

ADMIRAL INSURANCE COMPANY
520 Pike Street, Suite 2929
Seattle, Wa 98101
Phone (206) 467-6511 – Fax (206) 467-6557
Internet: <http://www.admiralins.com>

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

1. Name of Applicant: _____
(If Partnership or corporation, show firm)
2. Address: _____
Street City State Zip Code
3. Addresses of all Branch Offices: _____

4. Internet Address: _____
5. When was firm established: _____ / _____ / _____
(Month) (Day) (Year)
6. Is firm: _____ Sole Proprietorship _____ Partnership _____ Corporation _____ Other _____
7. 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 (including dates) by separate attachment:
8. Staff:
- | | | |
|----|--|-------|
| 1. | Principals, Partners, Officers and Directors: | _____ |
| 2. | Architects, Landscape Architects | _____ |
| 3. | Land Surveyors, Engineers | _____ |
| 4. | Information Technology | _____ |
| 5. | Draftsmen, Programmers and other Technical Personnel | _____ |
| 6. | Clerical, Accounting, Non- Technical | _____ |
| 7. | Total Staff | _____ |
- By attachment please include resume of principles/officers/partners.
9. States in which a Professional License is held: _____
10. Foreign Work? _____ Yes _____ No. If Yes, please give full details including which countries: _____

11. Please describe in detail the Professional activities for which coverage is desired: _____

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

13. To what Professional Associations does the Applicant belong? _____

14. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, erection, manufacturing, fabrication? _____ Yes _____ No If Yes, please give details & project list –5 largest projects, by separate attachment.
15. Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? _____ Yes _____ No If Yes, please give full details by separate attachment.
16. Does the Applicant provide professional services on projects in which any principal officer, director or shareholder or an immediate family member of such person retains any ownership interest? _____ Yes _____ No
If Yes, please attach a complete description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds.

17. Please indicate the percentage of the following disciplines or services in which the Applicant is engaged: (Total Must Equal 100%)

Acoustical Engineering	_____ %	Land Surveying	_____ %
Architecture	_____ %	Laboratory Testing	_____ %
Asbestos Inspection, Testing or		Machine/Equipment Design	_____ %
Abatement Design	_____ %	Mechanical Engineering	_____ %
Chemical Engineering	_____ %	Mining Engineering	_____ %
Civil Engineering	_____ %	Naval/Marine Engineering	_____ %
Communication Engineering	_____ %	Process Engineering	_____ %
Construction Management-Agency (Owner's Rep)	_____ %	Project Management	_____ %
Construction Management-At Risk	_____ %	Soil/Geotech Engineering	_____ %
Electrical Engineering	_____ %	Structural Engineering	_____ %
Environmental Consulting/Engineering	_____ %	Other (Please Specify Below)	_____ %
Forensic Engineering/Services	_____ %	_____	_____ %
HVAC Engineering	_____ %	_____	_____ %
Inspection or Certification*	_____ %	_____	_____ %
Interior Design	_____ %	_____	_____ %
Landscape Architecture	_____ %	_____	_____ %

18. Please indicate the approximate percentage of billings derived from the following types of services: (Total Must Equal 100%)

a. Feasibility studies, reports, surveys where applicant is not involved in design	_____ %
b. Design without supervisory services	_____ %
c. Design & Observation	_____ %
d. Design with responsibility in directing the contractors	_____ %
e. Construction observation without design	_____ %
f. Inspection services on existing structures	_____ %
g. Inspections of home/commercial properties for prospective buyers or lenders	_____ %
h. Manufacture, sale or distribution of any product or process	_____ %
i. Development, sale or leasing of computer software to others	_____ %
j. Design with responsibility in directing the contractor	_____ %
k. Other: _____	_____ %

19. Please indicate the approximate percentage of billings derived from each project type: (TOTAL MUST EQUAL 100%)

<u>COMMERCIAL</u>		<u>INDUSTRIAL</u>	
Apartments	_____ %	Industrial Waste Treatment	_____ %
Convention Centers	_____ %	Landfills	_____ %
Hospitals/Healthcare	_____ %	Manufacturing/Industrial	_____ %
Hotels/Motels	_____ %	Nuclear Facilities	_____ %
Libraries	_____ %	Petrochemical/Refineries	_____ %
Office Buildings	_____ %	Power Plants/Utilities	_____ %
Parking Structures	_____ %	Sewage Treatment Plants	_____ %
Schools/Colleges	_____ %	Superfund/Pollution	_____ %
Shopping Centers/Retail	_____ %	Water Systems	_____ %
Warehouses	_____ %	Water Treatment Plants	_____ %
<u>RESIDENTIAL</u>		<u>TRANSPORTATION</u>	
Condominiums	_____ %	Airport Runways/Taxiways	_____ %
Custom Homes	_____ %	Bridges	_____ %
Single Family Dwellings	_____ %	Harbors/Piers/Ports	_____ %
Tract Homes/Subdivisions	_____ %	Mass Transit/Light Rail/Subway	_____ %
<u>MISCELLANEOUS</u>		Roads/Highways	_____ %
Amusement Rides	_____ %	Traffic Planning	_____ %
Churches	_____ %	Tunnels	_____ %
Dams	_____ %	<u>OTHER</u>	
Jails/Justices	_____ %	_____	_____ %
		_____	_____ %
		_____	_____ %

20. Does the Applicant foresee any substantial changes in the percentages of items 16-21 during the next twelve months?
 _____ Yes _____ No If Yes, please give details: _____

21. TYPES OF CLIENTS (FOR WHOM DO YOU PROVIDE YOUR SERVICES?)

General Contractors _____ %	Federal Government _____ %	Real Estate Developers _____ %
Property Owners _____ %	State Government _____ %	Other _____ %
Other Design Prof _____ %	Local Government _____ %	_____ %

22. Please complete this table with your revenue information. If you are not a design/build firm, complete only a. and e.

	Estimate for Next 12 Months	Past 12 Months
a. Total Gross Revenue for all Operations	\$ _____	\$ _____
b. Design/Construction	\$ _____	\$ _____
c. Design Only	\$ _____	\$ _____
d. Construction Only	\$ _____	\$ _____
e. Total Construction Values	\$ _____	\$ _____

23. What percentage of the Applicant's practice involves subcontracting of work to others _____ %

a. Type of work subcontracted and percentage for each: _____

b. Is evidence of professional liability insurance from consultants required? _____ Yes _____ No

c. What limit of liability is required? _____

d. Do subcontractors hold the applicant harmless by contract? _____ Yes _____ No If Yes, attach a copy.

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

25. Does the Applicant work with other firms in Joint Ventures? _____ Yes _____ No
 BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES.

26. Does the Applicant offer Mold or Contaminants Inspection Services? _____ Yes _____ No If Yes, please provide details.
 BASIC POLICY EXCLUDES COVERAGE FOR MOLD AND CONTAMINANTS

27. Please detail Architects and Engineers Professional Liability Coverage for the last FIVE YEARS.

Insurance Company	Premium	Limits	Deductible	Policy Period
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

28. What is the retroactive date on your current policy? _____

29. Does the Applicant carry Commercial General Liability coverage? _____ Yes _____ No If Yes, please give details:

Insurance Company	Type of Coverage	Limits	Policy Term
-------------------	------------------	--------	-------------

30. Has any application for Architects and 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 cancelled or renewal refused?

_____ Yes _____ No If Yes, please give details: _____

31. Has any claim ever been made against the firm or any persons named in Item No. 1 or Item No. 8? _____ Yes _____ No
If Yes, please complete the Supplemental Claim Information Form at the end of this application for each and every claim. Please attach five years of currently valued company loss runs to this application.

32. After inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance which may result in a claim being made against them? _____ Yes _____ No
If Yes, please give details including whether or not the circumstance has been reported to any of your insurance carriers. _____

33. Does the Applicant have a Risk Management and Risk Control Program in place? _____ Yes _____ No
Who is responsible for that Program? _____ Title _____

34. Coverage requested: Limit _____ Deductible _____

Please include the following information with this application:

- a. List of the 10 largest jobs in the last five years.
Detail: (1) project name; (2) type of structure; (3) services performed; and (4) construction values
- b. Copy of the firm's brochure
- c. Copy of the firm's latest income statement, annual report or 10-K

I/We warrant that the information contained herein is true and understand that the Application for Architects and Engineers Professional Liability Insurance shall be the basis for the contract of insurance should a policy be issued and that this Application together with any supplement will be attached to and become part of the policy issued.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

The LIMITS OF LIABILITY stated in the Policy are reduced by CLAIM EXPENSES. CLAIM EXPENSES are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker.

Date: _____ Signature: _____

Title: _____

(Owner, Partner, Authorized Officer)