DESIGN PROFESSIONAL ADVANTAGE

PROFESSIONAL LIABILITY POLICY APPLICATION

**NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE POLICY. THE LIMITS OF LIABILITY ARE REDUCED BY CLAIMS EXPENSE AND CLAIMS EXPENSE SHALL BE APPLIED TO THE SELF INSURED RETENTION. PLEASE READ THE POLICY CAREFULLY.**

Please

* Answer all questions completely.
* Attach additional pages if space is insufficient.
* Submit all requested information, documents or supplements.
* Have the Application signed and dated by an authorized corporate officer.

1. APPLICANT NAME:

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | State of Incorporation: |  |
|  |  | Email: |  |
| Telephone: |  | Website: |  |
|  |  |  |  |

2. TheApplicant has been in business since:      /

(Month) (Year)

3. Business:

Corporation  Limited Liability Company  Partnership  Sole Proprietorship

Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

4. PREDECESSOR FIRMS (Provide Name(s) and date(s) organized)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. COMMON OWNERSHIP (Provide Name(s) and details)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Coverage Desired  Yes  No

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Coverage Desired  Yes  No

6. What professional associations does the firm and/or staff belong to?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. PERSONNEL:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Architects | Engineers | Land Surveyors | Landscape Architects | All Other | Total |
| Principals |  |  |  |  |  |  |
| Staff |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

8. GEOGRAPHY: (Please provide the percentage of your firm’s gross fees attributable to the following.)

USA      % Canada      % Europe      % Asia     % Other     %

Please List Other:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| State:       % | State:       % | State:       % | State:       % |
| State:       % | State:       % | State:       % | State:       % |

9. GROSS FEES: (Please provide your firm’s Gross Fees for the following years. Gross Fees means the exact dollar amount of your firm’s gross revenue, but not interest income or rental income)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Next Year | Current Year | Last Year | 2 Years Ago |
| Date: | MM /DD /YYYY       /     / | MM /DD /YYYY       /     / | MM /DD /YYYY       /     / | MM /DD /YYYY       /     / |
| Direct Reimbursable  Expenses: | $ | $ | $ | $ |
| Separately Insured  Projects: | $ | $ | $ | $ |
| Gross Fees: | $ | $ | $ | $ |

10. Professional Disciplines: (Please provide the percentage of your firm’s gross fees attributable to the following disciplines. The total must equal 100%)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Acoustical Engineer | % | Fire Protection Engineering | % | Mining Engineering | % |
| Architecture | % | Forensic Engineering | % | Naval / Marine Engineering | % |
| Chemical Engineering | % | HVAC Engineering | % | Planning (Master / Space) | % |
| Civil Engineering | % | Interior Design | % | Process Engineering | % |
| Construction Management | % | Laboratory Testing | % | Soils (geotechnical) Engineering | % |
| Drafting | % | Land Surveying | % | Structural Engineering | % |
| Electrical Engineering | % | Landscape Architecture | % | Traffic Engineer | % |
| Environmental Engineering | % | Machinery Design | % | Other | % |
| Feasibility Studies | % | Mechanical Engineering | % | Other | % |

11. PROJECTS: (Please provide the percentage of your firm’s gross fees attributable to the following types of projects. The total must equal 100%)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Airport Facilities | % | Houses – Single Family | % | Road/Highway | % |
| Airport Runways | % | Jails/Justice | % | School/College/University | % |
| Amusement Rides | % | Landfill/Solid Waste Facilities | % | Shopping Center/Retail | % |
| Apartments | % | Libraries | % | Storm Water | % |
| Assisted Living Facilities | % | Manufacturing/Industrial | % | Subdivisions | % |
| Bridges | % | Mass Transit | % | Tunnels | % |
| Churches | % | Multi-family excl. condominium | % | Warehouses | % |
| Condominiums\* | % | Nuclear | % | Water Treatment | % |
| Convention Center | % | Office Buildings | % | Water/Sewer Pipelines | % |
| Dams | % | Parking Structures | % | Utilities (Gas, Electric, Steam) | % |
| Environmental Remediation | % | Petrochemical | % | Other | % |
| Harbors/Piers/Ports | % | Pools | % | Other | % |
| Hospital/Health Care | % | Recreation/Sports/Arena | % | Other | % |
| Hotel/Motel | % | Restaurants | % | Other | % |

1. If, in the past five years, you have you worked on any type of residential Condominium project please provide details.

