

CLAIMS-MADE NOTICE

THIS IS AN APPLICATION FOR PROFESSIONAL LIABILITY COVERAGE WHICH IS PROVIDED ON A CLAIMS-MADE BASIS; THEREFORE, THIS POLICY PROVIDES NO COVERAGE FOR CLAIMS ARISING OUT OF WRONGFUL ACTS WHICH TOOK PLACE PRIOR TO THE RETROACTIVE DATE STATED IN THE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS ACTUALLY MADE OR INCIDENTS REPORTED AGAINST YOU WHILE THE POLICY REMAINS IN EFFECT. ALL COVERAGE UNDER THIS POLICY CEASES UPON TERMINATION OF THIS POLICY EXCEPT FOR THE AUTOMATIC EXTENDED REPORTING PERIOD OF 60 DAYS OR AN EXTENDED REPORTING PERIOD OF 12, 24 OR 36 MONTHS THAT YOU MAY CHOOSE TO PURCHASE. POTENTIAL GAPS MAY ARISE UPON EXPIRATION OF THE EXTENDED REPORTING PERIODS. DURING THE FIRST SEVERAL YEARS OF THE CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES. YOU CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

CLAIM EXPENSES WITHIN LIMITS

This Policy will be written on a claim expenses within limits basis unless otherwise endorsed. The Limit of Liability can be completely exhausted by claim expenses and we have no liability for legal defense costs or for the amount of any judgment or settlement in excess of the limits stated in your policy. Claim expenses will be applied against the deductible. Please read and review your policy carefully.

INSTRUCTIONS

Whenever used in this Application, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons, entities and subsidiaries, proposed for insurance unless otherwise stated.

CONTACT INFORMATION

1. Full Legal Name of **Firm** (include all **Firm** names, franchise affiliations, trading names and DBAs under which the **Firm** operates, including **Predecessor Firms**):

Firm is a:

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP ☐ Other: _____

2. Date **Firm** Established: _____ Date Earliest **Predecessor Firm** Established: _____

NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK INSURANCE LAW AND REGULATIONS. HOWEVER, SUCH FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.

CLASS 2 CODE:

☐ **ARCHITECT 2-14013** ☐ **ENGINEER 2-14054**
☐ **INTERIOR DESIGN 2-14198** ☐ **LAND SURVEYORS 2-14078**

3. **Firm's Contact Information:**

Mailing Address: _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Physical Address (if different): _____
 Telephone: _____ Website: _____
 Contact Name/Email: _____

4. Branch Offices: *Please list each location and indicate percentage of billings.*

Branch Office Name	City	State	Percentage of Billings
			%
			%
			%
			%
			%

5. If the name of the **Firm** has ever changed, or if there has ever been an acquisition, dissolution, merger or change in business structure, please provide full details, listing each firm, **Predecessor Firm**, or organization, and specifying the date of such change, acquisition, dissolution or merger:

Name	Firm Type (See 1., above)	Date Established (MM/DD/YYYY)	Date of Change (MM/DD/YYYY)	Reason	Assumed Liabilities
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Number of Total Staff:

	Full-Time	Part-Time
a. Principals, Partners, Directors and Officers:		
b. Architects, Engineers, Surveyors, Inspectors, Draftsmen, and other Technical Personnel:		
c. Clerical and Accounting Employees:		
d. Other (please describe):		
Total Number:		

7. Qualifications of Staff: Please specify the experience of all principals & key personnel. (Attach resumes if available)

Name	Professional Qualification or License Type	Years with Firm	Years in Practice

8. a. Does the **Firm** maintain licenses in all states or territories where services have been rendered? ☐ Yes ☐ No

If "No", please explain: _____

- b. Have any of **You** ever been subject to any disciplinary inquiry, complaint, grievance, or proceeding, for any reason including non-payment of dues?

☐ Yes ☐ No

If "Yes," please explain: _____

9. Is the **Firm** controlled, owned by or associated with, or do any of **You** control or own, any other entity?

☐ Yes ☐ No

If "Yes," please provide full details, including percentage of services rendered for related entity and provide evidence of applicable insurance for such related entity.

