

# National Casualty Company

Madison, Wisconsin  
Property/Casualty Home Office  
8877 North Gainey Center Drive • Scottsdale, Arizona 85258  
1-800-423-7675 • Fax (480) 483-6752

## Architects and Engineers Professional Liability Insurance Application (Claims Made and Reported Basis)

NOTE: In applying for coverage, you understand that the insurance coverage you are applying for is written on a CLAIMS MADE AND REPORTED basis. Only **CLAIMS** which are first made against you and reported to the Company during the **POLICY PERIOD** are covered subject to the policy provisions. **CLAIM EXPENSE** is also applied against the **DEDUCTIBLE**. If you have any questions about the coverage, please discuss them with your insurance agent.

- New Application Limits Requested: \_\_\_\_\_
- Renewal Application Deductible: \_\_\_\_\_
- Expiring Policy Number: \_\_\_\_\_

### Firm Name/Address/Structure

1. Firm Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Branch Offices:  Yes  No (List Branch Offices on separate sheet.)
2. Key Contact and/or Risk Manager:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Date Firm was established: \_\_\_\_\_
4. Firm is:  Corporation  Partnership  Professional Corporation  Sole Proprietorship  
 Other \_\_\_\_\_
5. Has the name of your Firm ever changed or been party to any acquisition, consolidation, dissolution or merger? .....  Yes  No  
If "Yes," please detail changes on separate sheet in chronological order.

### 6. Total Staff:

	Architects	Engineers	All Other	TOTAL
Principals, Partners, Officers & Directors				
Licensed Staff (excluding above)				
Unlicensed Staff				

7. Please show the number of employees who left the firm in the past 12 months:
- A. Management \_\_\_\_\_
- B. Professional Staff \_\_\_\_\_

8. Identify the state(s) in which you are licensed to perform professional services and the percent of revenues generated:

State	%	State	%	State	%	State	%	State	%

**Accounting Year Data**

9. a. Estimates of the Applicant’s Total Gross Billings and Construction Values for the next 12 months:

Gross Billings: \$ \_\_\_\_\_ Construction Values: \$ \_\_\_\_\_

b. Gross Billings and Construction Values for each of the past three years:

First Prior Year: Gross Billings: \_\_\_\_\_ Construction Values: \_\_\_\_\_

Second Prior Year: Gross Billings: \_\_\_\_\_ Construction Values: \_\_\_\_\_

Third Prior Year: Gross Billings: \_\_\_\_\_ Construction Values: \_\_\_\_\_

10. Gross Billings and Construction Values—IF FIRM IS DOING DESIGN/BUILD, PLEASE LEAVE THIS QUESTION BLANK AND COMPLETE QUESTION 11.

Dates: Present 12 Months From: \_\_\_\_\_ To: \_\_\_\_\_

Previous 12 Months From: \_\_\_\_\_ To: \_\_\_\_\_

<b>Domestic Operations:</b>	<b>Present Total Gross Billings</b>	<b>Present Total Construction Values</b>	<b>Previous Total Gross Billings</b>
*a. Projects Insured Under Separate Project Policies	\$ _____	\$ _____	\$ _____
b. All Other Billings	\$ _____	\$ _____	\$ _____
c. TOTAL GROSS BILLINGS	\$ _____	\$ _____	\$ _____

\*For a. 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 attach a description of such projects including gross billings as described above.

11. DESIGN/BUILD—CONSTRUCTION VALUES

COMPLETE ONLY IF FIRM IS DOING DESIGN/BUILD WORK

Dates: Present 12 Months From: \_\_\_\_\_ To: \_\_\_\_\_

Previous 12 Months From: \_\_\_\_\_ To: \_\_\_\_\_

<b>Domestic Operations:</b>	<b>Present Total Gross Billings</b>	<b>Present Total Construction Values</b>
a. All Operations	\$ _____	\$ _____
b. Design/Construction	\$ _____	\$ _____
c. Design Only	\$ _____	\$ _____
d. Construction Only	\$ _____	\$ _____
e. TOTAL GROSS VALUES:	\$ _____	\$ _____

12. Firm's Activities:

Provide percentage of gross billings for the last reporting period (12 months), whether or not collected, *including fees paid to consultants*.

