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**St. Paul Fire and Marine Insurance Company**

**New**  
 **Renewal / Policy # \_\_\_\_\_**

**ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE APPLICATION**

Submission # \_\_\_\_\_  
 Producer Code \_\_\_\_\_  
 Date \_\_\_\_\_  
 Established\* \_\_\_\_\_

Firm Name \_\_\_\_\_

Predecessor Firm Name(s) \_\_\_\_\_

Firm Address \_\_\_\_\_ Tax ID Number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Principal Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

\* If your firm has been established for less than one year, please attach a copy of the principal's resume.

**General Information**

1. What is the total number of staff in your firm, including part-time employees? \_\_\_\_\_
2. How many registered architects, landscape architects, land surveyors, and licensed engineers does your firm employ? \_\_\_\_\_
3. What were your firm's gross annual billings (not including direct reimbursables) for the past three fiscal years?  

a. _____ \$ _____	b. _____ \$ _____	c. _____ \$ _____
Last Year	Two years ago	Three years ago
Billings	Billings	Billings

4. What are your firm's projected gross billings for the current and next fiscal years? \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Current Next

5. On a separate sheet, please list your five largest projects in terms of construction value over the past three years. Please include location, services rendered, and billings.

6. What percentage of your firm's annual gross billings for the last fiscal year (3.a.) was derived from each of the following disciplines? (Total must equal 100%)

_____ % Architect	_____ % Forensic Engineer	_____ % Mechanical Engineer
_____ % Civil Engineer	_____ % Geotechnical	_____ % Mechanical/Electrical Engineer
_____ % Construction Manager	_____ % Interior Design	_____ % Process Engineering
_____ % Electrical Engineer	_____ % Landscape Architect	_____ % Structural Engineer
_____ % Environmental Consultant	_____ % Land Surveyor	_____ % Other _____

Please describe

7. What percentage of your firm's annual gross billings for the past fiscal year (3.a.) was derived from each of the following project type or category. (Total must equal 100%)

_____ % Air Emission Control Systems *	_____ % Hotels/Motels	_____ % Sewer/Water Systems
_____ % Airports	_____ % Industrial/Manufacturing	_____ % Land/Site Development
_____ % Apartments/Townhouses	_____ % Jails/Prisons	_____ % Stadiums/Arenas
_____ % Asbestos Abatement *	_____ % Landfills *	_____ % Superfund Sites *
_____ % Bridges/Tunnels/Dams	_____ % Office Buildings/Banks	_____ % Swimming Pools
_____ % Condominiums	_____ % Parking Garages	_____ % Toxic/Hazardous Waste Sites *
_____ % Single Family Homes	_____ % Parks/Golf Courses	_____ % Underground Storage Tanks *
_____ % Educational	_____ % Refinery/Petro Chemical*	_____ % Other _____
_____ % Highways/Roads	_____ % Religious	Please describe
_____ % Hospitals/Healthcare	_____ % Residential Subdivisions	

\* If greater than 10%, please complete the supplemental Environmental Questionnaire.

8. What percentage of your firm's annual gross billings for the past fiscal year (3.a.) was derived from:
- a. Feasibility studies, master planning, reports, opinions, interior design and forensic engineering?  
 0-9%    10-19%    20-29%    30-39%    40-49%    50-59%    60% or more
- b. Land surveying or landscape architecture?  
 0-9%    10-19%    20-29%    30-39%    40-49%    50-59%    60% or more
9. What percentage of your firm's annual gross billings for the past fiscal year (3.a.) was paid to subconsultants?  
 With Professional Liability Insurance \_\_\_\_\_%      Without Professional Liability Insurance \_\_\_\_\_%
10. What percentage of your firm's annual gross billings for the past fiscal year (3.a.) was derived from each of the following categories of project owners? (Total must equal 100%)  
 \_\_\_\_\_ % Federal Government      \_\_\_\_\_ % Institutional      \_\_\_\_\_ % Other \_\_\_\_\_  
 \_\_\_\_\_ % State or Local Government      \_\_\_\_\_ % Private      \_\_\_\_\_ Please describe
11. a. What percentage of your billings for the past fiscal year (3.a.) was derived from the following clients:  
 \_\_\_\_\_ % Contractors      \_\_\_\_\_ % Design Firms  
 \_\_\_\_\_ % Owners      \_\_\_\_\_ % Other \_\_\_\_\_
- b. What percentage of your billings for the past fiscal year (3.a.) was derived from repeat clients? \_\_\_\_\_ %
12. What percentage of your firm's annual gross billings for the past fiscal year (3.a.) was derived from projects located outside the U.S. its territories and possessions and Canada? \_\_\_\_\_%
13. a. Do you or any principal, partner, member, officer, director or shareholder of your firm or an immediate family member have an ownership interest in any entity for whom professional services are being rendered?  
 Yes    No   (If yes, please provide complete details.)
- b. If yes, is the combined ownership interest greater than 49%?  
 Yes    No
14. Is your firm or any subsidiary, parent or other organization related to your firm engaged in:
- a. Actual construction, fabrication or erection?  
 Yes    No
- b. Computer software development for, or sales to, others?  
 Yes    No
- c. Real estate development?  
 Yes    No
- d. The manufacture, sale, leasing or distribution of any product or production process?  
 Yes    No

**Note:** If you answer yes to any part of Question 14., please provide full details, including relationships, a description of the services performed, construction values involved and any fees received. Also enclose sample contract(s).

