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APPLICATION FOR ARCHITECTS AND ENGINEERS
PROFESSIONAL LIABILITY POLICY
(CLAIMS MADE COVERAGE)

APPLICANT INSTRUCTIONS:

- 1. Please type or print in ink.
2. Answer all questions; leave no blank spaces.
3. If space provide is insufficient to answer any question fully, attach separate sheet.
4. This application must be signed and dated by an Owner, Partner or Officer.
5. Attach a copy of your firm's brochure. THIS IS IMPORTANT.

DEPENDENT UPON THE SELECTION MADE BY THE APPLICANT, THIS POLICY MAY CONTAIN PROVISIONS THAT REDUCE THE LIMITS OF LIABILITY STATED IN THE POLICY BY THE COSTS OF LEGAL DEFENSE.

THIS POLICY CONTAINS PROVISIONS THAT PERMIT LEGAL DEFENSE COSTS TO BE APPLIED AGAINST THE DEDUCTIBLE.

1. Name of Applicant: (If Partnership or Corporation show firm)

2. Address: Street City State Zip Code

3. Address of all Branches: Street City State Zip Code

Street City State Zip Code

4. When was firm established:

5. Is the firm: A Corporation? Partnership? Individual?

6. During past five years has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes No If yes, please give full details:

7. Please indicate the approximate percentage of the professions in which your firm is engaged:
Architects, Building Designers, Civil Engineers, Design/ Const., Electrical Engineers, HVAC Engineers, Land Surveyors, Mechanical Engineers, Naval/ Marine, Process Engineers, Struct. Engineers, Testing Lab., Const. Mgmt, Soil Engineers, Others not shown please specify below

8. Name of Owner, Partner or Officer Educational Qualifications Date and Place Acquired How long with firm

9. Total Personnel: (including those listed in item 8) _____
- a. Number of Engineers, Surveyors & Architects: _____ c. Number of Draftsman, Technicians: _____
- b. Number of Fieldman (rodmen, chainmen, etc): _____ d. Number of clerical and acctg. Employees: _____

10. States in which licensed? _____

11. Foreign Work? Yes No If yes, please give full details: _____

12. Have any of those listed in item No. 8 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No If yes, please give full details: _____

13. What professional Association does the Applicant belong to? _____

14. Please indicate the type and approximate percentage of work under each heading:

| I. <u>Type of Service</u> | II. <u>Type of Projects</u> |
|---|---|
| Work in connection with: | Work in connection with: |
| a. Feasibility studies, reports, surveys, where applicant is not involved in design | a. Private dwelling, apts. and condominiums |
| None <input type="checkbox"/> Yes <input type="checkbox"/> _____% | None <input type="checkbox"/> Yes <input type="checkbox"/> _____% |
| b. Design without supervisory services | b. Commercial building |
| None <input type="checkbox"/> Yes <input type="checkbox"/> _____% | None <input type="checkbox"/> Yes <input type="checkbox"/> _____% |
| c. Design & Observation | c. Hospitals, schools, churches and municipal buildings |
| None <input type="checkbox"/> Yes <input type="checkbox"/> _____% | None <input type="checkbox"/> Yes <input type="checkbox"/> _____% |
| d. Boundary surveys | d. Industrial buildings |
| None <input type="checkbox"/> Yes <input type="checkbox"/> _____% | None <input type="checkbox"/> Yes <input type="checkbox"/> _____% |
| e. Soil testing | e. Petrochemical, refinery, fertilizer, ammonia |
| None <input type="checkbox"/> Yes <input type="checkbox"/> _____% | None <input type="checkbox"/> Yes <input type="checkbox"/> _____% |
| f. Sewerage systems | urea plants |
| None <input type="checkbox"/> Yes <input type="checkbox"/> _____% | None <input type="checkbox"/> Yes <input type="checkbox"/> _____% |
| g. Water systems | f. Mines |
| None <input type="checkbox"/> Yes <input type="checkbox"/> _____% | None <input type="checkbox"/> Yes <input type="checkbox"/> _____% |
| h. Foundations | g. Harbors & jetties |
| None <input type="checkbox"/> Yes <input type="checkbox"/> _____% | None <input type="checkbox"/> Yes <input type="checkbox"/> _____% |
| i. Interior design | h. Bridges & tunnels |
| None <input type="checkbox"/> Yes <input type="checkbox"/> _____% | None <input type="checkbox"/> Yes <input type="checkbox"/> _____% |
| j. HV & AC, plumbing & electricity | i. Dams |
| None <input type="checkbox"/> Yes <input type="checkbox"/> _____% | None <input type="checkbox"/> Yes <input type="checkbox"/> _____% |
| k. Naval/ Marine | j. Nuclear & atomic projects |
| None <input type="checkbox"/> Yes <input type="checkbox"/> _____% | None <input type="checkbox"/> Yes <input type="checkbox"/> _____% |
| l. Work as construction managers | k. Parking structures |
| None <input type="checkbox"/> Yes <input type="checkbox"/> _____% | None <input type="checkbox"/> Yes <input type="checkbox"/> _____% |
| m. Testing labs | l. other |
| None <input type="checkbox"/> Yes <input type="checkbox"/> _____% | _____ |
| n. other | _____ |
| None <input type="checkbox"/> Yes <input type="checkbox"/> _____% | _____ |
| TOTAL _____ 100% | TOTAL _____ 100 % |

