



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

**ARCHITECTS & ENGINEERS
DESIGN-BUILD AND CONSTRUCTION MANAGERS**

**PROFESSIONAL LIABILITY INSURANCE APPLICATION
(Claims Made and Reported Basis)**

NOTE: The insurance coverage for which you are applying is written on a CLAIMS MADE and reported basis. Only claims which are first made against you during the policy period are covered, subject to the policy provisions. The Limits of Liability stated in the policy are reduced by defense costs. Defense costs are also applied against your deductible. 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.

SECTION 1. - INFORMATION ABOUT YOUR FIRM

1. NAME, ADDRESS, AND CONTACT INFORMATION

Name of Applicant: _____

Principal Address: _____

City: _____ State: _____ Zip Code: _____

State of Incorporation: _____

Website Address _____

Date Current Firm Established _____

Trade Style of your firm:

Sole Proprietorship Corporation Professional Corporation Limited Liability Company
Other

Does your firm maintain branch offices? YES NO

If YES, please provide details including location and dates established on a separate sheet.

2. Information about the firm's current staff:

Current Staff	Number of Employees	Number Registered/Licensed/Certified
Principals, Partners, Officers, Directors and Owners		
Architects		
Engineers		
Land Surveyors		
Landscape Architects		
All other		
Total Current Staff		

3. Information about the current principal(s) of the firm:

Name	License(s) (incl dates licensed)	Years of Professional Experience	Number of Years with Applicant Firm

4. Has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes No If yes, please provide full details (including dates) on a separate sheet
5. How many professional employees left the firm in the past twelve (12) months? _____
6. Have there been any senior management changes within the past 12 months? YES NO If yes, please provide details on a separate sheet.
7. Have there been any senior management changes within the past five (5) years? YES NO If yes, please provide details on a separate sheet.
8. Does your firm or any of your Principals, Partners, Officers or Shareholders have an ownership interest in any entity to whom and/or project for which the firm renders Professional Services? YES NO If yes, please provide details on a separate sheet.
9. Does your firm or any of your Principals, Partners, Officers or Shareholders have an ownership interest in any entity that renders Professional Services to or on behalf of your firm? YES NO If yes, please provide details on a separate sheet.

SECTION 2. – PROFESSIONAL SERVICES

10. Based on your firm's Most Recently Completed Past 12 Months **net billings** please indicate the approximate percentage of Professional Services performed by your firm. **NOTE: Do not include services performed by sub-consultants:**

Acoustical Engineering	%	Environmental Science	%	Mining Engineering	%
Aerial Surveying	%	Forensic Engineering	%	Naval /Marine Engineering	%
Agricultural Consultant	%	HVAC Engineering	%	Nuclear Engineering	%
Architecture	%	Hydrological Engineering	%	Pool Consultant	%
Chemical Engineering	%	Interior Design	%	Process Engineering	%
Civil Engineering	%	Kitchen Consultant	%	Professional Planner	%
Communication Engineering	%	Land Surveying	%	Roof Consultant	%
Construction Management (Agency)	%	Landscape Architecture	%	Soils/Geotechnical Engineering	%
Electrical Engineering	%	LEED®AP	%	Structural Engineering	%
Elevator Consultant	%	Lighting Engineering	%	Testing Labs (excl soils & construction materials)	%
Environmental Engineering	%	Mechanical Engineering	%	Traffic Engineering	%
				Other (please describe)	%

SECTION 3. – ACCOUNTING DATA

PROFESSIONAL SERVICES FEES BILLED BY YOUR FIRM

STOP IF YOU ARE A DESIGN-BUILD OR AT-RISK CONSTRUCTION MANAGEMENT FIRM, DO NOT COMPLETE QUESTION 11, PLEASE COMPLETE THE ATTACHED DESIGN-BUILD SUPPLEMENTAL APPLICATION

11. Please provide gross billings whether collected or not including fees paid to consultants and reimbursable expenses derived from Professional Services for the following **Reporting Periods**:

Reporting Period (MM/DD/YY)	Estimate for Current 12 Months ____/____/____	Most Recently Completed ____/____/____	Two Years Ago ____/____/____	Three Years Ago ____/____/____
Abandoned Projects				
Separately Insured Projects				
All Other Fees				
Total Gross Billings				