15. Does your firm or any subsidiary, parent or other organization related to your firm ever have single-point responsibility for both the design and the construction of a project?

Yes  No (If yes, please complete and return the supplemental Design/Build Questionnaire)

16. a. Is your firm a Named Insured under a project policy?

Yes  No

b. If yes, please provide the following information for all projects (if more than one, please attach a separate sheet):

Carrier	Policy term (Inception/Expiration)	Discovery Period	Limit of Liability	Deductible	Project Type
	-	-			

c. What are your firm's annual gross billings, from 3.a., that are associated with this project(s)? \$ \_\_\_\_\_

17. Do you have a Specific Additional Project Limit Endorsement on your current policy?

Yes  No (If yes, please complete and return the Specific Additional Project Limit Questionnaire)

18. a. On what percentage of your current projects do you have a signed, written agreement?

0-25%  26-50%  51-75%  76-99%  100%

b. Do you use AIA or EJCDC standard forms of agreements  Yes  No

(If yes, what percentage of the time are they used? \_\_\_\_\_ %)

c. Does your firm incorporate a limitation of liability provision in its agreements?

Yes  No

If yes, what percent of your firm's current contracts contain a limitation of liability clause which is less than or equal to \$250,000 (or the amount of the fee, if greater)

0-25%  26-50%  51-75%  76-100%

19. Does your firm:

a. Have non-standard contracts reviewed by legal counsel for liability implications prior to signing?

Yes  No

b. Have an in-house continuing education program?

Yes  No

c. Have procedures for monitoring or collecting outstanding fees?

Yes  No

20. In the past 3 years, have you brought suit against any clients to collect fees?

Yes  No (If yes please provide complete details. Include date, circumstances and amount of fees)

21. Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy under Chapter 7 or 11?  
 Yes  No (If yes, please provide complete details )

22. Please provide information about your current general liability insurance:

Carrier	Policy Term	Limits of Liability
	-	

**New Applicant Information Only**

23. Please provide information about your professional liability insurance for the past four years:

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

Retroactive coverage date \_\_\_\_\_ Policy expiration \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

24. Have you or any principal, partner, officer, director, or shareholder of your firm ever been declined for professional liability insurance or had such coverage canceled (except for nonpayment of premium) or nonrenewed? (Not applicable in Missouri)

Yes  No (If yes, please provide complete details on a separate sheet and attach to this application)

25. a. Do you or any principal, partner, member, officer, director or shareholder of your firm have knowledge of any 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

- b. If yes, please provide the following information on a separate sheet and attach to this application:

- |                                  |  |
|----------------------------------|--|
| 1) Date reported to your insurer | 4) Claimant                            |
| 2) Name of project               | 5) Allegations/nature of situation     |
| 3) Date of incident              | 6) Demand/amount of damages (if known) |

26. a. Have any professional liability claims been made, incidents reported or legal action brought in the past five years (ten years for firm's with gross annual billings greater than \$5 million) 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

- b. If yes, please provide the following information on a separate sheet and attach to this application:

- |  |   |
|--|---|
| 1) Name of project                     | 6) Insurance company reserve, if any  |
| 2) Date of claim/incident/legal action | 7) Defense attorney's or insurance company's evaluation of exposure/potential liability |
| 3) Claimant/plaintiff                  | 8) If closed, total amount paid for indemnity/defense costs                             |
| 4) Allegations                         | 9) Applicable deductible  |
| 5) Demand/amount of claim              |   |

**Note:** The policy for which you are applying will not respond to any claim or circumstance identified, or that should have been identified, in Questions 25. and 26.

**Fraud Prevention – General Warning**

Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any materially 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.

**Fraud Warning – 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.

**Fraud Prevention – Florida Warning**

Any person who knowingly and with intent to injure, defraud or deceive any insurance Company, or files a statement of claim containing any false, incomplete or misleading information is guilty of a third-degree felony.

**Fraud Warning – 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.

**Fraud Prevention – Louisiana Fraud Warning**

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.

**Fraud Warning – Tennessee**

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.

**Important Reminder**

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by claims expenses. Claims expenses also may be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

I hereby declare that, to the best of my knowledge, the above information is true, accurate and complete. I have not suppressed or misstated any material facts. I agree that the application is the basis of the policy issued by the Company and is incorporated therein and that the Company is not obligated to sell and I am not obligated to purchase the insurance.

Principal Name \_\_\_\_\_  
(Please Print)

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Agency E-mail \_\_\_\_\_ Agent's License# \_\_\_\_\_

**Additional Information**

In the section below you may provide additional information to any of the questions in this application.  
(Please reference the question number.)

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