



Swett & Crawford

ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY APPLICATION

(Claims Made Coverage)

1. APPLICANT INFORMATION

Name of applicant _____
(If partnership or corporation, show firm)

Address _____

Address of all Branches:

Street _____ City _____ State _____ Zip Code _____

Street _____ City _____ State _____ Zip Code _____

When was firm established?: _____

Is the firm: Corporation? Partnership? Individual?

During the past five years, 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 give full details)

Coverage Requested: Limits _____ Deductible _____

2. APPLICANT OPERATIONS

(a) Please indicate the approximate percentage of the professions in which your firm is engaged. (To equal 100%). Exclude services performed by subcontractors.

Architects _____ %	Land Surveying _____ %	Environmental Engineering _____ %
Civil Engineering _____ %	Landscape Architecture _____ %	Structural Engineering _____ %
Electrical Engineering _____ %	Interior Design _____ %	Soil Engineering _____ %
Mechanical Engineering _____ %	Process Engineering _____ %	Testing Lab _____ %
HVAC Engineering _____ %	Construction Management _____ %	Other (Specify below) _____ %

(b) Is the application involved in any of the following services? Yes No
If "yes", please explain below and indicate fees for current and/or next year(s):

- (1b) Environmental studies, reports, assessments or audits Yes No
- (2b) Remedial investigations and studies Yes No
- (3b) Waste site selection evaluation Yes No
- (4b) Preparation and submission of environmental permits Yes No
- (5b) Hazardous and/or non-hazardous waste treatment, processing, incineration or disposal Yes No
- (6b) Asbestos abatement Yes No

Please indicate the type and approximate percentage of work under each heading:

(c) **Scope of Services** (to equal 100%)

- (1c) Design with construction observation _____ %
- (2c) Design without construction observation _____ %
- (3c) Construction observation without design _____ %
- (4c) Studies, reports and services not resulting in construction _____ %





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2. Please indicate the type and approximate percentage of work under each heading:

(cont.)

(d) Types of Services (to equal 100%)

- (1d) Master planning _____%
- (2d) Foundation design _____%
- (3d) Geotechnical services _____%
- (4d) Alternations _____%
- (5d) Machinery/product design _____%
- (6d) Forensic/expert witness _____%
- (7d) Building inspection/certification _____%
- (8d) Other _____%

Please indicate the type and approximate percentage of work under each heading:

(e) Types of Projects (need not equal to 100%)

- | | |
|---|---|
| (1e) Single family dwellings _____% | (11e) Parking structures _____% |
| (2e) Condominiums _____% | (12e) Roads/highways _____% |
| (3e) Apartments _____% | (13e) Bridges, dams, or funnels _____% |
| (4e) Hotels, motels or resorts _____% | (14e) Sewage or waste disposal systems _____% |
| (5e) High-rise buildings _____% | (15e) Wastewater treatment plants _____% |
| (6e) Educational facilities _____% | (16e) Power plants _____% |
| (7e) Religious facilities _____% | (17e) Industrial/manufacturing _____% |
| (8e) Commercial/shopping centers _____% | (18e) Petrochemical, chemical _____% |
| (9e) Hospitals/health care _____% | (19e) Offshore & marine structures _____% |
| (10e) Recreational/sports facilities _____% | (20e) Other _____% |

(f) Does the Applicant foresee any substantial changes in the percentages of Item (h) above during the next twelve months? Yes No
If yes, please give details: _____

(g) Fees and Construction Values - (For design firms only)

	Estimate for Coming Year Dates From _____ To _____	Present 12 months From _____ To _____	Previous 12 months From _____ To _____
Domestic Operations			
(1g) Construction values	_____	_____	_____
(2g) Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures)	_____	_____	_____
Foreign Operation			
(3g) Construction Values	_____	_____	_____
(4g) Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures)	_____	_____	_____





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(h) Construction values - For firms who both design and construct.

	Estimate for Coming Year	Present 12 months	Previous 12 months
	Dates From _____ To _____	From _____ To _____	From _____ To _____

(1h) All operations	_____	_____	_____
(2h) Design/Construct	_____	_____	_____
(3h) Design only - no construction	_____	_____	_____
(4h) Construction only - no design	_____	_____	_____

(i) What percentage of the Applicant's practice involves any of the following:

(1i) Subletting of work to others? % of work _____

(2i) Is evidence of insurance from consultants required? Yes No

(j) Equity Interest:

Does the applicant provide professional services on projects in which he retains ownership interest? Yes No
(If coverage is desired, please request equity interest supplement form.)

(k) Does any one contract or client represent more than 50% of annual work? Yes No

If yes, please describe: _____

(l) Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, manufacturing, or fabrication? Yes No

If yes, please give details: _____

(m) Is the Applicant controlled, owned or associated with any other firm, Corporation or Company? Yes No

If yes, please describe: _____

(n) Does the Applicant work with other firms in Joint Ventures? Yes No

(If coverage is desired, please request joint venture supplement form.)

3. APPLICANT STAFF

(a) Name of Owner, Partner or Officer	Educational Qualifications	Date and Place Acquired	How Long with Firm

(b) Total Personnel: (Including those listed in item 3 (a) above: _____

(1b) Number of Engineers, Surveyors & Architects _____

(2b) Number of Fieldmen (rodmen, chairmen, etc.) _____

(3b) Number of Draftsmen, Technicians _____

(4b) Number of clerical and acctg. employees _____

(c) States in which licensed: _____

(d) Foreign Work? Yes No. If yes, please give full details: _____





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(e) Have any of those listed in item 3(a) above ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No

If yes, please describe: _____

(f) What professional Associations does the Applicant belong to?

(g.) Are any of the individuals named in item 3 (a) above owners, officers or employees of firms engaged in actual construction, manufacturing or fabrication? Yes No

If yes, please give details: _____

4. APPLICANT HISTORY

(a) Please detail Architects & Engineers Professional Liability Insurance during PAST FIVE YEARS: Show current policy and four prior years.

Insurance Company	Policy No.	Limits	Deductible	Policy Period
(1a)				
(2a)				
(3a)				
(4a)				
(5a)				

(b) Date UNINTERRUPTED insurance began: _____

(c) Is the 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:

(d.) Has any application for Architects & 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 canceled or renewal refused? Yes No

If yes, please give details: _____

(e) Has any claim ever been made against the firm or any persons named in item 1(a) or item 3(a)? Yes No

If yes, 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 involved including reserves and 6) final disposition.

(f) Is the applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers? Yes No

If yes, please give full details on the same basis as item 4(d) above. _____

(g) Please attach list of 10 largest jobs in the last five years. Detail: 1) project name; 2) type of structure; 3) services performed; and 4) construction values.

