



**PROFESSIONAL LIABILITY APPLICATION**

**I. Applicant Information**

1. Principal Firm Name:

DBA					
Street Address			Contact Name		
City			Contact Email		
State	Zip	County	Phone	Fax	
Website URL					
Partnership	Sole Proprietorship	LLC	Corp.	PC	Other:
		PLLC	S Corp.	DPC	
Tax ID Number			Date Firm Established / /		

a. Other current named insured entities:

b. Predecessor firms for which coverage is desired:

c. During the past five years, has any merger or consolidation taken place?

Yes      No

*Details:*

d. Branch office locations and % of billings derived from each branch:

%  
%  
%

2. Indicate the number of employees in each category:

		Architects	Engineers	Land Surveyors	Landscape Architects	Interior Designer	Clerical & Accounting	Other:
a.	Principals, Partners, Officer & Directors							
b.	Staff (Include Drafters)							
c.	Total Licensed							
d.	Number of all employees that are:	Full Time	Part Time	Temporary	Leased			

e. Number of professional or management staff that left the firm in the last year:

f. Number of professional or management staff that joined the firm the last year:

g. **For New Applicants Only** - Please attach a resume indicating the full name and professional qualifications for all key personnel. If resume is not available, include your firm's statement of qualifications.

3. Please list your/your firm's professional societies memberships:

**II. Financial Information**

**4. Billing Information**

		<b>Second Most Recently Completed Fiscal Year</b>		<b>Most Recently Completed Fiscal Year</b>		<b>Projected Billings for Current Fiscal Year</b>	
		<b>From:</b>	<b>To:</b>	<b>From:</b>	<b>To:</b>	<b>From:</b>	<b>To:</b>
a.	Projects Covered by a Separate Project Policy						
b.	Feasibility studies, Master Plans, Reports and Opinions						
c.	Permanently Abandoned Projects						
d.	Non-Structural Interior Design						
e.	Landscape Architecture						
f.	Land Surveying						
g.	International Work						
h.	Construction or Program Management						
i.	Facilities or Operations Management						
j.	Fee Paid to Subconsultants						
k.	All Other Billings						
l.	Direct Reimbursables						
<b>m.</b>	<b>Total Gross Billings</b>						
n.	Approximate Construction Values						

<b>Please list your firm's total gross billings <i>minus direct reimbursables</i> for the following:</b>	<b>Fiscal Year</b>	<b>Billings</b>
a. Third Most Recently Completed Fiscal Year	to	
b. Fourth Most Recently Completed Fiscal Year	to	
c. Projected billings for the next fiscal year	to	

### III. Firm Practice Information

5. Please complete the following chart for your five largest projects **based on construction value** over the past three years.

Use Additional Notes section if more space is required.

Project Name	Location	Services Rendered	Project Type	Construction Value	Your Fees

6. How many professionals within your firm are LEED AP Accredited?

*Have any of your projects achieved Gold or Platinum certification?*

Yes No

7. Please complete the following chart based on your **annual gross billings from the past fiscal year** attributable to the following disciplines provided by you, **excluding services of subconsultants**.

Some categories may require you to complete a supplemental application.

Discipline	% of Annual Gross Billings	Discipline	% of Annual Gross Billings
Architecture	%	Laboratory Consulting	%
Acoustical Engineering	%	<b>Land Surveying</b>	
Agricultural Engineering	%	Construction Staking	%
Air Balancing	%	Topographic/Boundary	%
Audio/Visual Consulting	%	Other:	%
Civil Engineering	%	Landscape Architecture	%
Commissioning Consulting	%	Management Consulting	%
Construction/Project Manager	%	Mechanical Engineering	%
Drafting Services	%	Mining Engineering	%
Electrical Engineering	%	Modeling/Rendering	%
Elevator Consulting	%	Naval/Marine Engineering	%
Energy Efficiency Consulting	%	Non-Destructive Testing	%
Environmental Consulting / Eng.	%	Photogrammetry	%
Facilities/Operations Management Consulting	%	Process Engineering	%
Geology	%	Roof Consulting	%
Geotechnical Engineering	%	Soils Engineering	%
Graphic/Signage Consulting	%	Sprinkler Design	%
HVAC Consulting	%	Structural Engineering	%
Hydrology	%	Telecom/Comm. Engineering	%
Illumination Engineering	%	Transportation Consulting	%
Interior Design	%	Urban/Rural Planning	%
Irrigation Engineering	%	Other:	%
Kitchen Consulting	%	Other:	%
		Other:	%

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8. Please complete the following chart based on your **annual gross billings from the past fiscal year** derived from each project type or category.

Some categories may require you to complete a supplemental application.