Services	% of Gross Billings or Construction Values
Feasibility Studies, reports where no design is completed	
Design only, with no construction phase duties	
Design, with observation of construction	
Observation of construction only	
Construction management only	
Design with construction responsibility (construction subcontracted)	
Construction with design responsibility (design subcontracted)	
Other (describe):	
TOTAL	

**Practice Details**

13. Professional Services:

Based on your Firm's net billings, please indicate approximate percentage of services listed below which are performed by your Firm. Do not include services of your consultants. (Note: This section should total 100%.)

Acoustical Engineering	%	Forensic Engineering	%	Nuclear Engineering	%
Architecture	%	HVAC Engineering	%	Process Engineering	%
Chemical Engineering	%	Hydrological Engineering	%	Geo Technical	%
Civil Engineering	%	Interior Design	%	Structural Engineering	%
Communication Engineering	%	Land Surveying	%	Testing Labs	%
Construction Management	%	Landscape Architecture	%	Other (specify)	%
Electrical Engineering	%	Mechanical Engineering	%		%
Environmental Engineering*	%	Naval/Marine	%		%

*\*Note: If Environmental Engineering or Consulting services are indicated, please attach a narrative description of these services.*

14. Subcontracted Services:

Does your Firm subcontract professional services? .....  Yes  No

If "Yes," indicate the percentage of professional billings subcontracted and the types of professional services subcontracted: \_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_

Does your Firm obtain insurance certificates of professional liability from your sub-consultants?.....  Yes  No

If "No," please explain: \_\_\_\_\_

\_\_\_\_\_

15. Other Services:

a. Based on your Firm's gross billings, indicate the approximate percentages of activities listed below in which your firm is involved. (Note: This section need not total 100%.)

Asbestos Related Work	%	Ground Testing/Soil Analysis	%	Services Provided for Real Estate Transfers	%
Building Design	%	Inspection Services	%	Site Development	%
Continuing Service	%	Instrumentation/Controls	%	Software Development/Sales	%
Cost Estimating	%	Lead Related Work	%	Subsurface Soil	%
Destructive Testing	%	Machine/Equipment Design	%	Traffic/Transportation	%
Environmental Impact Statements	%	Pipelines	%	Underground Utility Locating	%
Fast Track, Turnkey or Prototype Projects	%	Product Design	%	Wetland Delineation	%
Foundations, Sheeting and Shoring Design	%	Residential Subdivisions	%	Other (specify)	%

b. Based on your Firm's gross billings, indicate the approximate percentages of the projects listed below in which your firm is engaged. (Note: This section should total 100%.)

Airports	%	Landfills	%	Schools/Colleges	%
Amusement Rides	%	Libraries	%	Sewage Systems	%
Apartments	%	Manufacturing/Industrial	%	Sewage Treatment Plants	%
Arenas/Stadiums	%	Mass Transit	%	Shopping Centers/Retail	%
Bridges 499 ft and under	%	Mines	%	Superfund/Pollution	%
Bridges 500 ft and over	%				
Condominium/Townhouses	%	Municipal Buildings	%	Telecommunications	%
Residential	%	Nuclear/Atomic	%	Theaters	%
Commercial	%	Office Buildings	%	Tract Homes	%
Convention Centers	%	Parking Structures	%	Tunnels	%
Dams	%	Petro/Chemical	%	Underground Storage Tanks	%
Harbors/Piers/Ports	%	Pools/Playgrounds	%	Utilities	%
Hospitals/Healthcare	%	Pre-engineered Buildings/Structures	%	Warehouses	%
Hotels/Motels	%	Private Dwellings (Custom)	%	Wastewater Treatment Plants	%
Industrial Waste Treatment	%	Recreations	%	Water Systems	%
Jails	%	Roads/Highways	%	Other (specify)	%

c. Has the Applicant undergone any substantial changes in the percentages in item 14. during the past two years or anticipate any significant changes in the next 12 months?.....  Yes  No  
 If "Yes," please give details: \_\_\_\_\_

d. Largest Current Projects. On a separate sheet, attach a list of your ten largest projects in the past two years. Include type of structure, services performed, construction values, professional fees and project location.

