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APPL. FOR ARCH. & ENGINEERS
PROFESSIONAL LIABILITY POLICY
(CLAIMS MADE COVERAGE)

- 1. Name of Applicant:
2. Address:
3. Addresses of all Branch Offices:
4. Internet Address:
5. When was firm established:
6. Is firm:
7. Has the name of the firm been changed...
8. Staff:
9. States in which a Professional Licenses is held:
10. Foreign work?
11. Have any of the Principals, Officers or Partners...
12. To what professional associations does the Applicant belong?
13. Does the Applicant or any subsidiary...
14. Is the Applicant controlled, owned or associated with...
15. Does the Applicant provide professional services...

16. 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	_____ %	Mechanical Engineering	_____ %
Civil Engineering	_____ %	Mining Engineering	_____ %
Communication Engineering	_____ %	Naval/Marine Engineering	_____ %
Construction/Project Management	_____ %	Process Engineering	_____ %
Electrical Engineering	_____ %	Soil/Geotech Engineering	_____ %
Environmental Engineering	_____ %	Structural Engineering	_____ %
HVAC Engineering	_____ %	Other (please specify)	_____ %
Interior Design	_____ %	_____	_____ %
Landscape Architecture	_____ %	_____	_____ %

17. 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 home/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: _____	_____ %

18. 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	_____ %
Environmental Impact Statements	_____ %	Sewage Treatment Plants	_____ %
Foundation of Shoring Projects	_____ %	Shopping Center/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	_____ %	Water Treatment Plants	_____ %
Mass Transit	_____ %	Other	_____ %
Pulp/Paper/Lumber	_____ %	_____	_____ %

19. TYPES OF CLIENTS:

Commercial	_____%	Federal Government	_____%	Real Estate Developers	_____%
Contractor's	_____%	State Government	_____%	Other	_____%
Other Design Prof	_____%	Local Government	_____%		
Institutional	_____%	Industrial	_____%		

20. Does the Applicant foresee any substantial changes in the percentage of items 18-21 during the next twelve months?  
\_\_\_ YES \_\_\_ NO If Yes, please give details: \_\_\_\_\_

21. Gross Annual Receipts/Revenue:

Next Year	\$ _____
This Year	\$ _____
Last Year	\$ _____

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

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

23. 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
- c. What limit of liability is required? \_\_\_\_\_
- d. Do subcontractors hold the applicant harmless by contract? \_\_\_ YES \_\_\_ NO. If Yes, attach a copy.

24. Does any one contract or client represent more than 50% of annual work? \_\_\_ YES \_\_\_ NO. If Yes, please give details:  
\_\_\_\_\_

25. Does the Applicant perform asbestos abatement services? \_\_\_ YES \_\_\_ NO. If coverage is desired, request Asbestos Supplemental Application.

26. If the Applicant has any direct or indirect responsibility for the design or re-design of HVAC systems, please comment on any engineering or administrative controls that are routinely employed to insure acceptable indoor air quality. \_\_\_\_\_  
\_\_\_\_\_

27. 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. \_\_\_\_\_  
\_\_\_\_\_

28. Please detail present Architects and Engineers Professional Liability Insurance Coverage.

Insurance Company	Policy Number	Limits	Deductible
_____	_____	_____	_____
Expiring Premium: \$ _____		Expiration Date: _____	
Present Policy Retroactive Date: _____			

29. Please detail Architects and Engineers Professional Liability Coverage for the FIVE YEARS prior to the present coverage.

Insurance Company	Policy Number	Limits	Deductible	Policy Period
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

30. Date UNINTERRUPTED insurance began: \_\_\_\_\_

31. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy? \_\_\_YES\_\_\_NO. If Yes, please give details:

Insurance Company	Type of Coverage	Limits		Effective	
		BI	PD	From	To
_____	_____	_____	_____	_____	_____

32. 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: \_\_\_\_\_

33. Has any claim ever been made against the firm or any persons named in Item #1 or Item #8? please attach details stating:  
1. Date when claim was made;  
2. Date the act giving rise to the claim was committed;  
3. Name of the claimant;  
4. Nature of the claim;  
5. Amount of alleged damaged;  
6. Amount of reserves if claim is open,  
7. Final disposition (include paid indemnity amounts and expense amounts)

34. After 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.

35. 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.

36. Coverage requested: Limit \_\_\_\_\_ Deductible \_\_\_\_\_

37. Does the Applicant have a Risk Management and Risk Control Program in place? \_\_\_YES\_\_\_NO  
a. Who is responsible for the Program? \_\_\_\_\_ Title \_\_\_\_\_

Please include the following information with this application:

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

I/We warrant that the information contained herein is true and understand that the Application for Architects and Engineers Professional Liability Insurance shall be the basis for the contract of insurance should a policy be issued and that this Application together with any supplement will be attached to and become part of the policy issued.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service or suit or the institution of arbitration proceedings against you.

The LIMITS OF LIABILITY stated in the Policy are reduced by CLAIM EXPENSES. CLAIM EXPENSES are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_  
(Owner, Partner, Authorized Officer)

RISK MANAGEMENT/RISK CONTROL SUPPLEMENT TO APPLICATION

To be attached to

**ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY INSURANCE**

(Claims Made Coverage)

Name of Applicant: \_\_\_\_\_

1. Does your firm have a written in-house quality control procedure?  YES  NO If YES, please attach a copy and specify the date that it was last revised or updated.

2. Does your firm subscribe to MASTERSPEC?  YES  NO What percentage of your projects incorporate specifications based upon or derived from MASTERSPEC? \_\_\_\_\_%

3. What percentage of your professional services are performed under written contracts? \_\_\_\_\_%

Type of contract used:

a) AIA or EJCDC standard forms of agreement between owner and architect or engineer \_\_\_\_\_%

b) Firms Standard Form (attach copy) \_\_\_\_\_%

c) Client Drafted Agreement \_\_\_\_\_%

d) Client Purchase Order \_\_\_\_\_%

e) Letter Agreement (firm or client drafted) \_\_\_\_\_%

Are all contracts/agreements/purchase orders reviewed by Applicants legal counsel before they are executed?

YES  NO Explain: \_\_\_\_\_

4. Are certificates of insurance requested from all sub-consultants?  YES  NO If YES, describe your system for maintaining current and complete files in this respect. \_\_\_\_\_

What percentage of your billings during the last twelve months can be attributed to services performed by sub-consultants that did not have professional liability insurance? \_\_\_\_\_%

5. Has your firm participated in a peer review program?  YES  NO If yes, please describe it and provide the date(s) of the review. \_\_\_\_\_

6. Does your firm have an in-house program of continuing education for professional employees?  YES  NO If YES, describe program and give percentage of professional staff that have participated in the program for the past 12 months: \_\_\_\_\_%

I/We warrant that the information contained herein is true and understand that this form in conjunction with the Application for Architects & Engineers Professional Liability Insurance shall be the basis for the contract of insurance should a policy be issued and that this supplement together with the application will be attached to and become a part of the policy should one be issued.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

(Owner, Partner, Authorized Officer)