Project Type or Category	% of Annual Gross Billings	Project Type or Category	% of Annual Gross Billings
Airports	%	Parking Garages	%
Amusement Parks	%	Parks/Playgrounds	%
Banks	%	Power Plants – Non-Nuclear	%
Bridges/Tunnels	%	Power Plants – Nuclear	%
Casinos	%	Pharmaceutical Plants	%
<b>Commercial:</b>		Refinery/Petro/Chem.	%
Condominiums	%	Religious	%
Office – High Rise (>15 Stories)	%	<b>Residential:</b>	
Office – Low Rise (<15 Stories)	%	Apartments	%
Convention Centers	%	Condominiums	%
Courthouses	%	Subdivisions	%
Dams/Reservoirs	%	Single Family Homes	%
<b>Educational:</b>		Townhouses/Multi-family	%
Colleges/Universities	%	Restaurants	%
Private	%	Retail/Malls/Shopping Centers	%
Public- K-12	%	Sewer/Water Systems	%
Harbors/Piers/Ports	%	Stadiums/Arenas	%
Highways/Roads	%	Superfund Sites	%
Hospitals/Assisted Living Facilities	%	Swimming Pools	%
Hotels/Motels	%	Toxic/Hazardous Waste Sites	%
Industrial / Manufacturing / Processing	%	Underground Storage Tanks	%
Jails/Prisons	%	Utilities	%
Landfills	%	Wetland Mitigation	%
Laboratories	%	Zoos	%
Mass Transit Systems	%	Other:	%
Military Facilities	%	Other:	%
Mines/Quarries	%	Other:	%
Museums/Libraries	%	Other:	%

9. Please complete the following chart based on your **annual gross billings from the past fiscal year** derived from each of the following services.

Some categories may require you to complete a supplemental application.

Service	% of Annual Gross Billings	Service	% of Annual Gross Billings
<b>Abatement/Remediation Consulting</b>		Façade Restoration/Rehab.	%
Asbestos	%	Forensic Consulting	%
Mold	%	Phase I Environmental	%
Other:	%	Phase II & III Environmental	%
Alternative Energy	%	Roofing Inspection	%
Building Envelope Review	%	Subsurface Conditions	%
Building/Home Inspection	%	Other:	%

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10. Please complete the following chart for your **annual gross billings** from the past fiscal year derived from the following **project owners**:

Federal Government	%	Private	%
State or Local Government	%	Other:	%
Institutional	%	<b>Total must equal 100%</b>	%

11. Please complete the following chart for your **annual gross billings** from the past fiscal year derived from the following **clients**:

Private Sector		Public Sector		Foreign	
Contractors	%	Local Gov't	%	Private Owner	%
Design Firms	%	State Gov't	%	Governmental	%
Developers	%	Federal Gov't	%	Design Prof.	%
Owners	%	Other:	%	Other:	%
Other:	%	Other:	%	Other:	%

12. What percentage of your annual gross billings were derived from repeat clients? %

13. Are more than 50% of your annual gross billings from the past fiscal year derived from one client? Yes No

14. Does your firm work with other firms in joint ventures? Yes No  
*If yes, please provide details:*

15. Do you or any of your principals, partners, members, officers, directors, shareholders or immediate family members have an ownership interest in any entity **for whom professional services are being rendered by you or your firm**? Yes No  
*a. If yes, please provide details:*

*b. What is the percentage of combined ownership? %*

16. Are you controlled or owned by any other entity or individual **not employed by your firm**? Yes No

17. Are you or any parent, subsidiary or other related organization engaged in any of the following:

- |  |     |    |
|--|-----|----|
| a. Actual construction, fabrication, installation or erection  | Yes | No |
| b. Computer software development, for, or sales to, others   | Yes | No |
| c. Real estate development   | Yes | No |
| d. Designing, manufacturing, selling, leasing, or distributing any product, process or patented design | Yes | No |

*If yes to any of the above, please provide details, including relationships, description of the services performed, construction values, fees received and sample contracts in the Additional Notes section*

18. Have you 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 details:*

19. Please provide the breakdown of your design services based on your **total gross billings from the past fiscal year:**

- |   |   |
|---|---|
| Percentage with construction observation    | % |
| Percentage without construction observation | % |
| Construction review without design          | % |
| Plan checking without design                | % |
| Cost estimates without design               | % |

20. What percentage of your projects based on your gross billings from the past fiscal year were rendered under fast-track delivery method? %

21. Do you or any parent, subsidiary, or other related organization ever have single-point responsibility for both the design and construction of a project? Yes No

*If yes, please provide details:*

22. Please indicate the portion of your *total* gross billings from the past fiscal year paid to each of the following subconsultants:

Subconsultant	Insured for Professional Liability	Not Insured for Professional Liability
Architecture	%	%
Civil Engineering	%	%
Electrical Engineering	%	%
Geotechnical Engineering	%	%
Mechanical Engineering	%	%
Structural Engineering	%	%
Other:	%	%

#### IV. Risk Management

##### 23. Contracts

Please complete the following chart for your annual gross billings from the past fiscal year for each contract type listed:

Type of Contract	% of Total Gross Billings	Type of Contract	% of Total Gross Billings
Professional Association	%	Letter Agreement	%
Client Drafted	%	Verbal Agreement	%
Purchase Order	%	Other:	%
Your Standard Contract	%		

24. If verbal agreements are used, are you willing to use some form of written agreement on all projects? Yes    No    N/A

Please describe the situations when verbal agreements are used:

##### 25. Does your firm:

- a. require a signed contract prior to project number assignment or commencement of services? Yes    No
- b. follow a written in-house quality control manual? Yes    No
- c. have non-standard contracts reviewed by legal counsel or insurance broker for insurability prior to signing? Yes    No
- d. have a procedure for monitoring and collecting outstanding fees? Yes    No
- e. incorporate a limitation of liability provision in your agreements? Yes    No
  - If yes:*
    - Equal to your insurance limit? %
    - Less than your insurance limit? %
    - Limit:
      - Equal to amount of the fee? %
      - Less than amount of the fee? %
      - Limit:
- f. include a waiver of consequential damages in your agreements? Yes    No
  - If yes, what percentage?* %
- g. have a client selection process? Yes    No
- h. have a project selection process? Yes    No
- i. use an automated master specification system? Yes    No
  - If yes, on what percentage of projects?* %

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- j. design projects using a model based technology linked to a database of project information? Yes No  
*If yes, on what percentage of projects?* %
- k. have an in-house program of continuing education for professional employees? Yes No
- l. undergo either an internal or external peer review for all instruments and deliverables? Yes No  
*If yes, what percentage internal?* %  
*what percentage external?* %
- m. perform project file audits on a routine basis? Yes No
- n. engage your clients in a pre project planning process that results in a project definition document? Yes No  
*If yes, on what percentage of projects?* %
- o. engage in a documented constructability review process during project design with client and contractor representatives? Yes No  
*If yes, what percentage of projects receive such a review?* %
- p. For contract administration services:
- 1) *do you maintain a documented submittal or shop drawing log?* Yes No
  - 2) *what percentage of your construction phase submittal logs include both as-planned dates (dates from the contractor's submittal schedule) and actual dates you received and responded to each submittal?* %
- q. use written agreements with all subconsultants? Yes No
- r. require subconsultants to provide you with insurance certificates evidencing general and professional liability coverage? Yes No  
*If yes, are certificates updated annually?* Yes No

26. How many employees at your firm have attended a risk management seminar within the past year?

27. Which of the following best describes the seminar?

	Presented by Your Agent		Presented by Your Insurance Carrier
	Internet		Self Study
	Presented by Professional Society		Other:

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**V. Insurance Information**

28. Do you or any subsidiary or predecessor firm have any current outstanding professional liability deductible obligations? Yes      No  
*If yes, please provide details in the Additional Notes section.*

29. Complete the following chart for professional liability insurance coverage carried by your firm during the past five years. *If currently uninsured, please check here:*

	Carrier	Policy Period		Limits	Deductible Amount	Deductible Type	Premium	Retro Date
Current year			to					
Prior Year 1			to					
Prior Year 2			to					
Prior Year 3			to					
Prior Year 4			to					

30. Is there an endorsement on your current professional liability insurance that provides an additional limit for a specified project, client, or contract? Yes      No  
*If yes, please complete the Additional Limit Supplement.*

31. Do you currently carry General Liability? Yes      No  
*If yes,*  
*Carrier* *Policy Term* *to* *Limits*

**VI. Claim & Circumstance Information**

**For New Applicants Only - Please attach a current copy of carrier loss runs for the past five years.**

32. In the past three years, have you brought suit against any client to collect fees? Yes      No  
*If yes, please provide details:*

33. Do you currently have any **unresolved** fee disputes? Yes      No  
*If yes, please provide details:*

34. Has any professional liability claim or suit been made or brought against any of the following during the past 5 years or earlier if still pending:
- |  |     |    |
|--|-----|----|
| a. You, your firm or any member of your firm?  | Yes | No |
| b. Any predecessor firm?   | Yes | No |
| c. Any former member of your firm or predecessor firm for professional services while a member of such firm? | Yes | No |
- If yes, please provide details:*

35. Have you or any person or entity seeking coverage under this proposed policy ever been declined professional liability insurance or had such insurance non-renewed or cancelled, other than for non payment of premium? Yes No
- If yes, please provide details:*

36. Have any principals, partners, directors or officers ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No
- If yes, please provide details:*

37. After complete investigation and inquiry, do any principals, partners, officers, directors, members, shareholders, employees, or insurance managers have knowledge of any act, error, or omission, fact, incident, situation, unresolved job dispute (including owner-contractor disputes), accident, or any other circumstance that could be the basis for a claim under the proposed insurance policy? Yes No
- If yes, please provide details:*

***If you choose to change insurance carriers you must report knowledge of all incidents as described in question 37 to your current carrier prior to your current policy expiration. The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in questions 34 and 37 of this application.***

## **Fraud Warnings**

Attention applicants in NJ, NY and OH:

*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 may also be subject to a civil penalty.  
(In New York State, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)*

Attention applicants in PA:

*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 subjects such person to criminal and civil penalties.*

Notice of Free Trade Zone Filing:

***NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK STATE INSURANCE LAW AND REGULATIONS. HOWEVER, THE FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.***

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## VII. Signature and Authorization

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by the Insurance Company in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by the Insurance Company in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- The Insurance Company is authorized to make an investigation and inquiry in connection with this application.
- The Insurance Company is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title (please print)

**Important note:** This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by the Insurance Company. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

Additional Information / Notes: