



QBE Insurance Corporation

ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

NOTICE: THIS IS AN APPLICATION FOR A CLAIMS-MADE AND REPORTED POLICY WHICH, SUBJECT TO ITS TERMS AND CONDITIONS, ONLY APPLIES TO CLAIMS BOTH FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY IN WRITING DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND IN ACCORDANCE WITH THIS POLICY'S REPORTING PROVISIONS. CLAIM EXPENSES ARE INCLUDED WITHIN THE LIMIT OF LIABILITY.

THE INFORMATION CONTAINED AND STATEMENTS MADE WITHIN THIS APPLICATION ARE INCORPORATED INTO, AND WILL FORM THE BASIS OF, ANY POLICY OF INSURANCE ISSUED BY THE COMPANY. THE APPLICANT AND ALL SIGNORS OF THIS APPLICATION WARRANT THAT THE INFORMATION CONVEYED IS TRUE AND CORRECT.

New Applicant

Renewal Applicant

1. Firm's Information

Firms Legal Name: _____

Street Address: _____

Mailing Address: _____

City, State, ZIP: _____

Telephone: _____

Email: _____

Firm's Website: _____

Date established: _____

a. Name of Predecessor Firms Dates in Existence Nature of Change

b. Does the applicant work with other firms in joint venture? Yes No

If yes, please complete the following table:

Joint Venture Name	Project Name	Joint Venture Partners	Applicant's % Interest	Services Provided	Separately Insured

					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

If "No" to separately insured, do the other members of the joint venture have coverage for their professional services as part of the Joint Venture? Yes No

c. Is the firm, or any entity where the insured has an ownership interest domiciled outside of the U.S., its territories or possessions? Yes No

d. Total Staff

	Officers, Partners, Owners		Employees		
Architects	_____	+	_____	=	_____
Engineers	_____	+	_____	=	_____
Other Professionals	_____	+	_____	=	_____
	Total Design Professionals			=	_____

2. Financial Information:

	Projection for Current Year	First Completed Fiscal Year	Second Past Fiscal Year	Third Past Fiscal Year	Fourth Past Fiscal Year
	From: To:	From: To:	From: To:	From: To:	From: To:
Revenue	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Feasibility studies					
Direct Reimbursable					
All other professional services					
Sub-consultants					
*Projects outside of the U.S.					
ANNUAL TOTAL REVENUES					

*If projects outside the U.S., please provide project(s), including project name, location, construction values and completion date.

Do you require sub-consultants to carry Professional Liability? Yes No

3. **Disciplines:** Provide the percentage of the most recent fiscal year annual billings derived from each of the following disciplines. Please use whole numbers.

Type of Services	% of Annual Billings	Type of Services	% of Annual Billings
Acoustical Engineering		Geotechnical/Soil Engineering	
Architect		HVAC Engineering	
Architect Planner		Illumination Engineering	
Civil Engineering		Interior Design	
Civil Engineering - WWTP		Landscape Architecture	
Communication Engineering		Land Surveying	
Construction Manager Agency and/or At risk		Mechanical Engineering	
Electrical Engineering		Structural Engineering	
Environmental Engineering/Consulting		Traffic Engineering	
Fire Suppression Engineering		Urban/Master Planning	
Forensic Engineering		Other:	
Total (must equal 100%)		%	

4. **Delivery Method:** Provide the percentage of the most recent fiscal year annual billings derived from each of the following types of work performed. Please use whole numbers.

Delivery Method	Percentage	Delivery Method	Percentage
Design-Bid-Build		Design/Procure/Construct	
Design Only		Build/Owner/Operate/Transfer	
Design/Build (not Joint Venture)		Fast Track	
Design/Build (Joint Venture)		Other: (please describe)	

5. What percentage of annual billings comes from your largest single client? _____

6. Has the firm participated in any of the following projects or services in the past 10 years?
- Projects constructed outside the U.S.A Yes No Nuclear or Atomic Yes No
- Amusement Rides or Water Slides Yes No Refinery or Chemical Yes No
- Asbestos Testing or Abatement Yes No Superfund Yes No
- Hazardous or Toxic Waste Yes No Elevator Consultant Yes No
- Mines/Quarry/Offshore Structure Yes No Landfills Yes No
- Dams/Reservoirs/Levees Yes No Marine Yes No

7. **Project Types:** Provide the percentage of most recent fiscal year annual revenues derived from each of the following project types. Please use whole numbers.

Type of Project	% of Annual Billings	Type of Project	% of Annual Billings
Airports		Multi-family/HUD	
Airport Terminals		Offices	
Apartments		Pools	
Arenas/Convention Centers/Stadiums (% greater than 10,000 seats)		Recreation/Sports	
Banks		Religious/Churches	
Bridges (% greater than 300 ft.)		Roads – Highways	
Condos/Townhouses		RESIDENTIAL: Custom Homes Single Family Sub-Division	
Convalescent Homes		Retail/ Shopping Centers	
Correctional Facilities / Jails		Restaurants	
Courts/Justice		Schools/Colleges	
Dormitories		Water Systems	
Harbors		Warehouses	
High Rise (greater than 15 stories)		Wastewater / Sewage Treatment Plants or Systems	
Hospitals		Tunnels	
Hotels/Motels		Parking Garages	
Libraries		Piers	

Manufacturing/Industrial		Utilities	
Mass transit		Other:	
Military Facilities		Other:	
Mixed Used		Total (must equal 100%)	

8. Client Types: Please provide the types and percentages of clients (must total 100%):

Commercial	_____%	Institutional	_____%
Contractor's	_____%	Lending Institutions	_____%
Design Professional	_____%	Owners who act as builders	_____%
Developers	_____%	Other: (specify)	
Governmental	_____%	_____	_____%
Industrial	_____%		

9. Risk Management and Quality Assurance/Control

Did the principals or employees of the firm attend a risk management or loss prevention seminar?

Yes No

Does the firm have a client selection process?

Yes No

Does the firm utilize written quality control procedures?

Yes No

List professional society memberships:

AIA NSPE ACEC ASLA ASCE ASME ASID

ASID ASGCA Other (please specify): _____

Written Agreements: Provide Applicant's professional services under the following contract types:

Professional Association Contract _____%

Firm's Standard Contract _____%

Firm's Letter Agreement _____%

Client Drafted Agreement _____%

Purchase Orders _____%

Verbal Agreements _____%

Does your firm incorporate a limitation of liability provision in its agreements? Yes No

If non-standard agreements are used, are they reviewed by legal counsel or your insurance agent/carrier for liability implication prior to signing? Yes No

What percentage of professional employees have participated in continuing education program within the last two years? _____%

Has the Applicant participated in an external or internal peer review? Yes No

Does Applicant maintain submittal, change orders and/or change order request logs on all projects? Yes No

What percentage of your firm's projects utilize a model-based technology linked to a database of project information such as Building Information Modeling (BIM)? _____%

10. Insurance History

Please provide details of your current professional liability policy:

Carrier	Limits of Liability	Retention (Straight/Shared/First Dollar)	Policy Term	Premium

Retroactive date: _____

11. Claims Section

- a. Do you or any principal, partner, officer, director, insurance manager or shareholder of your firm have knowledge of any act, error, omission, unresolved job dispute, accident or any other circumstance that is or could be the basis for a claim under the proposed professional liability insurance policy? Yes No

If yes, please provide claim supplement:

- b. Have any professional liability claims been made, incidents reported or legal action brought in the past 5 years or made earlier and still pending against your firm, its predecessors or any past or present principal, partner, officer, director, shareholder, or employee? Yes No

If yes, please provide claim supplement:

- c. In the past five years, the firm and/or the principals have not been involved in any disciplinary proceeding, bankruptcy or the revocation of license. Yes No

If yes, please provide details.

12. Warranty

The undersigned authorized partner, principal, director, or officer represents and warrants on behalf of the Named Insured and all individuals or entities who qualify as Insureds under this proposed policy that to the best of his/her knowledge and belief after diligent inquiry and investigation, the statements set forth herein and attached hereto are true. It is understood that the statements in this Application, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. The undersigned authorized partner, principal, director or officer of the applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, that he/she will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing this Application does not bind the applicant or the Insurer to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy.

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

PRODUCER/AGENCY NAME: _____

AGENCY CONTACT: _____

AGENCY EMAIL ADDRESS: _____

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative

Fraud Prevention – General Warning

NOTICE: Any person who knowingly, or knowingly assist another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

Attention: Insureds in AK

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Attention: Insureds in AR

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.

Attention: Insureds in CA

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention: Insureds in CO, KY, LA, NJ, NM, NY, and OH

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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.)

Attention: Insureds in DC

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.**Attention: Insureds in FL**

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.

Attention: Insureds in KS

A 'fraudulent insurance act' means an act committed by 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.

Attention: Insureds in ME, TN, VA, and WA

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.

Attention: Insureds in MD

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.

Attention: Insureds in NH

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Attention: Insureds in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Attention: Insureds in OK

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.

Attention: Insureds in OR

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for the Company to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. The Company relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Attention: Insureds in PA

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.

Attention: Insureds in RI

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.

Application Addendum

Applicable in AK, FL, KS, KY, ME, MT, NH, NV, NC, OK, OR, SD, VT, WV: As may be used within this application, the word “warrant”/“Warranty” is replaced with the word “represents”/“representation”.

Applicable in Georgia: As may be used within this application, the word “warrant” is replaced with the word “certify”. The following statement is added and supersedes any conflicting statement in the application:

12. Warranty

The undersigned authorized principal, partner, director, or officer represents and warrants on behalf of the Named Insured and all individuals or entities who qualify as Insureds under this proposed policy that to the best of his/her knowledge and belief after diligent inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this Application, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. The Insureds further agree that in the event of any material misrepresentation or omission in the Application, including materials submitted to or obtained by the underwriter, coverage may be denied and this Policy may be canceled. The undersigned authorized principal, partner, director or officer of the applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, that he/she will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Applicable in Kansas and South Dakota: The following statement

12. Warranty

The undersigned authorized principal, partner, director, or officer represents on behalf of the Named Insured and all individuals or entities who qualify as Insureds under this proposed policy that to the best of his/her knowledge and belief after diligent inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this Application, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. The Insureds further agree that in the event of any material misrepresentation or omission in the Application, including materials submitted to or obtained by the underwriter, this Policy shall be canceled. The undersigned authorized principal, partner, director or officer of the applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, that he/she will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Applicable in Louisiana and Washington: The following statement is added and supersedes any conflicting statement in the application:

12. Warranty

The undersigned authorized principal, partner, director, or officer represents and warrants on behalf of the Named Insured and all individuals or entities who qualify as Insureds under this proposed policy that to the best of his/her knowledge and belief after diligent inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this Application, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. The Insureds further agree that in the event of any material misrepresentation or omission made by the Insured with the intent to deceive in the Application, including materials submitted to or obtained by the underwriter, this Policy shall be void. The undersigned authorized principal, partner, director or officer of the applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, that he/she will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Applicable in Maine: The following statement is added and supersedes any conflicting statement in the application:

12. Representation

The undersigned authorized principal, partner, director, or officer represents on behalf of the Named Insured and all individuals or entities who qualify as Insureds under this proposed policy that to the best of his/her knowledge and belief after diligent inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this Application, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. The Insureds further agree that in the event of any material misrepresentation or omission in the Application, including materials submitted to or obtained by the underwriter, this Policy may be canceled. The undersigned authorized principal, partner, director or officer of the applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, that he/she will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations.