

Underwritten by The Hanover Insurance Company

### 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: \_\_\_\_\_

**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**

2. Date **Firm** Established: \_\_\_\_\_ Date Earliest **Predecessor Firm** Established: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Name/Email: \_\_\_\_\_

Website: \_\_\_\_\_

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

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

#### PROFILE

**NOTE: QUESTIONS 5 THROUGH 11 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).**

5. 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	%
Architecture Planning	%	Interior Design	%
Civil Engineering	%	Land Surveyor	%
Construction Management	%	Landscape Architecture	%
Agency ____%		Marine Engineering	%
At Risk ____%		Mechanical Engineering	%
Electrical Engineering	%	Naval Architecture	%
Environmental Engineering	%	Process Engineering	%
Environmental Science	%	Project Management	%
**Forensic/Expert Witness	%	Structural Engineering	%
Specify discipline: _____		Testing Lab	%
_____		*Traffic Engineering	%
Geotechnical/Soils Engineering	%	**Other: _____	%
HVAC Engineering	%	Total:	100%

\*Please complete Traffic Engineering Questionnaire

\*\*Please provide additional details: \_\_\_\_\_

6. 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	\$	\$	\$
<b>TOTAL BILLINGS:</b>	\$	\$	\$

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

\$ \_\_\_\_\_ (20 )    \$ \_\_\_\_\_ (20 )    \$ \_\_\_\_\_ (20 )    \$ \_\_\_\_\_ (20 )    \$ \_\_\_\_\_ (20 )

7. 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? \_\_\_\_\_%

8. 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%

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

Approval or signing of other than <b>Your</b> own work product	%	Materials Testing/Handling	%
Asbestos Related Services	%	Pollution Control/Abatement Services/Superfund Pollution	%
Building/Home inspections	%	Percolation Testing/Soils Analysis	%

Commercial Engineering Inspections	%	Roofing Specialist, Roof Consultant, or Waterproofing	%
Design of Scaffolding, Supporting, or Shoring	%	Seismic Related Services	%
Environmental Audits	%	Site Design	%
Environmental or Preliminary Site Assessments – Phase III	%	Subsurface Conditions/Survey	%
Environmental Site Remediation	%	Turn-Key or Fast Track Projects	%
Equipment Retrofitting	%	Other: _____	%
Façade Restoration	%	_____	%
Machine, Equipment, Product & Prototype Design	%	Total:	%

10. a. Type of Client: *Please provide percentage (must 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%

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.*

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

Airports	%	Nuclear Facilities	%
Runways/Taxiways _____%		Offices (greater than or equal to 15 stories)	%
Terminals _____%		Offices (less than or equal to 15 stories)	%
Amusement/Water Park Rides & Slides	%	Offshore Structures and Ports, Harbors & Piers	%
Apartments	%	Parking Garages	%
Aquariums & Zoos	%	***Pipelines (specify type): _____	%
Bridges (less than 500ft)	%	Playground Equipment	%
Bridges (greater than or equal to 500ft)	%	Power Plants (Non-nuclear)	%
Commercial (under 50,000 sq ft)	%	Recreational (Parks & Golf Courses)	%

Commercial (50,000 sq ft or greater)	%	Refineries, Chemical Plants	%
*Condos – Condos/Townhouses/ Coops/PUDs/Timeshares	%	Religious	%
Cranes/Crane Foundations	%	**Residential Subdivisions/Tract Homes	%
Curtain walls/Glazing/Building Facades/Building Envelopes	%	Retaining Walls	%
Educational – Public Schools/ Colleges/Universities	%	Retirement Homes/Convalescent Hospitals	%
Governmental	%	Scaffolding & Other Temporary Structures	%
Highways/Roads	%	Sewer/Water Systems	%
Hotels/Motels (greater than or equal to 15 stories)	%	Sewer/Wastewater Treatment Plants	%
Hotel/Motels (less than 15 stories)	%	Sheeting/Shoring/Underpinning	%
***Industrial (describe): _____	%	Stadiums/Arenas/Convention Centers	%
Jails/Prisons	%	Swimming Pools	%
Landfills	%	Tunnels/Trestles/Dams/Reservoirs/Lev ees	%
Library/Museums	%	Utilities	%
*Marine	%	Underground Storage Tanks/Utility Location	%
***Mass transit	%	Warehouses	%
Railways/Tracks ____%		Hospitals/Health Care	%
Terminals ____%		***Other (describe): _____	%
Mines & Quarries	%	_____	
Total:			100%

\*Please complete Condominium Questionnaire

\*\*Please complete Residential Questionnaire

\*\*\*Please provide details from above: \_\_\_\_\_

## INTERNAL PROCEDURES

### 12. 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? \_\_\_\_\_%
13. 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
14. Does the **Firm** participate in Peer Review sponsored by AIA, NSPE, or another organization? ☐ Yes ☐ No
15. 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? \_\_\_\_\_%
16. Professional Membership: *Specify the professional organizations or societies of which the **Firm** is a member.* ☐ None
- \_\_\_\_\_
- \_\_\_\_\_

#### LOSS INFORMATION

17. 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.
18. 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.
19. Have any of **You** ever been deposed or had **Your** records subpoenaed? ☐ Yes ☐ No
20. 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.

#### 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