

Application for Architects and Engineers Professional Liability Insurance

Claims Made Coverage

Applicant's Instructions

This application can be found on our website at www.mxmsig.com.

Maxum Indemnity Company recognizes that our customers must have effective quality and risk management practices to compete in their industry. A sterling reputation is built from sound management and business practices which will consistently provide the quality service and value required by their customers.

This application will allow us to make the right decision regarding your insurance and assist you in analyzing your potential exposures to loss.

IMPORTANT: Please attach the following information about your services and company:

1. Complete narrative of your professional services provided. Attach literature, brochures, and other information which would best describe your work.
2. Resumes of all principals or partners.
3. Current complete financial information.
4. Your standard sales, service, or license contracts.
5. If requesting a prior retroactive date, a copy of the current policy.
6. Currently valued hard copy loss runs.

Applicant Information

1. Name of Applicant: _____
2. Principal Business Address: _____

(Street)
(County)

(City)
(State)
(Zip)
3. Address(es) of Branch Office(s): _____
4. Website Address(es): _____
5. Phone Number: () _____ Fax Number: () _____
6. Date organized: ____ / ____ / ____
7. Federal Tax Identification Number: _____
8. Number of Employees: Full Time: _____ Part-Time: _____ Seasonal: _____ Total: _____
9. Business is a: Corporation Partnership Individual Other
10. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization?..... Yes No
 If yes, are any services provided to such organization(s)? Yes No
 If yes, to either of the above, provide details: _____

Applicant Information continued

11. During the past five years, has the Applicant been involved in, or presently contemplating:
- (a) Any merger, consolidation or acquisition? Yes No
 If yes, please provide details: _____
- (b) A change in the nature of business operations? Yes No
 If yes, please provide details: _____
12. During the past five years, has the name of the Applicant been changed? Yes No
 If yes, please provide details: _____
13. Coverage Requested: Limits: _____ Deductible: _____

Applicant Operations

1. Please indicate the approximate percentage of the professions in which your firm is engaged. Exclude services performed by sub-contractors.

| | | | |
|---------------------------|---------|------------------------|---------------------|
| Architects | _____ % | Land Surveying | _____ % |
| Civil Engineering | _____ % | Mechanical Engineering | _____ % |
| Construction Management | _____ % | Process Engineering | _____ % |
| Electrical Engineering | _____ % | Soil Engineering | _____ % |
| Environmental Engineering | _____ % | Structural Engineering | _____ % |
| HVAC Engineering | _____ % | Testing Lab | _____ % |
| Interior Design | _____ % | Other: _____ | _____ % |
| Landscape Architecture | _____ % | Total: | <u>100</u> % |

2. Is the Applicant involved in any of the following services?
- (a) Environmental studies, reports, assessments or audits Yes No
- (b) Remedial investigations and studies..... Yes No
- (c) Waste site selection evaluation..... Yes No
- (d) Preparation and submission of environmental permits Yes No
- (e) Hazardous and/or non-hazardous waste treatment, processing, incineration or disposal Yes No
- (f) Asbestos abatement Yes No

If yes to any of the above, please explain and indicate fees for current and/or next year(s) services:

3. Please indicate the type and approximate percentage of work under each of the following:
- (a) **Scope of Service**
- Design with construction observation _____ %
- Design without construction observation _____ %
- Construction observation without design _____ %
- Studies, reports and services not resulting in construction _____ %
- Total:** **100 %**

Applicant Operations continued

(b) **Types of Services**

| | | |
|-------------------------------------|-------|---------------------|
| Alternations | _____ | % |
| Building Inspection / Certification | _____ | % |
| Forensic / Expert witness | _____ | % |
| Foundation Design | _____ | % |
| Geotechnical Services | _____ | % |
| Machinery / Product Design | _____ | % |
| Master Planning | _____ | % |
| Other: _____ | _____ | % |
| Total: | | <u>100</u> % |

(c) **Types of Projects**

| | | | |
|------------------------------|---------|--------------------------------|---------|
| Apartments | _____ % | Petrochemical, Chemical | _____ % |
| Bridges, Dams or Tunnels | _____ % | Power Plants | _____ % |
| Commercial/Shopping Centers | _____ % | Recreational/Sports Facilities | _____ % |
| Condominiums | _____ % | Religious Facilities | _____ % |
| Educational Facilities | _____ % | Roads/Highways | _____ % |
| High-Rise Buildings | _____ % | Sewage/waste disposal systems | _____ % |
| Hospitals/Health Care | _____ % | Single Family Dwellings | _____ % |
| Offshore & Marine Structures | _____ % | Wastewater Treatment Plants | _____ % |
| Parking Structures | _____ % | Other: _____ | _____ % |

4. Does the Applicant foresee any substantial changes in the percentage of items (c), (d) or (e) above during the next twelve months? Yes No