15. Does the Applicant foresee any substantial changes in the percentages of item No. 14 during the next twelve months? Yes No If yes, please give details: _____

16. Fees and Construction Values – **IF DESIGN/ CONSTRUCT COMPLETE ITEM 17 INSTEAD**

| Dates | Estimate for coming year From _____ to _____ | Present 12 months From _____ to _____ | Previous 12 months From _____ to _____ |
|--|---|--|---|
| <u>Domestic Operations</u> | | | |
| a. Construction values | _____ | _____ | _____ |
| b. Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures) | _____ | _____ | _____ |
| <u>Foreign Operation</u> | | | |
| a. Construction Values | _____ | _____ | _____ |
| b. Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures) | _____ | _____ | _____ |

17. Construction values – **DESIGN/ CONSTRUCT ONLY**

| Dates | Estimate for coming year From ____ to ____ | Present 12 months From ____ to ____ | Previous 12 months From ____ to ____ |
|---------------------------------|---|--|---|
| a. All operations | _____ | _____ | _____ |
| b. Design/ Construct | _____ | _____ | _____ |
| c. Design only, no construction | _____ | _____ | _____ |
| d. Construction only, no design | _____ | _____ | _____ |

18. 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

19. Equity Interest:
 Does the applicant provide professional services on projects in which he retains ownership interest (BASIC POLICY EXCLUDES COVERAGE FOR THESE PROJECTS)? Yes No If yes, please give details: _____

20. Does any one contract or client represent more than 50% of annual work? Yes No If yes, please give details: _____

21. 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: _____

22. Are any of the individuals named in item No. 8 owners, officers or employees of firms engaged in actual construction, manufacturing or fabrication?
 Yes No If yes, please give details: _____

23. Is the Applicant controlled, owned or associated with any other firm, Corporation or Company? Yes No If yes, please give details: _____

24. Does the Applicant work with other firms in Joint Ventures? Yes No BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES. If coverage is desired, request joint venture supplement form.

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

| Insurance Company | Policy No. | Limits | Deductible | Policy Period |
|-------------------|------------|--------|------------|---------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ |

26. Date UNINTERRUPTED insurance began: _____

27. 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 | BI | Limits | PD | Effective From | To |
|-------------------|------------------|-------|--------|-------|----------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

28. Has any application for Architects & Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been canceled or renewal refused? Yes No If yes, please give details: _____
-
29. Has any claim ever been made against the firm or any persons named in item 1 or item 8? 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.
30. Is the applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers? Yes No If yes, please give full details on the same basis as item 29.
31. Coverage Requested: _____ Limit: _____ Deductible: _____
32. Please attach list of 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 coverage applied for is SOLEY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD

REPRESENTATION: I/We represent that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company/ Underwriters evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company/ Underwriters.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR A 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.

Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Must be signed by Owner, Partner or Officer

Title (Officer, Partner, etc): _____

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

ATTACH COPY OF BROCHURE