



Application for Architects & Engineers Professional Liability Coverage

Important Instructions: Please: 1. Answer all questions completely. 2. If there is insufficient space to complete an answer, continue on a separate sheet of your firm's letterhead. Indicate the question number. 3. This form must be completed, signed and dated by a principal, partner or officer of your firm. 4. Send completed application through local broker or agent.	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application Renewal Policy #:
Schinnerer Use Only	
Note: The insurance coverage for which you are applying is written on a CLAIMS-MADE policy. Only claims which are first made against you and reported to us in writing during the policy period are covered, subject to policy provisions. Please consult your policy directly for specific coverage. If you have any questions about the coverage, please discuss them with your insurance agent.	

Please indicate the limits of liability (000's) you would like us to quote :

Please indicate deductibles you would like us to quote:

FIRM INFORMATION

1. Principal Firm Name:						
Address:				Contact Name:		
City:						
State:	Zip:	County:	Phone:	Fax:		
Website URL:						
? Partnership	? Sole Proprietorship	? Corporation	? Professional Corporation	? Subchapter S Corp	? Other:	
Tax ID #:			Year Firm Established:			
Please list all other entities under which you operate separately:						

2.	Number of Licensed Professionals	Architects	Engineers	Land Surveyors	Landscape Architects	All Others	Total
	A. Principals, Partners, Officers & Directors:						
	B. Staff:						
	C. Number of Employees:	Full Time	Part Time	Temporary	Leased		
3. Please attach a current brochure describing your firm's services. If you do not have a current brochure, please describe the nature of your practice. Please attach resumes for your firm's principals.							

RISK MANAGEMENT AND LOSS PREVENTION	
4. A. Does your firm follow written in-house quality management procedures?	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Are all appropriate staff members familiar with these procedures?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Does your firm use an automated master specification system such as MASTERSPEC® or SPECSystem™? If yes, percent of projects used on: %	<input type="checkbox"/> Y <input type="checkbox"/> N
6. A. Have any principals of the firm attended, during the last 12 months, a Risk Management Seminar presented by Victor O. Schinnerer & Company, Inc.?	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Have any of the firm's employees completed the Victor O. Schinnerer & Company, Inc. Voluntary Education Program (VEP/VEP Online)? If yes, what percentage of eligible staff has participated: %	<input type="checkbox"/> Y <input type="checkbox"/> N
C. Does your firm have an in-house program of continuing education for professional employees? This would include attendance at AIA/NSPE/PEPP sponsored seminars and similar functions.	<input type="checkbox"/> Y <input type="checkbox"/> N
D. How many professional employees of your firm have had at least six hours of continuing education in the past 12 months?	
7. Has your firm participated in an "Organizational Peer Review" sponsored by ACEC and AIA? If yes, when?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. A. Does your firm use written contracts on every project?	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, do your written contracts contain specified payment terms?	<input type="checkbox"/> Y <input type="checkbox"/> N
If no, please provide us with the percentage of your past 12 months' billings where oral agreements were used: (Describe the circumstances when oral agreements were used on a separate sheet of paper.) %	%
B. Please specify the approximate percentage of your firm's professional services rendered under AIA or EJCDC standard forms of agreement? %	%
C. If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing?	<input type="checkbox"/> Y <input type="checkbox"/> N
9. Does your firm engage your clients in a pre-project planning process that results in a project definition document? If so, what percentage of your projects include such a process? %	<input type="checkbox"/> Y <input type="checkbox"/> N
10. Are the instruments or deliverables of your professional services internally or externally peer reviewed prior to their delivery to the client? If so, what percentage of your projects receive such a peer review? %	<input type="checkbox"/> Y <input type="checkbox"/> N
11. Does your firm ever engage in a documented constructability review process during project design with client and contractor representatives? If so, what percentage of your projects receive such a constructability review? %	<input type="checkbox"/> Y <input type="checkbox"/> N
12. On projects in which you perform construction contract administration services, do you maintain a documented submittal or shop drawing log? If so, what percentage of your construction phase submittal logs include both as-planned dates (dates from the contractor's submittal schedule) and actual dates you received and responded to each submittal? %	<input type="checkbox"/> Y <input type="checkbox"/> N
13. Does your firm have a procedure in place that requires sub-consultants to provide you with insurance certificates evidencing general liability and professional liability coverages? If so, what percentage of your sub-consultants furnish such certificates? %	<input type="checkbox"/> Y <input type="checkbox"/> N
14. Does your firm have procedures for monitoring and collecting outstanding fees?	<input type="checkbox"/> Y <input type="checkbox"/> N
15. Who from your firm should receive Schinnerer's risk management publications, <i>Guidelines for Improving Practice</i> ? Name and Title:	
16. Please indicate professional society memberships:	
<input type="checkbox"/> The American Institute of Architects (AIA)	<input type="checkbox"/> National Society of Professional Engineers (NSPE)
<input type="checkbox"/> American Council of Engineering Companies (ACEC)	<input type="checkbox"/> Construction Specifications Institute (CSI)
<input type="checkbox"/> Coalition of American Structural Engineers (CASE)	<input type="checkbox"/> Construction Management Association of America (CMAA)
<input type="checkbox"/> American Congress on Surveying and Mapping (ACSM)	<input type="checkbox"/> American Society of Civil Engineers (ASCE)
<input type="checkbox"/> National Society of Professional Surveyors (NSPS)	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> American Society of Landscape Architects (ASLA)	<input type="checkbox"/> Other (please specify):