10. Equity Interest: (If "Yes" to a. or b. below, please complete the Equity Interest Questionnaire.)

- a. Does the **Firm**, anyone associated with the **Firm**, or any member of the immediate family of any such person, have an equity or ownership interest in any project for which professional services have been or are to be rendered by the **Firm**?

☐ Yes ☐ No

- b. Does the **Firm** render services to any other entity in which anyone associated with the **Firm**, or any member of the immediate family of any such person, is an employee, officer, manager, or owner?

☐ Yes ☐ No

11. Is the **Firm**, or any subsidiary, parent, or other entity related to the **Firm**, engaged in:

- a. Actual construction, fabrication, or erection?

☐ Yes ☐ No

- b. Responsible for construction means, methods, techniques, procedures, or job site safety (including **Firm's** sub-consultants)?

☐ Yes ☐ No

- c. Design/Build or Projects as Prime?

☐ Yes ☐ No

- d. Hiring contractors?

☐ Yes ☐ No

- e. The manufacture, sale, leasing, or distribution of any product, process, or patented production process?

☐ Yes ☐ No

- f. The development, sale, or leasing of computer software to others?

☐ Yes ☐ No

- g. Real estate development?

☐ Yes ☐ No

12. Is anyone associated with the **Firm**, or any member of the immediate family of any such person, engaged in any activities described in #11 above?

☐ Yes ☐ No

If "Yes," please provide additional information and full details below:

PROFILE

NOTE: QUESTIONS 13 THROUGH 21 BELOW REFER TO GROSS BILLINGS FOR PROFESSIONAL SERVICES FOR YOUR PAST TWELVE MONTHS. (NEWLY FORMED FIRMS SHOULD USE ESTIMATED BILLINGS FOR THE NEXT TWELVE MONTHS).

13. Professional Disciplines:

Please indicate percentage of professional disciplines rendered in-house by the **Firm**, based upon current percentage of billings (must equal 100%).

Acoustical Engineering:	%	Illumination Engineering:	%
Architecture:	%	Industrial Engineering:	%
Architectural Planning:	%	Interior Design:	%

Civil Engineering:	%	Land Surveying:	%
Civil – WWTP:	%	Landscape Architecture:	%
Construction Management:	%	Marine Engineering:	%
Agency: _____ %		Mechanical Engineering:	%
At Risk: _____ %		Naval Architecture:	%
Electrical Engineering:	%	Process Engineering:	%
Environmental Engineering:	%	Project Management:	%
Environmental Science:	%	Structural Engineering:	%
**Forensic / Expert Witness:	%	Testing Lab:	%
Specify Discipline:	%	*Traffic Engineering:	%
_____		**Other:	%
Geotechnical / Soils Engineering:	%	Total:	%
HVAC Engineering:	%		100%

*Please complete Traffic Engineering Questionnaire

**Please provide additional details: _____

14. a. Please provide Gross Billings:

TOTAL OPERATIONS	Total Gross Billings (Previous Twelve Months)	Total Gross Billings (Current Twelve Months)	Total Gross Billings (Next Twelve Months)
Projects Insured Under Separate Project Policies (Provide Copy of Declarations Page Including ERP, if applicable)	\$	\$	\$
Permanently Abandoned Projects	\$	\$	\$
Contracts solely for Feasibility Studies, Master Plans or Space Planning	\$	\$	\$
Direct Reimbursables (e.g., travel per diem, etc.)	\$	\$	\$
Sub-consultants	\$	\$	\$
All Other Billings	\$	\$	\$
TOTAL BILLINGS:	\$	\$	\$

b. Provide total billings for each of the prior five (5) years (excluding year shown above):

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
(20) (20) (20) (20) (20)

15. Sub-consultants:

a. Indicate the professional disciplines provided by subconsultants: _____

b. Does the **Firm** utilize written agreements with all subconsultants?

☐ Yes ☐ No

If "No," please provide explain: _____

c. How frequently does the **Firm** obtain evidence of professional liability insurance from

sub-consultants? _____%

16. Scope of Services: *Please detail services (must equal 100%).*

- ____% Feasibility studies, opinions, forensic, expert witness, or reports that will not result in construction.
 ____% Site Design (i.e., Conceptual Design)
 ____% Surveys, including topography, boundary and construction staking.
 ____% Design only with no construction phase services.
 ____% Design with responsibility for periodic observation during the construction phase to ensure design compliance.
 ____% Design with direct authority over construction contractors.
 ____% Construction phase services without responsibility for preparing the drawings and specifications.
 100 %

17. Special Services: Does the **Firm** provide any of the below services? *Please detail (total need not equal 100%).*

Approval or signing of other than Your own work product	%	Façade Restoration	%
Asbestos Related Services	%	Machine, Equipment, Product & Prototype Design	%
Building/Home Inspections	%	Materials Testing/Handling	%
Commercial Engineering Inspections	%	Pollution Control/Abatement Services/ Superfund Pollution	%
Design of Scaffolding, Supporting, or Shoring	%	Percolation Testing/ Soils Analysis	%
Environmental Audits	%	Roofing Specialist, Roof Consultant, or Waterproofing	%
Environmental or Preliminary Site Assessments – Phase I	%	Seismic Related Services	%
Environmental or Preliminary Site Assessments – Phase II	%	Site Design	%
Environmental or Preliminary Site Assessments – Phase III	%	Subsurface Conditions/Survey	%
Environmental Site Remediation	%	Turn-Key or Fast-Track Projects	%
Equipment Retrofitting	%	Other (describe): _____	%
Total:			%

18. a. Type of Client: *Please provide percentage (to equal 100%).*

Contractor	%	Owners Acting as Own Builders	%
Federal, State, or Local Government	%	Private Clients/Businesses	%
Industrial (Manufacturing Process, etc.)	%	Real Estate Developers	%
Public-Private Partnership	%	Tribal	%
Institutional	%	Other (specify): _____	%
Other Design Professionals	%	_____	%

	Total:	100%
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b. Clients:

- 1) Please indicate percentage of billings derived from repeat clients: _____%
- 2) Were 50% or more of the **Firm's** gross billings derived from a single client or contract? ☐ Yes ☐ No
If "Yes," please specify client name, project name, percentage of billings, and services rendered.

19. Project Type: Please provide percentages (must equal 100%).

Airports	%	Mines & Quarries	%
Runways/Taxiways ____%		Nuclear Facilities	%
Terminals ____%		Offices (less than 15 stories)	%
Amusement/Water Park Rides & Slides	%	Offices (greater than or equal to 15 stories)	%
Apartments	%	Offshore Structures and Ports, Harbors & Piers	%
Aquariums & Zoos	%	Potable Water Plants	%
Bridges (less than 500ft)	%	Parking Garages	%
Bridges (greater than or equal to 500ft)	%	***Pipelines (specify type): _____	%
Commercial (under 50,000 sq ft)	%	Playground Equipment	%
Commercial (50,000 sq ft or greater)	%	Power Plants (non-nuclear)	%
*Condos – Condos/Townhouses/Coops/PUDs/Timeshares	%	Recreational (Parks & Golf Courses)	%
Cranes/Cranes foundations	%	Refineries, Chemical Plants	%
Curtain walls/Glazing/Building Facades/Building Envelopes	%	Religious	%
Custom Single Family Dwellings (value less than \$3MM)	%	**Residential Subdivisions/Tract Homes	%
**Custom Single Family Dwellings (values greater than or equal to \$3MM)	%	Retaining Walls	%
Educational – Private Schools/Colleges/Universities	%	Retirement Homes/Convalescent Hospitals	%
Governmental	%	Scaffolding & Other Temporary Structures	%
Highways/Roads	%	Sewer/Water Systems	%
Hospitals/Health Care	%	Sewer/Wastewater Treatment Plants	%
Hotels/Motels (less than 15 stories)	%	Sheeting/Shoring/Underpinning	%
Hotels/Motels (greater than or equal to 15 stories)	%	Stadiums/Areas/Convention Centers	%
***Industrial (describe): _____	%	Swimming Pools	%

Jails/Prisons	%	Tunnels/Trestles/Dams/Reservoirs/Levees	%
Landfills	%	Utilities	%
Libraries/Museums	%	Underground Storage Tanks/Utility Locations	%
***Mass transit	%	Warehouses	%
Railways/Tracks _____%		***Other (describe: _____)	%
Terminals _____%			
Total:			100%

*Please complete Condominium Questionnaire

**Please complete Residential Questionnaire

***Please provide details from above: _____

20. Location of Projects: Please provide the percentage of billings for the six (6) largest states or territories.

State	State	State	State	State	State
%	%	%	%	%	%

21. Does the **Firm** perform services outside of the United States? ☐ Yes ☐ No

If "Yes," please complete the Foreign Projects Questionnaire.

INTERNAL PROCEDURES

22. Contract Forms:

a. How frequently does the **Firm** use (must equal 100%):

_____ % Standard industry forms (national, state, local; other approved)

_____ % Non-standard forms approved by an independent authority

_____ % Purchase Order Agreements

_____ % Email Contracts or Agreements

_____ % Other non-standard forms

_____ % Verbal contracts. Please describe circumstances where verbal contracts are utilized by the **Firm**: _____

b. What percentage of the **Firm's** contracts include Limitation of Liability clauses that limit **Your** liability to \$250,000 or less? _____ %

23. Internal Loss Prevention: Does the **Firm** have written procedures for:

a. In House quality control procedures? ☐ Yes ☐ No

b. Change Order procedures? ☐ Yes ☐ No

c. BIM quality control procedures or guidelines? ☐ Yes ☐ No

d. Green Design and sustainability quality control procedures ☐ Yes ☐ No

e. Risk Management Procedures ☐ Yes ☐ No

f. Screening/pre-qualification of clients, consultants, and contractors ☐ Yes ☐ No

g. Procedure for monitoring and collecting outstanding fees ☐ Yes ☐ No

24. Does the **Firm** participate in Peer Review sponsored by AIA, NSPE, or another organization? ☐ Yes ☐ No

25. Continuing Education:

a. Does the **Firm** have an in-house Continuing Education Program for employees? ☐ Yes ☐ No

- b. In the last twelve (12) months, what percentage of the **Firm's** licensed professionals have:
Completed six or more hours of continuing education? _____ %
Attended a Risk Management Seminar? _____ %

26. Professional Membership: *Specify the professional organizations or societies of which the **Firm** is a member:*

☐ None

CURRENT INSURANCE INFORMATION

27. Professional Liability Coverage:

- a. Has the **Firm** had previous professional liability insurance? ☐ Yes ☐ No
b. Please provide Retroactive date of the **Firm's** current policy (MM/DD/YYYY): _____
c. Please list the **Firm's** most recent professional liability insurance policies below:
If no coverage currently in force, please check this box: ☐ N/A

Carrier	Inception Date	Expiration Date	Limit of Liability (Per Claim/ Aggregate)	Deductible	Premium (needed to calculate loss ratio)
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

- d. Does the current policy have First Dollar Defense deductible coverage? ☐ Yes ☐ No
e. Does the **Firm** have any outstanding deductible obligations? ☐ Yes ☐ No
If "Yes," please provide details on a separate sheet, including exact amount owed, payment schedule, if any, and the amounts and dates of repayment.
f. Has the **Firm** ever purchased an Extended Reporting Period? ☐ Yes ☐ No
If "Yes," provide details on a separate sheet, including the reason, date purchased, and expiration date of the endorsement.

28. Project Policy:

- a. Has the **Firm** ever been insured under a separate project policy? ☐ Yes ☐ No
If "Yes," please include a copy of the policy.
b. Does the **Firm** have a Specified Project Excess Limit Endorsement on its current policy? ☐ Yes ☐ No
If "Yes," please complete the Specified Project/Client Excess Questionnaire.

29. General Liability Coverage: *Please list the **Firm's** most recent General Liability insurance policy below.*

If no coverage is currently in force please check this box:

☐ N/A

Carrier	Expiration Date	Limit of Liability	Deductible	Premium
		\$	\$	\$

(Multi-policy discount may apply if General Liability Coverage is with a Hanover Company.)

