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## Contractors PROtect<sup>SM</sup> Professional Liability Insurance New Business Application

### IMPORTANT NOTICE

THIS IS AN APPLICATION FOR A POLICY THAT IS WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. THE LIMITS OF LIABILITY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER.

### APPLICANT'S INFORMATION

Applicant's Legal Name of Business (Include all Named Insured):

Business Address:

City:  State:

Zip Code:

Business Phone:  Web Address:

Date Established:  Policy Effective Date:

Select One:

Sole Proprietor     Partnership     Corporation     Professional Corporation     LLC

Other (describe):

### CURRENT PROFESSIONAL LIABILITY COVERAGE

1.	Carrier	Policy Period	Limit	Deductible	Premium
				\$	\$
				\$	\$
				\$	\$

2. Retroactive Date (Prior Acts):

3. Has the Applicant, predecessor in business or any person for whom coverage is requested had professional liability coverage declined, canceled, rescinded or non-renewed?  Yes  No  
(Missouri Applicants - Do not answer this question)

If "Yes", please provide full details (if required, please attach additional sheet).

**FIRM'S PRACTICE**

4. Construction Values / Revenues / Fees

Note: 12-month annual figures should be reflected. Please do not list partial year figures.

	Two Years Prior	Previous Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
From (mm/yy)				
To (mm/yy)				
Total Construction Values of Projects (include hard costs + soft costs)	\$	\$	\$	\$
Total Construction Values for Construction Only Projects (your firm is responsible for construction only)	\$	\$	\$	\$
Total Construction Values for Design/Build Projects (your firm is responsible for design & construction)	\$	\$	\$	\$
Construction Management Fees	\$	\$	\$	\$
All Other Fees/Revenues (please describe)	\$	\$	\$	\$
All Other Fees/Revenues	\$	\$	\$	\$
Total Gross Revenues	\$	\$	\$	\$

**PLEASE INCLUDE A COPY OF YOUR MOST RECENT YEAR'S FINANCIAL STATEMENTS WITH THIS APPLICATION.**

5. Does the Firm fabricate any products for use in construction? Example: windows, doors, trusses, etc?  Yes  No

If "Yes", please list products below:

6. Revenues / Construction Values (Note: must total 100%):

Percentage of work serving as a General/Prime Contractor	%
Percentage of work serving as a subcontractor to a General/Prime Contractor	%
Percentage of work where your firm hires the Design Team (Architects / Engineers)	%
a. If you hire Design Team, please indicate the limit of Professional Liability insurance required of Design Subconsultants.	\$

7. If the Firm operates as an artisan/trade contractor or a general contractor who self-performs some or all artisan/trade work, please indicate the types of trades and percentage of work: (must total 100%):

	%
	%
	%
	%
	%
	%
	%
	%

8. Indicate the types of projects undertaken (Note: must total 100%):

Agriculture	%	Municipal Buildings	%
Airports	%	Nuclear/Atomic	%
Amusement Rides/Parks	%	Office Buildings	%
Apartments	%	Parking Structures	%
Arenas/Stadiums	%	Petro/Chemical	%
Banks	%	Pools	%
Bridges	%	Pre-Engineered Buildings/Structures	%
Building Façade Restoration	%	Private Dwellings (custom)	%
Colleges	%	Recreation/Playgrounds	%
Commercial/Retail	%	Religious	%
Condominiums/Townhouses - COMML	%	Residential Subdivisions	%
Condominiums/Townhouses - RESD	%	Roads/Highways	%
Convention Centers	%	Schools K-12	%
Dams	%	Sewage/Wastewater Treatment Plants	%
Harbors/Piers/Ports	%	Solar/Wind Energy Facilities	%
Hospitals/Healthcare	%	Superfund/Pollution	%
Hotels/Motels	%	Telecommunications	%
Industrial Waste Treatment	%	Theaters	%
Jails	%	Tunnels	%
Landfills	%	Utilities	%
Libraries	%	Warehouses	%
Manufacturing/Industrial	%	Water Systems	%
Mass Transit	%	Other (specify):	%
Mines	%		

9. Indicate the types of clients (Note: must total 100%):

Commercial	%	Institutional	%	Lending Institutions	%
Contractors	%	Developers	%	Private Owners	%
Design Professionals	%	Industrial	%	Governmental	%
Other (specify):	%	Other (specify):	%	Other (specify):	%

10. Please provide the following information for the Applicant's five (5) largest recent projects by CV:

Location	Project Type	Services Rendered	Billings	Construction Value	Construction Period
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

11. Does the Firm have Projects constructed outside U.S.?  Yes  No  
 If "Yes", please provide full details.

12. a. List all pre-existing entities, including name changes, mergers and acquisition, date of existence and nature of the change. Attach additional details if necessary. Firms that are accepted for coverage will be listed on the policy.

Name of Predecessor Firm	Dates in Existence	Nature of Change

b. Is coverage desired for any predecessor firm?  Yes  No  
 If "Yes", please provide full details.

c. Are there any significant changes in ownership, name changes, mergers and acquisitions, including pre-existing entities anticipated in the next twelve (12) months?  Yes  No  
 If "Yes", please provide full details.

13. Ownership Control

a. Does the Firm wholly or partly own, manage or control any other enterprise?  Yes  No  
 If "Yes", please provide full details, and if coverage is desired for such.

b. Is the Firm wholly or partly owned, managed or controlled by any other enterprise?  Yes  No  
 If "Yes", please provide full details.

14. List professional society memberships:

<input type="checkbox"/> AIA	<input type="checkbox"/> ASCE	<input type="checkbox"/> ASME
<input type="checkbox"/> Other:		

15. Do you provide any services for a related entity?  Yes  No  
 If "Yes", please provide full details.

**RISK MANAGEMENT**

16. Do your employees obtain annual continuing education?  Yes  No  
 If "Yes", please provide full details.

17. Please indicate the types of contracts utilized by the client: % must total 100%

Standard Industry Contracts	%
Applicants standard contracts language	%
Client-drafted contract	%
Verbal Agreement	%
Other (describe):	%

18. Does the applicant include a limitation of liability clause within their contracts?  Yes  No

If "Yes", what percentage of contracts include such?

19. Are all contracts reviewed by the Firm's legal counsel prior to signing?  Yes  No

20. Does the Firm have a written quality control document?  Yes  No

21. Does the Firm include a provision for alternative dispute resolution such as mediation in its contracts?  Yes  No

**CLAIMS HISTORY**

If any of the below questions are "Yes", complete a Claims Supplement Application or attach a statement providing full details.

22. In last five (5) years, have any claims involving professional services ever been made against the Firm, predecessors in business or any other person for whom coverage is requested?  Yes  No

**NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 22 IS EXCLUDED FROM THE PROPOSED INSURANCE.**

23. Has the Firm or any predecessor firm reported a potential claims to a professional liability insurer in the last five (5) years?  Yes  No

24. After inquiry, does the Firm, predecessors in business or any other person for whom coverage is requested, have knowledge of any actual or alleged act, error, omission or circumstance which may result in a claim being made against them or any other basis to reasonably anticipate a claim being made against them?

If "Yes", have you reported same to your current insurer?

 Yes  No

**NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 24 IS EXCLUDED FROM THE PROPOSED INSURANCE.**

25. Has any member of the Firm ever been the subject of a complaint to authorities or disciplinary action as a result of the professional activities?  Yes  No

If "Yes", how many?

**FRAUD STATEMENT/SIGNATURES**

**THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.**

**FRAUD STATEMENT**

**(Not applicable in the states mentioned below where a specific warning applies.)**

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**Alabama**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia**

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.

**Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida**

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.

**Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine**

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 denial of insurance benefits.

**Maryland**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey, New Mexico**

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 civil fines and criminal penalties.

**Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Pennsylvania**

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.

**Pennsylvania (Auto)**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**Tennessee, Virginia, Washington**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**New York**

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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**New York (Auto)**

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

<b>SIGNATURES</b>
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**DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).**

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE

**Agent/Broker:**

Are you personally familiar with this Applicant's operations?  
 Did your office control this risk in the past year?

Yes    No  
 Yes    No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE