



Architects & Engineers PROtectSM
Professional Liability Insurance
New Business Application

IMPORTANT NOTICE

THIS IS AN APPLICATION FOR A POLICY THAT IS WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. THE LIMITS OF LIABILITY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY**, **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

APPLICANT'S INFORMATION

Legal Name of Firm:					
Business Address:					
City:		State:			
Zip Code:					
Business Phone:		Web Address:			
Date Established:		Policy Effective Date:			
Risk Management Contact:					
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> LLC	
<input type="checkbox"/> Other (describe):					

CURRENT COVERAGE

1.	Carrier	Policy Period	Limit	Deductible	Premium

2. Retroactive Date (Prior Acts):

Has the Firm, predecessor in business or any person for whom coverage is requested had professional liability coverage declined, canceled, rescinded or non-renewed? ☐ Yes ☐ No
(Missouri Applicants - Do not answer this question)

If "Yes", please provide full details (if required, please attach additional sheet).

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FIRM'S PRACTICE

3. Total Staff (include branch offices):

	Officers, Partners, Owners	Employees
Licensed Architects		
Licensed Engineers		
Technical Staff		
Administrative Staff		
Total Staff		

4. Gross Fees are defined as the exact dollar amount of gross revenue, including fees paid to subconsultants, but not including interest, rental income, or direct recovery of expenses.

Note: 12-month annual figures should be reflected. Please do not list partial year figures.

	Prior Two Years	Previous Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
From (mm/yy)				
To (mm/yy)				
Projects insured separately	\$	\$	\$	\$
Fees from abandoned projects	\$	\$	\$	\$
Fees passed through to subconsultants	\$	\$	\$	\$
Direct Reimbursables	\$	\$	\$	\$
All other professional services	\$	\$	\$	\$
Gross Fees	\$	\$	\$	\$

5. Indicate the disciplines provided by the Firm (Note: must total 100%):

Master Planning	%	Projects utilizing BIM Technology	%
Feasibility Studies, Reports & Planning	%	Projects delivered utilizing multiple prime construction contractors	%
Schematic Design	%	Commissioning	%
Design only with no construction Phase Services	%	Models & Renderings	%
Design with Construction Phase Services*	%	Graphics & Signage	%
Design with Construction Responsibility (construction subcontracted)*	%	Boundary Surveys	%
Observation of Construction Only*	%	Construction Stakeout*	%
Subcontractor to a Design-Build Contractor	%	Construction Materials Testing	%
Inspection Services	%	Non-Residential Interiors/Fit Out	%
Fast Track Projects	%	Other (describe):	%

*Complete the Design Build and Construction Management Supplemental Application.

6. Specify the services provided by the Firm (Note: Total must equal 100%):

Architectural	%	Landscape Architecture	%
Energy Consultants	%	Mechanical Engineering	%
Forensic Consultants	%	Structural Engineering	%
Planners	%	Land Surveying/Site Development	%
Interior Design	%	Hydrological Engineering	%
Elevator Consultants	%	Aerial Surveying	%
Roofing Consultants	%	Testing Labs	%
Chemical Engineering	%	Construction Management	%
Process Engineering	%	Environmental Consultants	%
Civil Engineering	%	Acoustical Consultants	%
Mining Engineering	%	Audio Visual Consultants	%
Traffic Engineering	%	Telecommunications Consultants	%
Transportation Consultants	%	LEED® AP	%
Electrical Engineering	%	Nuclear	%
Lighting Engineering	%	Naval/Marine	%
Sprinkler Design	%	Drafting Services/Graphic Consultants	%
Geotechnical Engineering	%	Facilities/Operations Management Consultants	%
Excavation Contracting	%	Modelers/Renders	%
Agricultural Engineering	%	Other (specify):	%
HVAC	%		

7. Indicate the types of projects undertaken (Note: must total 100%):

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

8. Indicate the types of clients (Note: must total 100%):

Commercial	%	Institutional	%	Lending Institutions	%
Contractors	%	Developers	%	Private Owners	%
Design Professionals	%	Industrial	%	Governmental	%
Other (specify):	%	Other (specify):	%	Other (specify):	%

Does any client contribute to more than 50% of billings?

☐Yes ☐No

If "Yes", please provide full details.

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9. Please provide following information for the Firm's three (3) largest projects:

Project Name	Client	Location	Services Rendered	Billing	Construction Value	Completion Date
				\$	\$	
				\$	\$	
				\$	\$	

10. Does the Firm have Projects constructed outside U.S.?

☐Yes ☐No

If "Yes", please provide full details.

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CONFLICT MANAGEMENT

11. a. List all pre-existing entities, including name changes, mergers and acquisition, date of existence and nature of the change. Attach additional details if necessary. Firms that are accepted for coverage will be listed on the policy.

Name of Predecessor Firm	Dates in Existence	Nature of Change

- b. Is coverage desired for any predecessor firm?

☐Yes ☐No

If "Yes", please provide full details.

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- c. Are there any significant changes in ownership, name changes, mergers and acquisitions anticipated in the next twelve (12) months?

☐Yes ☐No

If "Yes", please provide full details.

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12. In last five (5) years, has the Firm provided professional services to clients in which Firm, any Firm member or any related individual served as an officer, director, trustee or partner or owned an equity or financial interest?

☐Yes ☐No

If "Yes", provide the following information:

Client	Type of Business	Annual Fees	Positions Held	Services Rendered	Equity Percentage
		\$			%
		\$			%
		\$			%

13. Ownership Control
- a. Does the Firm wholly or partly own, manage or control any other enterprise? ☐ Yes ☐ No
If "Yes", please provide full details.
- b. Is the Firm wholly or partly owned, managed or controlled by any other enterprise? ☐ Yes ☐ No
If "Yes", please provide full details.
14. Does the Firm or any enterprise financially related to the Firm or its principals, partners, directors or officers engage in any of the following:
- a. Construction, erection, fabrication or installation? ☐ Yes ☐ No
- b. Manufacture, sale or distribution of any product or process? ☐ Yes ☐ No
- c. Real estate development? ☐ Yes ☐ No
- If "Yes", please provide full details.

RISK MANAGEMENT

15. List professional society memberships:
- | | | | |
|--------------------------------|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> AIA | <input type="checkbox"/> NSPE | <input type="checkbox"/> ACEC | <input type="checkbox"/> ASLA |
| <input type="checkbox"/> ASCE | <input type="checkbox"/> ASME | <input type="checkbox"/> ASID | <input type="checkbox"/> ASGCA |
| <input type="checkbox"/> Other | | | |
16. Does the Firm's employees participate in an annual continuing education program? ☐ Yes ☐ No
17. Has the Firm participated in a Joint Venture in the last five years? ☐ Yes ☐ No
- | Joint Venture Project | Fees |
|-----------------------|------|
| | \$ |
| | \$ |
| | \$ |
18. a. Does the Firm use written contracts on every project? ☐ Yes ☐ No
If "No", what percentage of projects during the last 12 months used verbal contracts?

%
- b. What percentage of professional services are rendered under AIA or EJCDC standard forms of agreement?

%
- c. When non-standard contracts including "letter agreements" and modified AIA or EJCDC contracts are used, are they reviewed by the Firm's legal counsel prior to signing? ☐ Yes ☐ No
- d. Does the Firm have a written quality control document? ☐ Yes ☐ No
- e. Does the Firm use written procedure manuals? ☐ Yes ☐ No
- f. Does the Firm have a written system for screening and evaluating new clients? ☐ Yes ☐ No
If "No" to ANY of the above, describe what procedures and systems are used on a separate sheet.
19. Does the Firm hire subcontractors/subconsultants? ☐ Yes ☐ No
- a. If "Yes", please list the disciplines of subcontractors/subconsultants?
- b. Does the Firm require subcontractors/subconsultants to carry Professional Liability at limits at least equivalent to their own Professional Liability coverage? ☐ Yes ☐ No

CLAIMS HISTORY

If any of the below questions are "Yes", complete a Claims Supplement Application or attach a statement providing full details.

20. In last five (5) years, have any claims involving professional services ever been made against the Firm, predecessors in business or any other person for whom coverage is requested? ☐ Yes ☐ No

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 20 IS EXCLUDED FROM THE PROPOSED INSURANCE.

21. Has the Firm or any predecessor firm reported potential claims to a professional liability insurer in the last five (5) years? ☐ Yes ☐ No

22. After inquiry, does the Firm, predecessors in business or any other person for whom coverage is requested, have knowledge of any actual or alleged act, error, omission or circumstance which may result in a claim being made against them or any other basis to reasonably anticipate a claim being made against them? ☐ Yes ☐ No

If "Yes", has the Firm reported same to your current insurer? ☐ Yes ☐ No

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 22 IS EXCLUDED FROM THE PROPOSED INSURANCE.

23. Has any member of the Firm ever been the subject of a complaint to authorities or disciplinary action as a result of its professional activities? ☐ Yes ☐ No

If "Yes", how many?

24. In the last five (5) years has any member of the Firm received any complaints concerning products or services provided by the Firm or anyone else on the Firm's behalf? ☐ Yes ☐ No

If "Yes", how many?

FRAUD STATEMENT/SIGNATURES

THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.

FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama

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, fines, or confinement in prison, or any combination thereof.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia

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.

Colorado

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

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.

Kansas

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 commits a fraudulent insurance act.

Kentucky

Any person who knowingly and with 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.

Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Maryland

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.

New Jersey, New Mexico

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 civil fines and criminal penalties.

Ohio

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.

Oklahoma

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.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania

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.

Pennsylvania (Auto)

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

Tennessee, Virginia, Washington

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.

New York

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.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

SIGNATURES**DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).**

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED

APPLICANT/NAMED INSURED SIGNATURE

DATE

Agent/Broker:

Are you personally familiar with this Applicant's operations?

☐ Yes ☐ No

Did your office control this risk in the past year?

☐ Yes ☐ No

AGENT'S OR BROKER'S NAME AND ADDRESS

TELEPHONE NUMBER

LICENSE NO.

AGENT'S OR BROKER'S SIGNATURE

DATE