CYBER PRIVACY AND SECURITY INFORMATION

30. Are the **Firm's** portable electronic devices and removable electronic media protected by encryption? ☐ Yes ☐ No

31. Are the **Firm's** computer systems protected with regularly updated firewall, anti-virus, and anti-malware software? ☐ Yes ☐ No
32. Does the **Firm** require annual training on information security for all personnel? ☐ Yes ☐ No
33. Does the **Firm** back up all computer systems at least weekly? ☐ Yes ☐ No
34. Within the past three (3) years, has the **Firm** had any security breaches including unauthorized access/use/disclosure, virus, denial of service, theft of data, fraud, electronic vandalism, sabotage or any other security event? ☐ Yes ☐ No

If the answer to Questions 30, 31, 32, or 33 is "No," or if the answer to Question 34 is "Yes," please provide full details: _____

LOSS INFORMATION

35. During the past 5 years, or earlier if still pending, has any claim or suit been made against the **Firm** or any **Predecessor Firm**, or any of the **Firm's** past or present partners, owners, officers or employees, or against any person, firm, or entity on whose behalf the **Firm** has assumed liability? ☐ Yes ☐ No
If "Yes," please indicate how many: _____
Please submit 5 year loss runs, and complete a Supplemental Claim Form for each matter.
36. Are any of **You** aware of any fact, circumstance, incident, situation, or accident (including, but not limited to: faulty or defective workmanship, product failure, construction dispute, fee dispute, roof failure or leakage, construction worker injury or construction delay) that could result in a claim or suit, whether valid or not, which might directly or indirectly involve the **Firm**? ☐ Yes ☐ No
If "Yes," please indicate how many: _____
Please submit 5 year loss runs, and complete a Supplemental Claim Form for each matter.
37. Have any of **You** ever been deposed or had **Your** records subpoenaed? ☐ Yes ☐ No
38. Are any of **You** involved in any fee dispute (including fees withheld, late payments, or fees uncollected), or has any legal action been instituted by the **Firm** or others in regards to such fee disputes? ☐ Yes ☐ No
If "Yes," please indicate how many: _____
Please submit 5 year loss runs, and complete a Supplemental Claim Form for each matter.

LARGE PROJECTS

39. Largest Projects: Please provide the following on the **Firm's** five (5) largest current or most recently completed projects:

a. Project #1:

- 1) Project Name/Location: _____
- 2) Client/Project Owner: _____
- 3) Project Type: _____
- 4) Professional Services: _____
- 5) Billings (Current Year Total): \$ _____
- 6) Construction Value: \$ _____
- 7) Start Date/End Date: _____

b. Project #2:

- 1) Project Name/Location: _____

- 2) Client/Project Owner: _____
 - 3) Project Type: _____
 - 4) Professional Services: _____
 - 5) Billings (Current Year Total): \$ _____
 - 6) Construction Value: \$ _____
 - 7) Start Date/End Date: _____
- c. Project #3:
- 1) Project Name/Location: _____
 - 2) Client/Project Owner: _____
 - 3) Project Type: _____
 - 4) Professional Services: _____
 - 5) Billings (Current Year Total): \$ _____
 - 6) Construction Value: \$ _____
 - 7) Start Date/End Date: _____
- d. Project #4:
- 1) Project Name/Location: _____
 - 2) Client/Project Owner: _____
 - 3) Project Type: _____
 - 4) Professional Services: _____
 - 5) Billings (Current Year Total): \$ _____
 - 6) Construction Value: \$ _____
 - 7) Start Date/End Date: _____
- e. Project #5:
- 1) Project Name/Location: _____
 - 2) Client/Project Owner: _____
 - 3) Project Type: _____
 - 4) Professional Services: _____
 - 5) Billings (Current Year Total): \$ _____
 - 6) Construction Value: \$ _____
 - 7) Start Date/End Date: _____

DECLARATIONS AND NOTICE

The undersigned, acting on behalf of the **Firm**, represents that the statements set forth in this application are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this application.

The undersigned agree that the information provided in this application and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by **Us**. The undersigned further agree that the application and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the application shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable.
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this application.
- The signing of this application does not bind the **Firm** to purchase insurance.

The information requested in this application is for underwriting purposes only and does not constitute notice to **Us** under any policy of a **Claim** or **Potential Claim**.

NOTICE TO NEW YORK RESIDENTS: 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.

SIGNATURE OF **FIRM'S** AUTHORIZED REPRESENTATIVE

Date

Signature**

Title

This application must be signed by the chief executive officer, president, chief financial officer, managing partner or owner of the **Firm acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

Please submit this Application including appropriate documentation to:

The Hanover Insurance Company
333 W. Pierce Road, Suite 300
Itasca, IL 60143