



Renewal Questionnaire

For Architectural, Engineering, and Landscape firms with annual gross billings
from \$500,000 to \$5,000,000

Please indicate the limits (000's) which you would like us to quote:

250 500 750 1,000 2,000 3,000 5,000 Other _____

Please advise of the deductible(s) you wish us to quote: _____

1. Firm Name: _____ Contact Name: _____
Principal Location: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____ Fax: _____
Email Address: _____ Website URL: _____

Please provide a listing of any branch offices on a separate sheet.

2. Number of Licensed Professionals:

	Architects	Engineers	Land Surveyors	Landscape Architects	All Others	Total
A. Principals, Partners, Officers & Directors						
B. Staff						
C. Number of Employees	Full Time	Part Time	Temporary	Leased		

3. Please provide your professional service billing information, including billings attributable to consultants.

	Most Recently Completed Fiscal Year	Second Most Recently Completed Year	Estimated Billings
Dates of Reporting Periods	to	to	to
A. Projects currently covered by specific project policy*	\$	\$	\$
B. Feasibility studies, reports, opinions, landscape architecture, land surveying, interior design and abandoned projects	\$	\$	\$
C. All Other Billings	\$	\$	\$
D. Direct Reimbursables (e.g. travel, per diem, etc.)	\$	\$	\$
E. Total Gross Billings	\$	\$	\$

*For A., please provide project name, location, construction values, current status, insurer, and limit of liability on a separate sheet.

4. If you currently have a supplemental additional limit of liability endorsement on your policy, provide us with your billings for the reporting period above \$_____.

5. Please indicate the percentage of the following disciplines in which the firm is engaged:
(Total Must Equal 100%)

Architecture _____ %	Landscape Architecture _____ %	Structural Engineering _____ %
Civil Engineering _____ %	Land Surveying _____ %	Transportation Engineering _____ %
Construction Management _____ %	Mechanical Engineering _____ %	Other: _____
Electrical Engineering _____ %	Process Engineering _____ %	Other: _____
Full Service A/E Firm _____ %	Soils Engineering _____ %	

6. Please indicate the **approximate** percentage of your total gross billings in Item 3E. derived from each project type:
(This section should equal 100%).

Airports _____ %	Houses/Townhouses _____ %	Pools/Playgrounds _____ %
Amusement Rides _____ %	Industrial Waste Treatment _____ %	Potable Water Systems _____ %
Apartments _____ %	Jails/Justice _____ %	Recreation/Sports _____ %
Bridges _____ %	Landfills _____ %	Roads/Highways _____ %
Churches _____ %	Libraries _____ %	Schools/Colleges _____ %
Condominiums _____ %	Manufacturing/Industrial _____ %	Shopping Center/Retail _____ %
Convention Centers _____ %	Mass Transit _____ %	Storm Water Systems _____ %
Dams _____ %	Nuclear/Atomic _____ %	Tunnels _____ %
Harbors/Piers/Ports _____ %	Office Buildings _____ %	Warehouses _____ %
Hospitals _____ %	Parking Structures _____ %	Wastewater Systems _____ %
Hotels/Motels _____ %	Petro/Chemical _____ %	Wastewater Treatment Plants _____ %
Other (specify) _____ %	Other (specify) _____ %	Other (specify) _____ %

7. 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:

- | | |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <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 Air emission control systems | <input type="checkbox"/> Y <input type="checkbox"/> N Solid waste sites |
| <input type="checkbox"/> Y <input type="checkbox"/> N Hazardous/toxic disposal sites | <input type="checkbox"/> Y <input type="checkbox"/> N Landfills |
| <input type="checkbox"/> Y <input type="checkbox"/> N Superfund sites | <input type="checkbox"/> Y <input type="checkbox"/> N Permitting/monitoring related to hazardous waste |

If yes, provide details including the percentage of these services on a separate sheet.

8. Please provide the following information regarding your firm's **three** largest **current** projects:

Name	City & State	Owner/Client	Project Type	Services You Performed	Estimated Total Construction Cost	Total Gross Billings

9. 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:

- A. Actual construction, installation, fabrication or erection Y N
- B. Design / Build Y N
- C. Development, sale or lease of computer software to others Y N
- D. Real estate development Y N
- E. Manufacture, sale, leasing or distribution of any product, process or patented production process. Y N

If answer to A., B., C., D. or E. is yes, please provide full details on a separate sheet, including a description of the services performed, the relationship of the parties, construction values involved and fees billed. Also enclose sample contract(s).

- 10. A. 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? Y N
- 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? Y N
- C. Is your firm controlled, owned by or associated with or does your firm control or own any other entity? Y N

If answer to A., B. or C. is yes, please provide details on a separate sheet.

11. Risk Management

- A. Does your firm:
 - 1. Use written in-house quality control procedures? Y N
 - 2. Have an automated master specification system? Y N
 - 3. Have an in-house program for continuing education? Y N
 - 4. Have a Total Quality Management (TQM) program? Y N
- B. Has your firm:
 - 1. Participated in an Organizational Peer Review? Y N
 - 2. Participated in the Schinnerer Voluntary Education Program? Y N
- C. Number of employees who have had at least six hours of continuing education in the past 12 months: _____
- D. Please list the percentage of your firm's services rendered under AIA or EJCDC standard forms of agreement: _____ %

Broker Information

NOTE : Contact name and licensing information must be completed in order to issue the renewal policy.

Insurance Agent/Broker/Contact Name: _____

Address: _____ Phone _____

Please indicate at least one of the applicable license numbers below:

CNA License # _____
 Broker's License # _____
 Agent's License # _____
 Nonresident's # _____

License Expiration Date _____

I/we hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or mis-stated any material facts and I/we agree that this questionnaire shall be the basis of the contract with the insurance company.

It is understood and agreed that the completion of this questionnaire does not bind the insurance company to sell nor the applicant to purchase the insurance.

Principal (please print): _____ Title _____

Signature of Principal _____ Date _____

NOTE : The insurance coverage for which you are applying is written on a CLAIMS-MADE policy. Only claims which are first made against you during the policy period are covered, subject to policy provisions. "Claim" means the receipt of a demand for money or services, naming "you" and alleging a "wrongful act".

The limits of liability stated in the policy are reduced by the cost of defense. If you have any questions about the coverage, please discuss them with your insurance agent/broker.