If yes, please provide details: _____

5. Fees and Construction Values – **For Design Firms only**

| | Dates | Estimate for Coming Year | Present 12 Months | Previous 12 Months |
|---|-------|-----------------------------|----------------------|-----------------------|
| | | _____ to _____ | _____ to _____ | _____ to _____ |
| Domestic Operations | | | | |
| (a) Construction values | | _____ | _____ | _____ |
| (b) Gross Billings/Fees whether collected or not (excluding fees derived from Joint Venture) | | _____ | _____ | _____ |
| Foreign Operations | | | | |
| (a) Construction values | | _____ | _____ | _____ |
| (b) Gross Billings/Fees whether collected or not (excluding fees derived from Joint Venture) | | _____ | _____ | _____ |

Applicant Operations continued

6. Construction values – **For Design and Construct Firms only**

| | Dates | Estimate for Coming Year | Present 12 Months | Previous 12 Months |
|-----------------------------------|----------------|-----------------------------|----------------------|-----------------------|
| | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ |
| (a) All Operations | _____ | _____ | _____ | _____ |
| (b) Design / Construct | _____ | _____ | _____ | _____ |
| (c) Design only – no construction | _____ | _____ | _____ | _____ |
| (d) Construction only – no design | _____ | _____ | _____ | _____ |

7. What percentage of the Applicant's practice involves any of the following:

(a) Subletting of work to others? %
 Type of work sublet: _____

(b) Is evidence of insurance from consultants required? Yes No

8. Does the Applicant provide professional services on projects in which they retain ownership interest (BASIC POLICY EXCLUDES COVERAGE FOR THESE PROJECTS)? Yes No

If coverage is desired, please request equity supplement form.

9. Does any one contract or client represent more than 50% of annual work? Yes No

If yes, please describe: _____

10. Does the Applicant, or any subsidiary, parent or otherwise related entity engage in actual construction, manufacturing or fabrication?..... Yes No

If yes, please give details: _____

11. Does the Applicant work with other firms in Joint Ventures? (BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES.) Yes No

If coverage is desired, please request joint venture supplement form.

Applicant Staff

1. Educational Information:

| Name of Owner, Partner or Officer | Educational Qualifications | Date and Place Acquired | How Long with Firm |
|--------------------------------------|-------------------------------|----------------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

2. Total Personnel: (including those listed above):

- (a) Number of Engineers, Surveyors and Architects: _____
- (b) Number of Fieldsmen (rodmen, chainmen, etc.): _____
- (c) Number of Draftsmen, Technicians: _____
- (d) Number of clerical and accounting employees: _____

Applicant Staff continued

3. Please list states where the Applicant is licensed: _____

4. Foreign work? Yes No
 If yes, please give details: _____
5. Have any of those listed in Applicant Staff Section (1) above, ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No
 If yes, please describe: _____
6. List the Professional Associations in which the Applicant belongs:

7. Are any of the individuals named in Applicant's Staff Section (1) above, owners, officers, or employees of firms engaged in actual construction, manufacturing or fabrication? Yes No
 If yes, please give details: _____

Applicant History

1. Please detail Architects & Engineers Professional Liability Insurance during PAST FIVE YEARS. Show current policy and four prior years.

| Insurance Company | Policy Number | Limits | Deductible | Policy Period |
|-------------------|---------------|--------|------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

2. Date UNINTERRUPTED insurance began: / /

3. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy? Yes No

If yes, please give details:

| Insurance Company | Type of Coverage | Limits BI/PD | Policy Period |
|-------------------|------------------|--------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

4. Has any application for Architects & Engineers Professional Liability Insurance made on behalf of the firm, any predecessors, or present Partner ever been declined or has the insurance ever cancelled or renewal refused? Yes No

If yes, please give details: _____

5. Has any claim ever been made against the firm or any persons named in item (1) or (3) above? Yes No

If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

Applicant History continued

6. Is the Applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors or any of the present or past partners or officers? Yes No

If yes, please give details on the same basis as item (5) above.

7. Please attach list of the Applicant's 10 largest jobs in the last five years. Detail: 1) project name; 2) type of structure; 3) services performed; and 4) construction values.

Notice to Applicant

The undersigned is an authorized employee of the prospective Named Insured and certifies that reasonable inquiry has been made to obtain answers to these questions. The answers are true, correct, and complete to his/her best knowledge and belief.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject civil penalties or criminal punishment.

Any changes in your operation must be reported to your agent.

Claims Made Coverage - Notice to Applicant

The coverage applied for is solely as stated in the policy. The policy provides coverage on a claims made basis for those claims that are first made against the insured during the policy period and after the retroactive date, unless the extended reporting period option is purchased in accordance with the terms of the policy.

WARRANTY: I warrant to the insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein.

Signing this application shall not obligate the insurer to bind coverage. It is agreed this application shall be the basis upon which a policy may be issued if the insurer accepts and provides evidence of coverage.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date