e. Condominiums/Townhouses: (This question must be completed if percent is shown for condos in 15.b.)  
 In the past ten years has your Firm, Predecessor or any other insured provided any professional services related to Residential Condominiums and/or Townhouses?.....  Yes  No  
 If "Yes," please complete the following:  
 Total Number of Condominium/Townhouse projects: \_\_\_\_\_  
 Approximate Total Construction value \$ \_\_\_\_\_

16. Firm's Clients:

a. Please indicate the approximate percentage of your Firm's Gross Billings in item 10. that were derived from the following client categories: (Note: This section should total 100%.)

Attorneys	%	Government Local	%	Owners (who act as their own builder)	%
Commercial	%	Institutional	%	Real Estate Developers	%
Contractors	%	Industrial	%	Other (specify):	%
Government Federal	%	Lending Institutions	%		%
Government State	%	Other Design Professionals	%		%

b. What percentage of your Firm's business is from repeat clients? \_\_\_\_\_ %

c. Does any one contract or client represent more than 25% of annual work?.....  Yes  No  
 If "Yes," provide actual percentage of revenue: \_\_\_\_\_ % and also **attach a list of current projects for these client(s)**.

17. Is your Firm or any subsidiary, Parent or other Organization related to your Firm engaged in:

- a. Actual construction, fabrication or erection?.....  Yes  No
- b. Development, sale or lease of computer software to others? .....  Yes  No
- c. Real estate development? .....  Yes  No
- d. Manufacturing, sale, leasing or distribution of any product? .....  Yes  No

If any answers are "Yes," use a separate sheet to provide full details, including a description of the services performed, construction value involved and fees received.

18. Is the Applicant controlled, owned and/or associated with any other firm, corporation or company or does your Firm own or control any other entity? .....  Yes  No  
 If "Yes," provide details: \_\_\_\_\_

19. a. Other than the applicant firm, 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?.....  Yes  No

- 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 any such person is a Partner, Officer, Director, Shareholder or employee? .....  Yes  No

**Joint Ventures**

20. a. Does your Firm participate in joint ventures? .....  Yes  No  
 If "Yes," on a separate sheet of paper, please identify your joint venture projects, partners and allocation of responsibilities.
- b. Does your Firm obtain insurance certificates of professional liability from Joint Venture Partners? .....  Yes  No  
 If "No," please explain: \_\_\_\_\_

**Risk Management/Loss Prevention**

21. 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 A? .....  Yes  No
- d. Does your Firm use a computer assisted drafting program? .....  Yes  No  
 If so, what percentage of design is done using the CAD program? \_\_\_\_\_ %
- e. Does your Firm have an in-house program of continuing education for professional employees? .....  Yes  No
- f. How many professional employees of your firm have attended at least six hours of continuing education in the past 12 months? \_\_\_\_\_  All
- g. Does your Firm use written contracts on every project? .....  Yes  No  
 If "No," provide the percentage of the projects where oral agreements were used: \_\_\_\_\_ %
- h. Does your Firm seek a limitation of liability clause in contracts with clients? .....  Yes  No  
 If so, what percentage of your contracts contain such a clause? \_\_\_\_\_ %
- i. Specify the approximate percentage of your Firm's professional services rendered under AIA or EJCDC standard forms of agreement: \_\_\_\_\_ %
- j. If non-standard contracts or modified AIA or EJCDC contracts or "letter agreements" are used, are they reviewed by the Firm's legal counsel for liability implications prior to signing? .....  Yes  No
- k. Does your Firm have procedures for monitoring or collecting outstanding fees? .....  Yes  No
- l. Does your Firm have a pre-screening methodology for potential clients? .....  Yes  No
- m. Does your Firm negotiate into its contracts a provision for alternative dispute resolution such as mediation? .....  Yes  No  
 If so, what percentage of your contracts contain such a provision? \_\_\_\_\_ %

22. Professional Associations. Please list your Firm's and/or Principal's professional associations:

- THE AMERICAN INSTITUTE OF ARCHITECTS
- NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS
- AMERICAN CONSULTING ENGINEERS COUNCIL
- AMERICAN SOCIETY OF CIVIL ENGINEERS

AMERICAN CONGRESS ON SURVEYING AND MAPPING

AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS

OTHER (SPECIFY) \_\_\_\_\_

23. Current General Liability Insurance Coverage. Please identify your Firm's current General Liability Insurance Coverage:

Insurance Company: \_\_\_\_\_

Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_

Effective/Expiration Dates: \_\_\_\_\_

24. Professional Liability Insurance History:

a. Retroactive date on current policy: \_\_\_\_\_

b. Does your current policy have specific project excess coverage for any projects? .....  Yes  No

If "Yes," provide details: \_\_\_\_\_

c. Do you currently have First Dollar Defense Coverage? .....  Yes  No

d. Has your Firm, or any Principal, Partner, Officer or Director of any predecessor firms, ever been declined for Professional Liability Insurance coverage or has any such coverage ever been canceled or nonrenewed? (Not applicable to Missouri applicants.) .....  Yes  No

If "Yes," provide details: \_\_\_\_\_

25. Please detail your Architects and Engineers Professional Liability coverage five year history:

Company	Policy Period	Limits	Deductible	Premium

26. Have any Principals, Partners, Officers or Directors ever been subject to disciplinary action by authorities as a result of their professional activities? .....  Yes  No

If "Yes," please give full details: \_\_\_\_\_

27. a. Has any claim ever been made against the Applicant, its Predecessors in business, any of the present Partners, Directors, or Officers of the Applicant or to the knowledge of the Applicant against any past Partners, Officers or Directors of the Applicant? .....  Yes  No

b. Is your Firm (after proper inquiry of every Principal, Partner, Officer or Director or other prospective insured party) aware of any circumstances, incidents, situations or accidents during the past ten years which may result in claims being made against your Firm, its Predecessors in business, or any of the present or past Principals, Partners, Officers or Directors? .....  Yes  No

c. Is your Firm aware of any deficiencies or alleged deficiencies in work where your Firm, Predecessor or any other Insured performed professional services, or aware of any deficiencies or alleged deficiencies in work by others for whom your firm is legally responsible during the last five years? .....  Yes  No

- d. Does the Applicant or any other party proposed for insurance have knowledge of injury to people or damage to property during the past five years on or at projects where the Applicant has rendered professional services? .....  Yes  No

If "Yes" to a., b., c. or d. above, complete Supplemental Claim Information Form.

28. Please provide the following:

- a. Sample contract used if other than standard AIA or EJCDC contract.
- b. Most current annual Financial Statement – if available.
- c. Company brochure describing services or web-site address.
- d. Principals' Resumes – if applicant has been in business for less than 3 years.
- e. List of 5 largest projects including construction values, gross billings and a description of the services provided for each project.

THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS MADE IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material change in the facts and statements above, and in each supplementary application, for which applicant becomes aware after signing the application.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 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 be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for the violation.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

SIGNATURE OF DIRECTOR/PARTNER/PRINCIPAL: \_\_\_\_\_

TITLE: \_\_\_\_\_

PRODUCER: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_

AGENT'S LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida agents only.)