

7. a. What percentage of your billings for the past fiscal year (2.a.) was derived from the following clients:
- _____ % Contractors _____ % Design Firms
 _____ % Owners _____ % Other _____
- b. What percentage of your billings for the past fiscal year (2.a.) was derived from repeat clients? _____%
8. Are any of your firm's annual gross billings from the past fiscal year (2.a.) derived from product or equipment design, manufacturing of products and/or the sale of any products?
 Yes No (If yes, please explain)
9. Are any of your firm's annual gross billings from the past fiscal year (2.a.) derived from petrochemical, nuclear or mining engineering, asbestos abatement contracting, hazardous waste remediation, above or below-ground storage tanks, air emission controls, Superfund sites and site assessments?
 Yes No (If yes, please complete the Environmental Questionnaire)
10. Are any of your firm's annual gross billings from the past fiscal year (2.a.) derived from actual construction by you, hired subcontractors, or a related entity?
 Yes No (If yes, please provide the percentage ____% of gross annual billings and explain)
11. On what percentage of your current projects do you have a signed, written agreement?
 0-25% 26-50% 51-75% 76-99% 100%

12. What percentage of your firm's annual gross billings for the past fiscal year (2.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

13. What percentage of your firm's annual gross billings for the past fiscal year (2.a.) was paid to sub-consultants?
 With Professional Liability Insurance _____ % Without Professional Liability Insurance _____ %
14. 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)

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

Carrier	Policy Term	Limits of Liability
	-	

New Applicant Information Only

16. Do you currently have professional liability insurance? Yes No
 If yes, how many consecutive years have you been insured? _____
 Professional Liability Carrier _____ Policy expiration date _____
 MM/DD/YYYY
 Current limits \$ _____ Deductible \$ _____ Current premium \$ _____
17. Have you or any member of your firm ever had a professional liability policy canceled (except for nonpayment of premium) or nonrenewed by any insurance company? (not applicable in Missouri) Yes No (If yes, please explain)
18. 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? If yes, please provide details and a copy of the notice to your carrier.
 Yes No
19. a. Have any professional liability claims been made against your firm in the past five years? Yes No
 b. If yes, how many? _____ (please provide details and a loss run/claim summary)

- c. Does the total amount paid (indemnity and expenses) and/or currently reserved by the carrier(s) exceed \$10,000 on these claims? Yes No

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.)
