

# IJU Agency Ltd.

## Architects Professional Liability Form

(Please fill out to the best of your ability.)

### Part I: General Information

Name : \_\_\_\_\_

Entity Type (LLC, Sole Proprietorship, Partnership, Corporation...): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Website \_\_\_\_\_ FEIN #: \_\_\_\_\_

Type of business: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Years In business: \_\_\_\_\_ Current Insurance Company: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Premium: \_\_\_\_\_

Have you had any claims in the last 5 years, if yes, please elaborate:

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

Please indicate # of licensed professionals in each category:

	Architects	Engineers	Land Surveyors	Landscape Architects	All Others
Principal, Partners, Officers, Directors					
Staff					
Total Licensed					

### Part II: Business Information

Does your firm use in-house quality control procedures: \_\_\_\_\_

Does your firm have an automated master specification system: \_\_\_\_\_

Does your firm have an in-house program for continuing education: \_\_\_\_\_

Does your firm have a TQM Program: \_\_\_\_\_

Does your firm participate in an organizational peer review: \_\_\_\_\_

### Part III: Gross Annual Earnings

Prior Fiscal Year	\$
Current Fiscal Year (Estimated)	\$
Projected Next Fiscal Year	\$

### Part IV: Gross Annual Revenue For The Prior Fiscal Year By Practice Area

Architecture	%
Forensic Engineering	%
Civil Engineering	%
HVAC Engineering	%
Construction Management	%
Interior Design	%
Transportation Engineering	%
Electrical Engineering	%
Landscape Architect	%
Environmental Permitting	%
Land Surveying	%
Chemical Engineering	%
Management Consulting	%
Mining Engineering	%
Geotechnical Engineering	%
Alarm Systems/Fire Protection	%
Laboratory Testing	%
Marine Engineering	%
Nuclear Engineering	%
Oil/Gas Well Engineering	%
Other	%

\*Total Must Reach %100

### Part V: Billing Information

	Most Recently Completed Twelve Months	Second Most Recently Completed Twelve Months	Estimated Billings For Next Twelve Months
Feasibility studies, reports, opinions			
Landscape Architecture			
Land Surveying			
Interior Design			
Abandoned Projects			
All Other Billings			
Direct Reimbursements (Travel Per Diem)			
<b>Total Gross Billings</b>			

Please provide the % of billings paid to Consultants: \_\_\_\_\_

% of consultants carry Professional Liability Insurance: \_\_\_\_\_

Less than 10% of our firm's billings come from the following services: soil, process, chemical, nuclear, marine, mining engineering, product design, home inspections, asbestos abatement (YES or No):  
\_\_\_\_\_

Less than 10% of our firm's billings are derived from pollution cleanup, remediation or containment, underground storage tanks, air emission controls, landfills, superfund sites, environmental permitting, or industrial piping or processes (Yes or No): \_\_\_\_\_

What types of projects as a percentage of gross billings did you complete last fiscal year:

Airport Facility	%	Library	%
Airport Terminals	%	Manufacturing / Industrial	%
Amusement Rides	%	Multi-Family Residential Excluding Condominiums	%
Apartments	%	Nuclear / Atomic	%
Assisted Living Facilities	%	Office Buildings / Banks	%
Bridges	%	Parking Structures	%
Churches / Religious	%	Parks / Playgrounds / Pools	%
Condos / Co-ops	%	Petro Chemical	%
Convention Center / Arena	%	Portable Water System	%
Dams	%	Real Estate Development	%
Dormitories	%	Recreation / Sports	%
Environmental Remediation	%	Roads / Highways	%
Harbor / Piers / Ports	%	School / Colleges	%
Hospitals / Healthcare	%	Shopping Center / Retail Store / Restaurants	%
Hotels / Motels	%	Storm Water System	%
Houses / single Family Residential	%	Tunnels	%
Industrial Waste Treatment	%	Warehouses	%
Jails / Justice	%	Water / Sewer Pipelines	%
Landfills /Solid Waste Facility	%	Utilities	%

Other information that you feel may help us better understand your needs:

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Notice

**This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.**

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Submitted By (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_