Geotechnical Testing/Evaluation			%	Temporary Structures Design (Below Ground)			
Inspection of Residential/Commercial Properties for Buyers or Lenders			%	Other (please specify)			
<b>8. Has your firm performed or subcontracted to others in the past 12 months (or expect to perform or subcontract in the next 12 months) services in connection with:</b>							
Hazardous/toxic disposal sites		<input type="checkbox"/> Y <input type="checkbox"/> N	%	Superfund Sites	<input type="checkbox"/> Y <input type="checkbox"/> N	%	
Industrial piping/processes		<input type="checkbox"/> Y <input type="checkbox"/> N	%	Underground storage tanks	<input type="checkbox"/> Y <input type="checkbox"/> N	%	
<b>NOTE: If you answered YES, please provide details on a separate sheet.</b>							
<b>9. Design Build</b>							
<b>A. Did your firm engage in any Design-Build projects during the last completed fiscal year?</b> <input type="checkbox"/> Y <input type="checkbox"/> N							
<b>B. If yes, what percentage were:</b> Design Professional Led: _____ % Contractor Led: _____ %							
<b>C. What percentage of your Design-Build Entities were formed as a Joint Venture, LP, or LLC?</b> _____ %							
<b>10. Indicate the number of joint ventures your firm has participated in during the last accounting year:</b>							
<b>A. Have you ever participated in a joint venture with a non-architecture or engineering firm?</b> <input type="checkbox"/> Y <input type="checkbox"/> N							
<i>If yes, please provide details of these projects here or on a separate sheet.</i> _____ %							
<b>11. CLIENTS</b>							
Federal Government		%	State Government		%	Local Government	%
Foreign Government		%	Commercial Companies and Entities		%	Design-Build Contractors	%
Financial Institutions		%	General or Specialty Contractors		%	Institutional Entities (Non-Public)	%
Manufacturing/Industrial Entities		%	Other Design Professionals		%	Real Estate Developers	%
Other (Describe)		%					
<b>12. Approximately what percentage of your billings in 3L is derived from repeat clients?</b> _____ %							
<b>13. Were more than 50% of all your total gross billings in Item 3L derived from a single client or contract? If yes, specify client, projects, contract form(s), describe all services rendered and provide details:</b> <input type="checkbox"/> Y <input type="checkbox"/> N							
<b>RISK MANAGEMENT AND LOSS PREVENTION</b>							
<b>14. What percentage of your staff is familiar and charged with implementing your firm's written in-house quality management procedures?</b> _____ %							
<b>15. A. What percentage of your firm's projects utilize an automated master specification system?</b> _____ %							
<b>B. What percentage of your firm's projects utilize a model-based technology linked to a database of project information such as Building information Modeling (BIM)?</b> _____ %							
<b>16. A. What percentage of your firm's staff have attended, during the last 12 months, a Risk Management Seminar presented by Victor O. Schinnerer &amp; Company, Inc.?</b> _____ %							
<b>B. What percentage of eligible staff has completed the Voluntary Education Program (VEP) Level I</b> _____ %							
<b>What percentage of eligible staff has completed the Voluntary Education Program (VEP) Level II</b> _____ %							
<b>C. Does your firm have an in-house program of continuing education for professional employees? This would include attendance at AIA/NSPE/PEPP sponsored seminars and similar functions.</b> <input type="checkbox"/> Y <input type="checkbox"/> N							
<b>D. What percentage of your firm's professional employees have had at least six hours of continuing education in the past 12 months?</b> _____ %							
<b>17. A. What percentage of your firm's project use a written contract. (Describe the circumstances when oral agreements were used and how payment was obtained on a separate sheet.)</b> _____ %							

<b>B.</b> What percentage of your firm's written contracts contain specified payment terms? %	
<b>C.</b> Does your firm have procedures for monitoring and collecting outstanding fees? <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>D.</b> What percentage of your firm's professional services are rendered under AIA or EJDC standard forms of agreement? %	
<b>E.</b> If non-standard contracts or modified AIA or EJDC contracts or "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing? <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>18.</b> What percentage of your firm's projects do you engage in a pre-project planning process that results in a project definition document? %	
<b>19.</b> What percentage of your firm's instruments of service or deliverables are internally or externally peer reviewed prior to their delivery? %	
<b>20.</b> What percentage of your firm's projects do you engage in a documented constructability review process during project design? %	
<b>21.</b> On projects in which you perform construction contract administration services, what percentage do you maintain a documented submittal or shop drawing log indicating as planned dates, actual dates of receipt and dates of response? %	
<b>22. A.</b> On what percentage of your projects with sub-consultants do you receive both a written agreement and insurance certificates evidencing general liability and professional liability coverages? %	
<b>B.</b> For what percentage of gross billings generated by your sub-consultants do you receive both a written agreement and insurance certificates evidencing general liability and professional liability coverages? %	
<b>23.</b> Who from your firm should receive Schinnerer's risk management publications, <i>Guidelines for Improving Practice</i> ? Name and Title: Email:	
<b>24.</b> Please indicate professional society memberships and percentage of professional staff who are members:	
<input type="checkbox"/> The American Institute of Architects (AIA) %	<input type="checkbox"/> National Society of Professional Engineers (NSPE) %
<input type="checkbox"/> American Council of Engineering Companies (ACEC) %	<input type="checkbox"/> Construction Specifications Institute (CSI) %
<input type="checkbox"/> Coalition of American Structural Engineers (CASE) %	<input type="checkbox"/> Construction Management Assn. of America (CMAA) %
<input type="checkbox"/> American Congress on Surveying and Mapping (ACSM) %	<input type="checkbox"/> American Society of Civil Engineers (ASCE) %
<input type="checkbox"/> National Society of Professional Surveyors (NSPS) %	<input type="checkbox"/> Other (please specify) %
<input type="checkbox"/> American Society of Landscape Architects (ASLA) %	<input type="checkbox"/> Other (please specify) %

**BUSINESS INFORMATION**

**25.** Does your firm, any subsidiary, parent or other organization related to your firm, or any principal, partner, officer, director or employee have a percentage ownership interest, management, or control of a company engaged in:

<b>A.</b> Actual construction, installation, fabrication or erection	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>B.</b> Design-Build or Turnkey	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>C.</b> Development, sale, or leasing of computer software or hardware to others	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>D.</b> Real estate development	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>E.</b> The design, manufacture, sale, lease or distribution of any product, process or patented production process.	<input type="checkbox"/> Y <input type="checkbox"/> N

*If the answer to 25 A,B,C,D, or E is yes, please provide full details on a separate sheet, including a description of the services performed, construction values involved, relationships of persons and fees received. Enclose sample contract(s).*

<b>26. A.</b> Does your firm, or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have more than a 15% combined ownership interest or act as the managing partner in any entity or project for which professional services have been or are to be rendered? <input type="checkbox"/> Y <input type="checkbox"/> N
<b>B.</b> Does your firm render services on behalf of any other entity in which any principal, partner, officer, director or shareholder of your firm or an immediate family member of such person is a partner, officer, director, shareholder or employee? <input type="checkbox"/> Y <input type="checkbox"/> N
<b>C.</b> Is your firm controlled, owned by or associated with, or does your firm control or own any other entity? <input type="checkbox"/> Y <input type="checkbox"/> N
<b>D.</b> Has your firm ever been party to any acquisition, consolidation, merger, change in name or change in business organization? <input type="checkbox"/> Y <input type="checkbox"/> N

*If the answer to 26 A, B, C, or D is yes, please provide full particulars on a separate sheet. For 26D please include a listing of each firm name in chronological order and specify the date of the change, and include claims information for each firm name.*

<b>27.</b> Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, provide full particulars on a separate sheet.</i>
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**28.** On a separate sheet, please list your ten largest projects in terms of construction value during the past five years. Provide name, location, type, client nature of services rendered and status.

**NEW APPLICANT INFORMATION**

**29.** Have any claims been made or legal action been brought in the past ten years (or made earlier and still pending) against your firm, its predecessors(s) or any past or present principal, partner, officer, director, shareholder or employee?  Y  N

*If yes, provide the following information for each claim on a separate sheet:*

- a. Date of claim
- b. Claimant or Plaintiff
- c. Allegations
- d. Demand or amount of claims
- e. Insurance company reserve, if any
- f. Defense attorney's or insurance company's evaluation of exposure potential liability
- g. Defense and indemnity paid to date and status (open/closed)
- h. Deductible applicable

**30.** After complete investigation and inquiry, do any of the principals, partners, officers, directors, members, shareholders, employees, or insurance managers have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute (including owner-contractor disputes), accident, or any other circumstance that is or could be the basis for a claim under the proposed accident, or any other circumstance that is or could be the basis for a claim under the proposed insurance policy?  Y  N

*If yes, on a separate sheet please give details of this situation, including name of project and claimant, dates, nature of situation and amount of damages.*

**Report knowledge of all such incidents to your current carrier prior to your current policy expiration.**

The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in Questions 29 and 30 of this application.

**31. A.** Has any insurer declined, cancelled or refused to renew any similar insurance for your firm or any predecessor firm? (N/A in Missouri)  Y  N

*If yes, please give details.*

**B.** Do you or any subsidiary or predecessor firm have any **current** outstanding professional liability deductible obligations?  Y  N

*If yes, please provide details on a separate sheet, including the exact amount owed to insurance company and if a payment schedule is in place, the amount and dates of repayments.*

**C.** Has any similar insurance been issued to any of the firms named in Question 1 or persons named in Question 2A?  Y  N

*If yes, please complete the following for at least the last five years.*

	Company	Premium	Policy #	Limit	Deductible	Dates
1.		\$:				
2.		\$:				
3.		\$:				
4.		\$:				
5.		\$:				

**D.** Date that continuously uninterrupted professional liability coverage began:

**E.** Do you have first dollar defense coverage?  Y  N

**F.** Please attach a copy of any non-standard endorsements on your current professional liability policy.

**G.** Do you currently carry General Liability, BOPP or a Commercial Package policy?  Y  N

*If yes, name of carrier:*

**32.** Please provide total gross billings for your firm for each of the past 5 years.

Year	Year	Year	Year	Year
\$:	\$:	\$:	\$:	\$:

**AGENT OR BROKER MUST COMPLETE THE FOLLOWING**

Contact Name:	<i>License Number</i>	<i>Expiration Date</i>
Agency Name:	CNA Agent (Casualty Lines)	
Address:	E&S License	
Contact Email Address:	Other Casualty Agent License	
Phone:	Non-Resident License (If Applicable)	
Fax:	Licensed Broker	

**Have you included:**

- Resumes for principals and key staff members or a statement of qualifications
- Explanations of answers that require further clarification
- Your company brochure or marketing materials
- Complete details on all project types or services listed as others
- Complete details on separately insured projects
- Complete details on special endorsements for projects including higher limits for designated projects

**FRAUD NOTICE—Where Applicable Under The Law of Your State**

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For DC residents only: 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 applicant.) (For FL residents only: 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.) (For LA residents only: 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.) (For ME residents only: 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.) (For NY residents only: 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.) (For PA residents only: 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.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

**REPRESENTATION**

Applicant represents on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee and manager that the person completing this application has the authority to do so on behalf of the applicant, and that after full investigation and inquiry, the information contained herein and in any supplemental applications or forms required hereby is true, accurate and complete and that no material facts have been suppressed or misstated. Further, it is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Applicant further acknowledges on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee or insurance manager:

1. A continuing obligation to report to the Company immediately any material changes in all such information after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes;
2. If a policy is issued, the Company will have relied upon as representations: the application and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.

Name of Principal, Partner or Officer:     Mr.     Mrs.     Ms.  
(Please Type or Print)

Title:

Signature: (Principal, Partner or Officer) \_\_\_\_\_

Date:

Signature: (Insurance Agent) \_\_\_\_\_

Date:

**NOTE: This application must be reviewed, signed and dated within a month of submission by a principal, partner or officer of the applicant firm.**



Underwriting Managers and Program Administrators  
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