ACCOUNTING YEAR DATA						
	Most Recently Completed Fiscal Year		Second Most Recently Completed Fiscal Year		Estimated Billings for Current Year	
17. Please provide your professional service billing information, including billings attributable to consultants. (Newly formed firms should use estimated total gross billings for the next 12 months).	\$		\$		\$	
Date of Reporting Periods	From:	To:	From:	To:	From:	To:
A. Projects currently covered by a project policy (separate from your practice policy). Please provide the project name, location, construction values, current status, insurance carrier and limits of liability on a separate sheet.	\$		\$		\$	
B. Feasibility studies, master plans, reports, and opinions	\$		\$		\$	
C. Abandoned Projects	\$		\$		\$	
D. Non-Structural Interior Design	\$		\$		\$	
E. Landscape Architecture	\$		\$		\$	
F. Land Surveying	\$		\$		\$	
G. International Work	\$		\$		\$	
H. Construction Management or Program Management (as owner's agent or representative)	\$		\$		\$	
I. Facilities or Operation Management	\$		\$		\$	
J. All Other billings	\$		\$		\$	
K. Direct Reimbursables (travel, per diem, etc.) not to include sub-consultants	\$		\$		\$	
L. Total Gross Billings (sum of A through K = L)	\$		\$		\$	
M. Approximate Construction Values	\$		\$		\$	
18. If you currently have a specific additional limit of liability endorsement (SALE) on your policy, provide us with your firm's billings for the most recently completed fiscal year and estimated for current year in Question 19 for each project:						
CLIENTS/PROJECTS/SERVICES DATA						
19. Please indicate the approximate percentage of your total gross billings in Question 17L derived from each of the following categories of clients:						
Federal Government	%	State Government	%	Local Government	%	
Foreign Government	%	Commercial Entities	%	Design-Build Contractors	%	
Financial Institutions	%	General or Specialty Contractors	%	Institutional Entities (Non-Public)	%	
Manufacturing/Industrial Entities	%	Other Design Professionals	%	Real Estate Developers	%	
Other (Describe)	%					
20. Were more than 50% of all your total gross billings in Item 17L derived from a single client or contract? <input type="checkbox"/> Y <input type="checkbox"/> N						
If yes, specify client, projects, contract form(s), describe all services rendered and indicate how long you expect this relationship to continue in the space provided below:						
21. Approximately, what percentage of your billings in 17L is derived from repeat clients? %						
22. Design-Build						
A. Did your firm engage in any Design-Build projects during the last completed fiscal year?						
B. If yes, what percentage were: Design Professional – Lead: _____ % Contractor – Lead: _____ %						
C. What percentage of your Design-Build entity(ies) was formed as a Joint Venture, LP or LLC? _____ %						
23. Please provide the following information regarding your firm's three largest current projects:						
Name	City & State	Owner/ Client	Project Type	Services You Performed	Estimated Total Construction Cost	Total Gross Billings

24. Please indicate the approximate percentage of your total gross billings in Item 17L derived from each project type: (This section should equal 100%)					
Airport Facilities (except terminals)	%	Hotels/Motels	%	Petro/Chemical	%
Airport Terminals	%	Houses/Residential	%	Potable Water Systems	%
Amusement Rides	%	Industrial Waste Treatment	%	Real Estate Development	%
Apartments	%	Jails/Justice	%	Recreation/Sports	%
Assisted Living Facilities	%	Landfills/Solid Waste Facilities	%	Roads/Highways	%
Bridges	%	Libraries	%	Schools/Colleges	%
Churches/Religious	%	Manufacturing/Industrial	%	Shopping Centers/Retail/Restaurants	%
Condos/Co-ops	%	Mass Transit	%	Storm Water Systems	%
Convention Centers/Arenas/Stadiums	%	Multi-family Residential excl. Condos	%	Tunnels	%
Dams	%	Nuclear/Atomic	%	Warehouses	%
Dormitories	%	Office Buildings/Banks	%	Water/Sewer Pipelines	%
Environmental Remediation	%	Parking Structures	%	Water/Wastewater Treatment	%
Harbors/Piers/Ports	%	Parks/Playgrounds/ Pools	%	Utilities (Gas, Electric, Steam)	%
Hospitals/Health Care	%	Other (specify)	%	Other (specify)	%
A. If you attribute any of your billings from Condominium projects, please attach a completed supplemental Condominium Questionnaire.					
B. Do you or your sub-consultants specify, or do any of your projects involve, the installation of Exterior Insulation and Finish Systems (EFIS)? If yes, please attach a separate sheet listing the specific project, including project location. <input type="checkbox"/> Y <input type="checkbox"/> N					
25. As the approximate percentage of your firm's billings, please indicate which of the following services were performed by your firm during the past fiscal year. This section should equal 100%. Do not include billings from sub-consultants.					
Alarm Systems/Fire Protection	%	HVAC Engineering	%		%
Analytical Laboratory Testing	%	Landscape Architecture	%		%
Chemical Engineering	%	Land Surveying	%		%
Civil Engineering	%	Machinery/Equipment Design	%		%
Commissioning/Test & Balance	%	Management Consulting	%		%
Concept Design without Construction Documents	%	Marine Engineering	%		%
Construction/Program Management	%	Mechanical Engineering	%		%
Drafting Services	%	Mining Engineering	%		%
Electrical Engineering	%	Nuclear Engineering	%		%
Environmental Abatement Structural Engineering	%	Oil/Gas Well Engineering	%		%
Forensic Investigations and Testimony	%	Process Engineering	%		%
Geotechnical Engineering	%	Other (please specify)	%		%
26. Please indicate the approximate percentage of your total gross billings, if any, derived from the following services or projects. NOTE: If you sub-contract any portion of these services, please provide details of these services, including whether the sub-contractor is insured, on a separate piece of paper.					
Air Quality Testing/Evaluation	%	Inspection of Residential/Commercial Properties for Buyers or Lenders	%		%
Asbestos Abatement/Evaluation	%	Lead Abatement or Evaluation	%		%
Concrete Formwork Design	%	Projects Located Outside the U.S.	%		%
Environmental Site Assessments	%	Scaffolding and Shoring Design	%		%
Geotechnical Testing/Evaluation	%	Temporary Structures Design (Below Ground)	%		%
Materials Testing/Evaluation (other than Geotechnical)	%				
Please note that the categories may overlap and the total does not have to equal 100%.					
27. A. Has your firm performed or subcontracted to others in the past 12 months (or expect to perform or subcontract in the next 12 months) services in connection with:					
Air emission control systems	<input type="checkbox"/> Y <input type="checkbox"/> N	%	Permitting/monitoring	<input type="checkbox"/> Y <input type="checkbox"/> N	%
Hazardous/toxic disposal sites	<input type="checkbox"/> Y <input type="checkbox"/> N	%	Superfund sites	<input type="checkbox"/> Y <input type="checkbox"/> N	%
Industrial piping/processes	<input type="checkbox"/> Y <input type="checkbox"/> N	%	Underground storage tanks	<input type="checkbox"/> Y <input type="checkbox"/> N	%
B. Has any claim been made or legal action been brought for a pollution or environmental injury or damage in the past ten years (or made earlier and still pending) against your firm, its predecessors, or employees? <input type="checkbox"/> Y <input type="checkbox"/> N					
C. Are any of the principals, partners, officers, directors, stockholders, or employees aware of any error, omission, unresolved job dispute, or accident involving the discharge, dispersal, seepage, migration, or release of a pollutant(s) or contamination which may be the basis for a claim under this policy? <input type="checkbox"/> Y <input type="checkbox"/> N					
NOTE: If you answered YES to A, B, or C, please provide details on a separate sheet.					
28. Indicate the number of joint ventures your firm has participated in during the last accounting year:					
A. Have you ever participated in a joint venture with a non-architecture or engineering firm? If yes, please provide details of any unreported projects here: <input type="checkbox"/> Y <input type="checkbox"/> N					
B. Do you require evidence of professional liability insurance from all joint venture partners? <input type="checkbox"/> Y <input type="checkbox"/> N					