FEES ATTRIBUTABLE TO SERVICES PERFORMED BY SUB-CONSULTANTS

12. Based on your firm’s most recently completed past 12 months gross billings, please provide the percentage of such billings attributable to services performed by sub-consultants in the following disciplines:

Architecture	%	Civil Engineering	%
Structural Engineering	%	Land Surveying	%
MEP Engineering (incl HVAC)	%	Geotechnical Engineering	%
Landscape Architecture	%	Other (please describe)	%

- a) Do you require all firms retained as sub-consultants to enter into a written agreement with your firm? YES NO
- b) Do you require all firms retained as sub-consultants to obtain, maintain and evidence professional liability insurance? YES NO
- c) What Professional Liability Limits of Liability do you require of your design professional sub-consultants? _____
- d) Does your firm have a process to track the expiration dates of the Professional Liability Insurance maintained by your sub-consultant firms and require certificates of insurance upon renewal of the policy? YES NO
- e) Does the agreement with your sub-consultants include an Indemnification provision requiring the sub-consultant firm to indemnify & hold harmless your firm for damages resulting from their negligent acts, errors or omissions? YES NO

SECTION 4. – PROJECT TYPE/TYPES OF PROFESSIONAL ACTIVITIES

Project Type:

13. Please indicate the approximate percentages of your firm's Most Recently Completed Past 12 Months Gross Billings derived from the projects listed below:

Agriculture	%	Industrial Waste Treatment	%	Religious	%
Airports	%	Jails	%	Residential Subdivisions	%
Amusement rides/parks	%	Landfills	%	Roads/Highways	%
Apartments	%	Libraries	%	Solar/Wind Energy	%
Arenas/Stadium	%	Manufacturing/Industrial	%	Schools K-12	%
Banks	%	Mass Transit	%	Sewage Systems	%
Bridges (Long Span)	%	Mines	%	Sewage / Wastewater Treatment Plants	%
Colleges	%	Municipal Buildings	%	Superfund/Pollution	%
Commercial/Retail	%	Nuclear/Atomic	%	Telecommunications	%
Condominiums – Commercial	%	Office Buildings	%	Theaters	%
Condominiums – Residential	%	Parking Structures	%	Tunnels	%
Convention Centers	%	Petro/Chemical	%	Utilities	%
Dams	%	Pools	%	Warehouses	%
Harbors/Piers/Ports	%	Pre-Engineered Buildings	%	Wastewater	%
Hospitals/Healthcare	%	Private Dwellings	%	Water Systems	%
Hotels/Motels	%	Recreation / Playgrounds	%	Other (please describe)	%

14. List your most recent year's number of projects by size:

<u>Hard Cost Construction Values</u>	<u>Number of Projects</u>
Up to - \$10,000,000	_____
\$10,000,000 - \$25,000,000	_____
\$25,000,000 - \$100,000,000	_____
More than \$100,000,000	_____



IF YOU ARE A DESIGN-BUILD OR AT-RISK CONSTRUCTION MANAGEMENT FIRM, DO NOT COMPLETE QUESTION 15, PLEASE COMPLETE THE ATTACHED DESIGN-BUILD SUPPLEMENTAL APPLICATION.

Types of Activities:

15. Please indicate the approximate percentage of your firms Most Recently Completed Past 12 Months Gross Billings attributable to the following Type of Services:

Feasibility Studies, Reports & Planning	%
Schematic Design	%
Design Only, with no construction phase duties	%
Design, with observation of construction	%
Observation of construction only	%
Commercial Interiors/ Fit out	%
Design with Construction Responsibility (Construction subcontracted)	%
Subcontractor to a Design-Build Contractor	%
Inspection Services	%
Fast Track Projects	%
Projects utilizing BIM technology	%
Projects delivered utilizing multiple prime construction contractors	%
Commissioning	%
Models & Renderings	%
Graphics & Signage	%
Boundary Surveys	%
Construction Stakeout	%
Construction Materials Testing	%
Sub-consultant Fees - Structural Engineering Services - firms that maintain and evidence Professional Liability Insurance	%
Sub-consultant Fees - Other Professional Services - firms that maintain and evidence Professional Liability Insurance	%

16. Do you foresee any substantial changes in billings, professional services or project types of 20% or greater identified in Sections 2 through 4 for the next 12 months.

SECTION 5. RISK MANAGEMENT & LOSS PREVENTION

- 17. Does your firm have a written Quality Assurance/Quality Control program in place that is reviewed and updated on a periodic basis? YES NO
- 18. Are all appropriate project staff members familiar with and updated as necessary on your QA/QC program? YES NO
- 19. Does your firm enter into written agreements on 100% of your projects? YES NO
If NO, on a separate sheet please describe situations where written agreements are not used.
- 20. Are non-standard contracts reviewed by your insurance and legal counsel for liability insurance and legal liability implications prior to signing? YES NO
- 21. Do your contracts include provisions requiring your client to pay your fees in a prescribed and timely manner? YES NO
- 22. If YES, does your firm monitor that your client pays your compensation in accordance with the terms of the agreement? YES NO
- 23. In the past five (5) years has your firm been involved in or is your firm currently involved in any fees disputes which were not resolved or will not be resolved without your firm having to institute legal proceedings against your client? YES NO
- 24. Do the contracts you enter into contain a Limitation of Liability provision? YES NO If YES, please describe on a separate sheet.
- 25. What percentage of your firm's projects is derived from repeat clients? _____
- 26. Have any of your firm's principals, partners, officers or key project staff members attended or participated in a risk management seminar in that past twelve (12) months? YES NO If YES, please provide details about the seminar(s).
- 27. Please describe any other risk management practices that are used by your firm to manage professional liability and other business risks.

SECTION 6. INSURANCE COVERAGE INFORMATION

Professional Liability Insurance Coverage

- 28. Please provide the following details regarding your firm's Architects & Engineers Professional Liability Insurance coverage for the last five (5) years beginning with the current policy year:

Policy Period	Insurance Company	Per Claim/Aggregate Limit of Liability	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

29. Retroactive Coverage Date on Current Policy: 30. Does your current policy include Specific Project Excess Coverage for any project(s)?

YES NO If YES, please provide details on a separate sheet.

31. Please attach a copy of any other special endorsements or additional coverage added to the policy.

Current General Liability Coverage

32. Please provide the following details regarding your firm's current General Liability coverage:

Insurance Company	Limits of Liability	Deductible	Policy Period

SECTION 7. CLAIMS and CIRCUMSTANCES INFORMATION

33. Please attach loss runs currently dated from all applicable insurers for the past five (5) years

34. Have any Principals, Partners, Officers, Directors or licensed professional employees ever been subject to disciplinary action by regulatory or licensing authorities as a result of their professional activities? YES NO If YES please provide details on a separate sheet

35. Has any Professional Liability claim been made or legal action been brought in the past five (5) years (or made earlier and still pending) against your firm, its Predecessors, or any past or current Principal, Partner, Officer or Director of your firm? YES NO If YES please provide details on a separate sheet

36. Is your firm (after inquiry of every Principal, Partner, Officer of Director or any other person or entity for which coverage is requested) aware of any act, error, omission, circumstance, incident, situation, or accident during the past five (5) years which may result in a claim or demand made against your firm, its predecessors or any of the past or current Principals, Partners, Officers or Directors? YES NO If YES please provide details on a separate sheet.

37. Please describe the Lessons Learned and corrective actions your firm has undertaken in an attempt to improve the firm's claims history. Please use a separate sheet.

Limit(s) of Liability Requested: _____

\$ _____ per claim

\$ _____ per claim

\$ _____ aggregate

\$ _____ aggregate

\$ _____ per claim

\$ _____ per claim

\$ _____ aggregate

\$ _____ aggregate

Deductible(s) Requested: _____

Please attach the following additional information:

- Resumes of the firm's Principals.
- A listing of your firm's five (5) largest projects in the past three (3) years. Please provide the name of the project, the name of your client, location (city & state), type of project, the professional services performed and current status of the project.

THE APPLICANT WARRANTS 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 changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S WRITTEN ACCEPTANCE OF COMPANY'S QUOTATION AND COMPANY'S WRITTEN ACKNOWLEDGMENT OF SUCH ACCEPTANCE IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. NO COVERAGE SHALL ATTACH UNTIL A BINDER OF INSURANCE HAS BEEN ISSUED. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

I/We hereby warrant 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

DATE

Name and Title of Director/Partner/Principal (printed or typed)

Producer: _____
Address: _____
City: _____ State: _____ Zip Code: _____

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: 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 or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: 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 the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KANSAS APPLICANTS: 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 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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 PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.