

LLOYD'S

LLOYD'S LONDON

**APPLICATION FOR
ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD'S**

**THIS APPLICATION IS FOR A
CLAIMS MADE INSURANCE POLICY**

APPLICANT'S INSTRUCTIONS

- 1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.**
- 2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET & INDICATE QUESTION NUMBER.**
- 3. PLEASE COMPLETE SUPPLEMENTS WHERE REQUIRED.**
- 4. THIS APPLICATION AND ALL SUPPLEMENT FORMS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.**

-
- Name of Applicant: _____
Proprietorship: _____ Partnership: _____ Corporation: _____
 - Address: _____
City: _____ County: _____
State: _____ Zip: _____
 - Telephone: _____
 - Branch Office Address(es) - use a separate addendum if applicable.
 - Date Established (current entity): _____

PERSONNEL

- | 6. a. Number of Staff | Last Year | This year |
|-------------------------------------|-----------|-----------|
| Principals/Partners/Directors: | _____ | _____ |
| Other Licensed Professionals: | _____ | _____ |
| Other Staff: | _____ | _____ |
| Total Licensed Professionals | _____ | _____ |
- b. Please indicate the Applicant's annual staff turnover: _____
 - c. Please attach CVs of Principals

GROSS BILLINGS

Total Gross Billings for professional services (whether collected or not) to include reimbursable expenses and subconsulting fees.

<i>Professional Services</i>	<i>Total Gross Billings (Including Billings Attributable to Consultants)</i>	<i>Construction Values (Pro-rate for Multi - Year Projects)</i>
7 a. Joint Venture projects (Your portion of JV billings):	\$	\$
b. Projects Insured under separate Project Policies:	\$	\$
c. Projects which have been permanently abandoned:	\$	\$
d. Feasibility studies, master plans, reports, opinions or interior design, Note: Interior design refers to interior non-structural services such as space planning and the selection of furniture, fixtures and finishes, it does not include services associated with renovations (other than space planning):	\$	\$
e. Landscape Architecture	\$	\$
f. Land Survey:	\$	\$
g. Direct reimbursables by contract (i.e., travel, per diem, billings for reproduction, etc.). Do not include consultants:	\$	\$
h. All other billings:	\$	\$
i. TOTAL PAST ACCOUNTING YEAR: (A+B+C+D+E+F+G+H):	\$	\$
j. Three year gross receipts (to include reimbursable expenses and sub consulting fees).		

Fiscal Year _____ / _____
Month Year

Current Fiscal Year 19____ \$____ Last Fiscal Year 19____ \$____
Two Years Ago 19____ \$____

8 Please indicate percentage of the Applicant's gross billings derived from projects outside the U.S.A and Canada _____%

9. Were more than 20% of the Applicant's billings during the past fiscal year derived from a single client or contract?

Yes No

PROFESSIONAL DISCIPLINES

10. Specify as a percentage of the Applicant's Gross Billings. (Total must equal 100%)

Architecture	%	Landscape Architecture	%
Civil Engineering	%	Land Surveying	%
Mechanical Engineering	%	Construction Management	%
Electrical Engineering	%	Process Engineering	%
Structural Engineering	%	Chemical Engineering	%
Soils Engineering	%	Environmental*	%
Laboratory Testing	%	Hydrogeology/Geology	%
HVAC Engineering	%	Interior Design	%
Marine/Coastal Engineering	%	Land Use Planning	%
Nuclear Engineering	%	Design/Build**	%
Mining Engineering	%		%

* If yes, Supplement 1 must be submitted. ** If yes, Supplement 2 must be submitted.

11. Please indicate the percentage of the Applicant's billings derived from work performed on a "Fast Track" basis; i.e. those projects in which construction begins before design is complete.
_____ %

12. Please indicate percentage by fees of current projects where the construction contract is a:
Bid contract: _____ % Negotiated contract: _____ %

13. Please indicate the percentage of the Applicant's billings derived from repeat business _____ %

PROJECTS

14. Please indicate types of projects as a percentage of the Applicant's Gross Billings.

a. Schools, colleges or public buildings	%	m. Water systems	%
b. Hospitals, retirement homes or convalescent hospitals	%	n. Bridges, trestles or tunnels	%
c. Hotels, motels or resort properties	%	o. Land reclamation design	%
d. Condominiums	%	p. Structures for offshore use	%
e. Garages, theatres or grandstands	%	q. Harbours, jetties, docks or piers	%
f. Shopping centres	%	r. Machine design/mechanical design	%
g. Office/mercantile/commercial buildings	%	s. Earth dams/reservoirs	%
h. Public utilities or industrial buildings	%	t. Pipelines	%
i. Single family residential subdivisions	%	u. Petrochemical	%
j. Custom single family residential	%	v. Mines and quarries	%
k. Apartments and other multi-unit residential	%	w. Nuclear projects	%
l. Sewage or waste disposal systems	%	x Other (please specify)	%

15. Please complete Supplement 1 (Largest Projects).

SERVICES

16. Please indicate percentages of the Applicant’s Gross Billings derived from each of the following. *(Total must equal 100%)*

a. Design with construction review	_____	%
b. Design without construction review	_____	%
c. Construction review without design	_____	%
d. Project or construction management	_____	%
e. Feasibility, economic or other studies	_____	%
f. Boundary surveying	_____	%
g. Subsurface soils testing, soils analysis, ground testing	_____	%
h. Material testing	_____	%
i. Foundation design	_____	%
j. Interior design/Space planning	_____	%
k. Forensic/Expert witness	_____	%
l. Other (please specify)	_____	%

CONTRACTS

17. Please indicate types of contracts utilised by Applicants. *(Total must equal 100%)*

a. Standard industry contract (ACEC,AIA ASFE, etc.)	_____	%
b. Firm’s standard contract	_____	%
c. Letter agreement	_____	%
d. Purchase order	_____	%
e. Client contract	_____	%
f. Oral agreement	_____	%

18. Please submit a copy of a typical contract of hire utilised by the Applicant.

CLIENTS

19. Please indicate percentage of the Applicant’s Gross Billings attributable to the following types of clients. *(Total must equal 100%)*

a. Government or Public Entities Federal State, County or Local	_____	%
b. Owners acting as their own builders	_____	%
c. Turnkey contractors	_____	%
d. Design/Build contractors	_____	%
e. Other contractors	_____	%
f. Developers	_____	%
g. Financial and lending institutions	_____	%
h. Other design professionals	_____	%
i. Other (please specify)	_____	%

FINANCIAL AND RELATED INTERESTS

20. During the past twelve months, has the Applicant or any subsidiary, parent or other organisation related thereto, been engaged in.

- a Actual construction, fabrication, or erection. Yes No
- b Development, sale or leasing of computer software. Yes No
- c Real Estate development. Yes No
- d Manufacture, sale, leasing or distribution of any product, process or patented production process. Yes No
- e Design of a building, component or system which might be used on more than one project. Yes No

21. Has the Applicant entered into any Joint Ventures?

- Is Joint Venture coverage required? Yes No
- If yes, Supplement 4 must be submitted*

22. Does the Applicant or any principal have any financial interest in any projects for which it has provided professional services? Yes No

- Is coverage for Equity interest required? Yes No
- If yes, Supplement 5 must be submitted*

23. Does the Applicant have any abandoned projects? Yes No
If yes, please give full details by attachment

SUBCONTRACTUAL/SUBCONSULTANTS

24. Please indicate types and percentages of work the Applicant subcontracts to others:

- a.

Architectre		%	Soils		%
Civil		%	Structural		%
Mechanical		%	HVAC		%
Electrical		%	Other (please specify)		%

b. Please describe the process by which the Applicant selects subcontract and subconsultants:

- c. Are written contracts used for all subcontractors and subconsultants?
Yes No
- d. Do the Applicant's contracts with subcontractors and subconsultants contain indemnification and hold harmless provisions?
Yes No
- e. Does the Applicant obtain certificates of insurance from all subcontractors and subconsultants?
Yes No
- f. Is the Applicant named as an Additional Assured under all subcontractor and subconsultant General Liability policies?
Yes No

MANAGEMENT

25. a. Does the Applicant have an in-house quality control procedure?
Yes No
- b. Is it in written form?
Yes No
- c. Are all appropriate staff members familiar with these procedures?
Yes No
26. Has the name of the Applicant changed or has any other firm or been merged organisation amalgamated with or into the Applicant, or is any such change pending?
Yes No
27. Is the Applicant controlled, owned by or associated with, or does the Applicant control or own any other entity?
Yes No

If yes, please give full details by attachment.

LOSS HISTORY

28. a. After enquiry, have any claims or suits been made against the Applicant?
(Please include those claims arising from separately insured projects).

Yes No

If yes, Supplement must be submitted.

b. After enquiry, are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against the Applicant?

Yes No

If yes, Supplement must be submitted.

c. Has the Applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities?

Yes No

If yes, please give details by attachment.

INSURANCE

29. Has insurance of the type for which the Applicant is now applying ever been declined, cancelled or had the renewal thereof refused?

Yes No

If yes, please give details by attachment.

30. Please give details of previous insurance (past five years):

	<i>Carrier</i>	<i>Policy No.</i>	<i>Limits Each Claim/ Aggregate</i>	<i>Deductible</i>	<i>Paid Premiums</i>	<i>Effective From To</i>
1.	_____	_____	\$ _____	\$ _____	\$ _____	_____
2.	_____	_____	\$ _____	\$ _____	\$ _____	_____
3.	_____	_____	\$ _____	\$ _____	\$ _____	_____
4.	_____	_____	\$ _____	\$ _____	\$ _____	_____
5.	_____	_____	\$ _____	\$ _____	\$ _____	_____

Retroactive Date of current policy: _____

31. Please state coverage Limits and Deductibles required:

A. Coverage Limits of Liability \$ _____ B. Self Insured Retention \$ _____

The Applicant declares that, after enquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true, and no material facts have been suppressed, omitted, or mis-stated.

Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this renewal application, if subsequent to the date of this renewal application, but prior to the inception of such policy, there are any material alterations to the information contained herein.

Completion of this renewal application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

This renewal application is signed on behalf of all Owners, Principals, Partners, Shareholders, Directors and Employees.

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Must be signed by Owner, Partner or Officer:

AUTHORISED SIGNATURE OF APPLICANT

TITLE

DATE

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10 LARGEST PROJECTS – PAST FIVE YEARS

	Name & Location	Client/Owner:	Project Type:	Professional Services:	Fees:	Construction Values:	Completion Date
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____

.....
Must be signed by Owner, Partner or Officer

APPLICANT **TITLE** _____ **AUTHORISED SIGNATURE OF**

DATE

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CLAIM FORM

APPLICANT'S INSTRUCTIONS

- 1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST 10 YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 29a. AND b. PLEASE COMPLETE ONE FORM FOR EACH CLAIM.**
 - 2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY; PLEASE USE SEPARATE SHEET. *DO NOT ATTACH COPIES OF SUMMONS AND COMPLAINT***
 - 3. PLEASE NOTE THIS SUPPLEMENT IS FOR UNDERWRITING INFORMATION AND DOES NOT CONSTITUTE NOTICE OF CLAIM. IF YOU WISH TO NOTIFY A CLAIM ON YOUR CURRENT OR EXPIRING POLICY PLEASE CHECK THE CLAIMS PROVISIONS OF YOUR POLICY AND/OR SEEK ADVICE FROM YOUR BROKER.**
 - 4. PLEASE LEAVE NO BLANKS**
-

1. Full name of individual(s) and name of firm involved in the claim:
 - a) _____
 - b) _____
 - c) _____
2. Additional Defendants:
 - a) _____
 - b) _____
 - c) _____
3. Full name of claimant: _____
4. Date of alleged error: _____
5. To what insurance company was this claim reported?

6. Date reported: _____

7. Present status of claim (circle one): Open In Suit Closed

8. If pending, please indicate:

- a) Amount asked in summons: \$ _____
- b) Claimant's Settlement demand: \$ _____
- c) Defendant's offer for settlement: \$ _____
- d) Total amount paid in defense costs to date: \$ _____
- e) Total damages paid/outstanding: \$ _____

9. If closed, please indicate amounts paid in:

Indemnity \$ _____ Costs \$ _____

10. Description of claim, including likelihood of settlement if pending: (Please provide enough information to allow an evaluation). **DO NOT ATTACH SUMMONS & COMPLAINT**

a) Allegation upon which Claimant bases claim:

b) Description of events:

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

Must be signed by Owner, Partner or Officer

AUTHORISED SIGNATURE OF APPLICANT _____

TITLE _____

DATE _____