29.	A. Does your firm hire sub-consultants?	<input type="checkbox"/> Y <input type="checkbox"/> N								
BUSINESS INFORMATION										
30.	Does your firm, any subsidiary, parent or other organization related to your firm, or any principal, partner, officer, director or employee have a percentage ownership interest, management, or control of a company engaged in:	<input type="checkbox"/> Y <input type="checkbox"/> N								
	A. Actual construction, installation, fabrication or erection	<input type="checkbox"/> Y <input type="checkbox"/> N								
	B. Design-Build or Turnkey	<input type="checkbox"/> Y <input type="checkbox"/> N								
	C. Development, sale, or leasing of computer software or hardware to others	<input type="checkbox"/> Y <input type="checkbox"/> N								
	D. Real estate development	<input type="checkbox"/> Y <input type="checkbox"/> N								
	E. The design development, manufacture, sale, lease or distribution of any product, process or patented production process	<input type="checkbox"/> Y <input type="checkbox"/> N								
	If the answer to A, B, C, D, or E is yes, please provide full details on a separate sheet, including a description of the services performed, construction values involved, relationships of persons and fees received. Enclose sample contract(s).									
31.	A. Does your firm, or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have more than a 15% combined ownership interest or act as the managing partner in any entity or project for which professional services have been or are to be rendered?	<input type="checkbox"/> Y <input type="checkbox"/> N								
	B. Does your firm render services on behalf of any other entity in which any principal, partner, officer, director or shareholder of your firm or an immediate family member of such person is a partner, officer, director, shareholder or employee?	<input type="checkbox"/> Y <input type="checkbox"/> N								
	C. Is your firm controlled, owned by or associated with, or does your firm control or own any other entity? If yes, please provide full details on a separate sheet.	<input type="checkbox"/> Y <input type="checkbox"/> N								
	D. Has your firm ever been party to any acquisition, consolidation, merger, change in name or change in business organization? If yes, please provide full particulars on a separate sheet listing each firm name in chronological order and specify the date of the change, and include claims information for each firm name.	<input type="checkbox"/> Y <input type="checkbox"/> N								
32.	Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy under a Chapter 7 or 11? Please provide full particulars on a separate sheet.	<input type="checkbox"/> Y <input type="checkbox"/> N								
NEW APPLICANT INFORMATION										
33.	Please provide full name and professional qualifications on all principals, partners, directors or officers of current firm(s) and dates of employment (registrations and degrees, date and place acquired). If previously a principal, partner, director or officer of another firm, indicate firm name and employment dates.									
34.	Have any claims been made or legal action been brought in the past ten years (or made earlier and still pending) against your firm, its predecessor(s) or any past or present principal, partner, officer, director shareholder or employee?									
	<input type="checkbox"/> Y <input type="checkbox"/> N									
	If yes, provide the following information for each claim on a separate sheet:	<table border="1"> <tr> <td>A. Date of claim</td> <td>E. Insurance company reserve, if any</td> </tr> <tr> <td>B. Claimant or plaintiff</td> <td>F. Deductible applicable</td> </tr> <tr> <td>C. Allegations</td> <td>G. Defense attorney's or insurance company's evaluation of exposure/potential liability</td> </tr> <tr> <td>D. If closed, total amount paid for indemnity</td> <td>H. Defense Costs</td> </tr> </table>	A. Date of claim	E. Insurance company reserve, if any	B. Claimant or plaintiff	F. Deductible applicable	C. Allegations	G. Defense attorney's or insurance company's evaluation of exposure/potential liability	D. If closed, total amount paid for indemnity	H. Defense Costs
A. Date of claim	E. Insurance company reserve, if any									
B. Claimant or plaintiff	F. Deductible applicable									
C. Allegations	G. Defense attorney's or insurance company's evaluation of exposure/potential liability									
D. If closed, total amount paid for indemnity	H. Defense Costs									
35.	After inquiry, do any of the principals, partners, officers, directors shareholders or employees have knowledge of any error, omission, unresolved job dispute (including owner-contractor disputes), accident or any other circumstance that is or could be the basis for a claim under the proposed insurance policy?									
	<input type="checkbox"/> Y <input type="checkbox"/> N									
	If yes, on a separate sheet please give details of this situation, including name of project and claimant, dates, nature of situation and amount of damages. NOTE: The policy of insurance being applied for will not respond to any claim or circumstance identified, or that should have been identified, in Questions 34 and 35.									
36.	Please provide total gross billings for each of the past 5 years.									
	Year	Year								
	\$	\$								
	Year	Year								
	\$	\$								
37.	On a separate sheet, please list your ten largest projects in terms of construction value during the past five years. Provide name, location, type, client nature of services rendered and status.									

38. A. Has any insurer declined, cancelled or refused to renew any similar insurance for your firm or any predecessor firm? Y N
(N/A in Missouri) If yes, please give details.

B. Do you or any subsidiary or predecessor firm have any current outstanding professional liability deductible obligations? Y N

C. Has any similar insurance been issued to any of the firms named in Question 1 or persons named in Question 35? If yes, please complete the following for at least the last five years. Y N

Company	Premium	Policy #	Limit	Deductible	Dates
1.	\$				
2.	\$				
3.	\$				
4.	\$				
5.	\$				

D. Date that continuously uninterrupted professional liability coverage began:

E. Do you have first dollar defense coverage? Y N

F. Please attach a copy of any non-standard endorsements on your current professional liability policy.

G. Do you currently carry General Liability, BOPP or a Commercial Package policy? Y N
If yes, name of carrier:

39. Predecessor Firms. Please list all corporate entities for which you are seeking coverage:

AGENT OR BROKER MUST COMPLETE THE FOLLOWING

Name:							
Address:							
Phone:				FAX:			
Status	Yes	No	License No./Exp.	Status	Yes	No	License No./Exp.
Licensed CNA Agent (Casualty Lines)				Licensed Casualty Agent w/Co. Other Than CNA			
Licensed Broker				Non-Resident (If Applicable)			

Warning — Kentucky, Pennsylvania, New Jersey, New York and Ohio 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 subjects such person to criminal and civil penalties.

For New York Residents Only: And shall also be subject to a civil penalty not to exceed \$5,000, and the stated value of the claim for each such violation.

For Arkansas, Louisiana, and West Virginia Residents Only: And may be subject to fines and confinement in prison.

For Maine, Tennessee and Virginia Residents Only: And may include a denial of insurance benefits.

Fraud Prevention — Florida Warning

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 in the third degree.

Fraud Prevention — Colorado Warning

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

I/We hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the insurance company.
It is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.
Name of Principal, Partner, or Officer: (Please Type or Print)
Title:
Signature: (Principal, Partner or Officer)
Date:
Email Address:

NOTE: This application must be reviewed, signed and dated within a month of submission by a principal, partner or officer of the applicant firm.

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