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1. Do you perform any actual construction or hire contractors to perform construction?  Yes  No

If you perform construction, hire contractors to perform construction or perform design/build please complete the Design/Build ● Contractors Supplement.

12. CLIENTS: (Please provide the percentage of your firm’s gross fees attributable to the following types of clients. The total should equal 100%)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contractors | % | Local Government | % | Military | % |
| Developers | % | State Government | % | Other Design Professionals | % |
| Owners | % | Federal Government | % | Other | % |

1. What percentage of the firm’s revenue is derived from repeat clients?       %
2. Does any single client make up more than 50% of your gross fees?  Yes  No

If yes, please explain:

13. SUBCONTRACTING: (Please provide the percentage of your firm’s gross fees attributable to the following types of subcontractors. The total should not equal 100%) None:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Architecture | % | Fire Protection Engineering | % | Plumbing Engineering | % |
| Civil Engineering | % | Forensic Engineering | % | Soils (geotechnical) Engineering | % |
| Electrical Engineering | % | Interior Design | % | Structural Engineering | % |
| Environmental Engineering | % | Mechanical Engineering | % | Other | % |

1. Do you require your subcontractors to have professional liability insurance?  Yes  No

If yes, what minimum limit of liability do you require them to carry? $

1. Do you obtain certificates of insurance from all subcontractors?  Yes  No
2. Do you have a written contract with your subcontractors?  Yes  No

If yes, does it have an indemnification clause benefiting your firm?  Yes  No

14. CONTRACTS: (Please provide the percentage of your firm’s gross fees attributable to the following types of contractors. The total should equal 100%)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your standard contract | % | A professional association contract | % | Oral agreement | % |
| Your letter of agreement | % | Your client’s contract | % | Other | % |

1. Does your firm enter into contracts which give ownership of your documents to clients?

Yes  No

If yes, do you use a written disclaimer regarding the reuse of those documents?

1. Does your firm use a limitation of liability clause in its contracts?  Yes  No

If yes, what is the typical limit of your liability? $

15. CLAIMS:

1. During the past five (5) years has the Applicantor any director, officer, employee or other proposed Insuredgiven notice under the provisions of any errors or omissions or professional liability policy of specific facts or circumstances which might give rise to a claim being made against any proposed Insured?

Yes  No If Yes, attach details.

1. During the past five (5) years, have any loss payments been made on behalf of any proposed Applicant under any errors or omissions or professional liability policy or similar insurance?

Yes  No If Yes, please complete the Claims Supplement

1. Does the Applicant, director, officer, employee or other proposed insured have knowledge or information of any fact, circumstance, situation, or event which could give rise to a claim in the future?

Yes  No If yes, please explain

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1. Is the Applicant currently involved in a suit for fees?

Yes  No If yes, please explain

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16. INSURANCE:

1. Has any insurer declined, cancelled or refused to renew and similar insurance for you firm or any predecessor firm? (N/A in Missouri)  Yes  No If yes, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

1. Has similar insurance been issued to the Applicant?  Yes  No If yes, please complete.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance Company | Premium | Limit of Liability | Deductible | Effective Date |
|  | $ | $ | $ | MM /DD /YYYY       /     / |
|  | $ | $ | $ | MM /DD /YYYY       /     / |
|  | $ | $ | $ | MM /DD /YYYY       /     / |
|  | $ | $ | $ | MM /DD /YYYY       /     / |
|  | $ | $ | $ | MM /DD /YYYY       /     / |

1. What is the retroactive date? Month:      / Day:      / Year:     , Full Prior Acts , None

17. Attach the following materials regarding the Applicant:

* The latest financial statement including balance sheet if the desired SIR is in excess of $25,000
* Copies of the firm’s standard contracts used with their clients if other than professional association form
* A brief description of ten previous projects performed by the Applicant
* Resumes for the principals and key employees
* Past five (5) years loss runs

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE UNDERWRITER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HEREWITH INCLUDING ANY WEBSITES ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE UNDERWRITER IN ISSUING ANY POLICY.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE UNDERWRITER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY.

THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

## WARNING

|  |
| --- |
| **ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S) HE 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.** |

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER 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 MAY BE GUILTY OF INSURANCE FRAUD WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE INCLUDING ATTACHMENTS AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signed: |  |  |  |  |  |  |
|  | | | | | | |
| Must be signed by corporate officer with authority to sign on Applicant’s behalf | | | | | | | |
|  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |
|  | Day |  | Month |  | Year |  |

DESIGN PROFESSIONAL ADVANTAGE APPLICATION

DESIGN/BUILD ● CONTRACTORS PROFESSIONAL

SUPPLEMENT

Please complete this form if the Applicant performs actual construction and/or provides professional services using the design build delivery method.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | This Year |  | Next Year |  |
|  | Construction  Values | Professional  Fees | Construction  Values | Professional  Fees |
| Design Only – No Construction: | $ | $ | $ | $ |
| Construction Management  At Risk | $ | $ | $ | $ |
| Construction Management  Agency | $ | $ | $ | $ |
| Construction Only – No Design | $ | $ | $ | $ |
| Design/Build – In House Design | $ | $ | $ | $ |
| Design/Build – Subcontracted Design | $ | $ | $ | $ |
| Other: | $ | $ | $ | $ |
| Total | $ | $ | $ | $ |

1. Do you require your subcontractors to have commercial general liability (CGL) and professional liability insurance?  Yes  No
2. If yes, what minimum limit of liability do you require them to carry? $
3. In the past five years have you worked on any type of residential Condominium project?

Yes  No If yes, please provide details.

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1. Do you require subcontractors to name you as an additional insured on their CGL policy?

Yes  No

1. Do you require subcontractors to obtain a waiver of subrogation in your name on their CGL policy?

Yes  No

1. Do you obtain certificates of insurance from all subcontractors?  Yes  No
2. Do you have a written contract with your subcontractors?  Yes  No
3. If yes, does it have an indemnification clause benefiting your firm?  Yes  No
4. Do you have a written in-house quality control procedure?  Yes  No If yes, when was it last updated? Month:      / Day:      / Year:
5. Do you have a written health and safety manual?  Yes  No If yes, when was it last updated? Month:      / Day:      / Year:
6. What is your worker’s compensation experience mod?
7. Are you aware of any unresolved construction disputes including an unexcused delay, a budget overrun or a change an unapproved change order?  Yes  No If yes, please explain

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever defaulted, failed to complete a contract, had liquidated damages assessed or been removed from a project?  Yes  No If yes, please explain

 \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESIGN PROFESSIONAL ADVANTAGE APPLICATION

CLAIMS SUPPLEMENT

Please complete this form if the Applicant is aware of any claims as indicated in Questions 15 (a), 15 (b) and 15 (c) of the Application (including any circumstances reported to previous insurers which have not developed into claims) during the last five (5) years.

1. Name of Applicant:

2. Name of Member of Staff involved in claim:

3. Name of (potential) claimant:

4. Date of incident:       Date claim was made:

5. Under which policy was the claim made?

Carrier:

Policy No.:

6. Status of claim:  Closed  Open

If Closed, please indicate Total Loss Paid:      (including defense expenses)

If Open, please indicate:

* Total defense costs and expenses to date:
* Damages or other relief sought by the claimant(s):
* Insurers loss reserve:

7. Please provide the following details:

* the specific act, error or omission upon which the claimant bases the claim.
* a brief description of the claim.
* details of the risk management steps that the Applicant has taken to avoid a similar claim in the future.

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Signed:        Date:

DESIGN PROFESSIONAL ADVANTAGE APPLICATION

PROJECT DESCRIPTION SUPPLEMENT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | 1. Project Name/Client | | Services Provided | | Construction Value: Date Completed: | | 1. Project Name/Client | | Services Provided | | Construction Value: Date Completed: | | 1. Project Name/Client | | Services Provided | | Construction Value: Date Completed: | | 1. Project Name/Client | | Services Provided | | Construction Value: Date Completed: | | 1. Project Name/Client | | Services Provided | | Construction Value: Date Completed: | |
| |  | | --- | | 1. Project Name/Client | | Services Provided | | Construction Value: Date Completed: | |
| |  | | --- | | 1. Project Name/Client | | Services Provided | | Construction Value: Date Completed: | | 1. Project Name/Client | | Services Provided | | Construction Value: Date Completed: | | 1. Project Name/Client | | Services Provided | | Construction Value: Date Completed: | |  | |
| 1. Project Name/Client |
| Services Provided |
| Construction Value: Date Completed: |