

CID Insurance Programs Inc. DBA CID Insurance Services

Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage)

1) Full Name of Applicant:
(If Partnership or corporation, show firm)

2) Mailing Address:

3) Addresses of all Branch Offices

4) Federal Identification No:

5) Internet Address

6) When was Firm established

7) Is Firm: Sole Proprietorship Professional Corporation
 Partnership LLC
 Corporation Other - Please Describe

8) Has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place or are any planned within the next 12 months? If yes, please provide details below. YES NO

9) Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? If Yes, please provide details below. YES NO

10) Staff

1. Principals, Partners, Officers and Directors	<input type="text"/>	5. Draftsmen, Programmers and other Technical Personnel	<input type="text"/>
2. Architects, Landscape Architects	<input type="text"/>	6. Clerical, Accounting, Non-Technical	<input type="text"/>
3. Land Surveyors, Engineers	<input type="text"/>	7. Total Staff	<input type="text"/>
4. Information Technology	<input type="text"/>		

By attachment please include the resume of Principals/Officers/Partners.

11) States in which a Professional License is held:

12) Foreign Work? If Yes, please provide details below. YES NO

13) Please describe in detail the operations of your company:

14) Please describe in detail the Professional services for which coverage is desired:

15) Have any Principals, Partners or Officers of your Company ever been subject to disciplinary action by authorities as a result of their professional activities? If Yes, please give full details: YES NO

16) To what Professional Associations does the Applicant belong?

17) Does the Applicant or any subsidiary, parent or otherwise related entity , or do you hire subcontractors that engage in:

- a. Construction, installation, erection or fabrication YES NO
- b. Real Estate Development or Sales YES NO
- c. Manufacture, sale, lease or distribution of any product , or patented production process YES NO
- d. The development, sale or leasing of computer software or hardware to others YES NO
- e. Foundation or Shoring Projects YES NO
- f. Environmental Impact Projects YES NO
- g. LEED Projects YES NO
- h. Alternative Energy/Fuel Projects YES NO
- i. Offshore Projects YES NO

If Yes, please provide details.

18) 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 provide details including a completed description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds.

19) Please indicate the percentage of the following disciplines or services in which the Applicant is engaged:

Total must equal 100%.

Acoustical Engineering	<input type="text"/>	%	Land Surveying	<input type="text"/>	%
Architecture	<input type="text"/>	%	Laboratory Testing	<input type="text"/>	%
Asbestos Inspection, Testing or Abatement Design *	<input type="text"/>	%	LEED Consulting	<input type="text"/>	%
Chemical Engineering	<input type="text"/>	%	Machine/Equipment Design	<input type="text"/>	%
Civil Engineering	<input type="text"/>	%	Mechanical Engineering	<input type="text"/>	%
Communication Engineering	<input type="text"/>	%	Mining Engineering	<input type="text"/>	%
Construction Management - Agency (Owners Rep)	<input type="text"/>	%	Naval/Marine Engineering	<input type="text"/>	%
Construction Management - At Risk	<input type="text"/>	%	Process or Control Systems Engineering	<input type="text"/>	%
Electrical Engineering	<input type="text"/>	%	Project Management	<input type="text"/>	%
Environmental Consulting or Engineering	<input type="text"/>	%	Remediation *	<input type="text"/>	%
Forensic Engineering	<input type="text"/>	%	Soil/Geotech Engineering	<input type="text"/>	%
HVAC Engineering	<input type="text"/>	%	Structural Engineering	<input type="text"/>	%
Inspection or Certification: *	<input type="text"/>	%	Other	<input type="text"/>	%
Interior Design	<input type="text"/>	%	Other	<input type="text"/>	%
Landscape Architecture	<input type="text"/>	%	Other	<input type="text"/>	%

* Please provide details on types of structures being tested, inspected, abated and remediated:

20) 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	<input type="text"/>	%
b. Design without supervisory services	<input type="text"/>	%
c. Design & Observation	<input type="text"/>	%
d. Construction observation without design	<input type="text"/>	%
e. Construction Administrative Services	<input type="text"/>	%
f. Construction Stake-out	<input type="text"/>	%
g. Boundary Surveys	<input type="text"/>	%
h. Other	<input type="text"/>	%

21) Please indicate the approximate percentage of billings derived from each project type:

(Total Must Equal 100%).

<u>COMMERCIAL</u>		<u>MISCELLANEOUS</u>	
Apartments	<input type="text"/> %	Amusement Rides	<input type="text"/> %
Convention Centers	<input type="text"/> %	Churches	<input type="text"/> %
Hospitals/Healthcare	<input type="text"/> %	Dams	<input type="text"/> %
Hotels/Motels	<input type="text"/> %	Jails/Justices	<input type="text"/> %
Libraries	<input type="text"/> %		
Office Buildings	<input type="text"/> %	<u>INDUSTRIAL</u>	
Parking Structures	<input type="text"/> %	Industrial Waste Treatment	<input type="text"/> %
Schools/Colleges	<input type="text"/> %	Landfills	<input type="text"/> %
Shopping Centers/Retail	<input type="text"/> %	Manufacturing/Industrial	<input type="text"/> %
Warehouses	<input type="text"/> %	Petrochemical/Refineries	<input type="text"/> %
Hospital/Healthcare	<input type="text"/> %	Sewage Systems	<input type="text"/> %
		Sewage Treatment Plants	<input type="text"/> %
<u>RESIDENTIAL</u>		Superfund/Pollution	<input type="text"/> %
Condominiums	<input type="text"/> %	Water Systems	<input type="text"/> %
Custom Homes	<input type="text"/> %	Water Treatment Plants	<input type="text"/> %
Single Family Dwellings	<input type="text"/> %		
Tract Homes/Subdivisions	<input type="text"/> %	<u>TRANSPORTATION</u>	
		Airport Runways/Taxiways	<input type="text"/> %
<u>ENERGY</u>		Bridges	<input type="text"/> %
Fuel - Biodiesels/Biofuel/ Ethanol Plants	<input type="text"/> %	Harbors/Piers/Ports	<input type="text"/> %
Geothermal Systems	<input type="text"/> %	Mass Transit/Light Rail/Subway	<input type="text"/> %
Nuclear Facilities	<input type="text"/> %	Roads/Highways	<input type="text"/> %
Power Plants/Utilities	<input type="text"/> %	Traffic Planning	<input type="text"/> %
Solar/Wind - Alternative Energy	<input type="text"/> %	Tunnels	<input type="text"/> %
		Other	<input type="text"/> %
		Other	<input type="text"/> %

22) Does the applicant foresee any substantial changes in the types of projects indicated in this application during the next 12 months? If yes, please provide details? YES NO

23) Have the types of projects indicated in this application changed during the previous 12 months? If Yes, please provide details: YES NO

24) Types of Clients

Contractors	<input type="text"/>	%	Institutional	<input type="text"/>	%	Other	<input type="text"/>	<input type="text"/>	%
Commercial Property Owners	<input type="text"/>	%	Local Government	<input type="text"/>	%	Real Estate Developers	<input type="text"/>	<input type="text"/>	%
Federal Government	<input type="text"/>	%	Other Design Prof	<input type="text"/>	%	Residential Property Owners	<input type="text"/>	<input type="text"/>	%
Industrial	<input type="text"/>	%	Other	<input type="text"/>	%	State Government	<input type="text"/>	<input type="text"/>	%

	Estimated for Next 12 Months	Previous 12 Months
25) a. Total Gross Revenue for all Operations	\$ <input type="text"/>	\$ <input type="text"/>
b. Design / Build	\$ <input type="text"/>	\$ <input type="text"/>
c. Design Only (No responsibility for construction)	\$ <input type="text"/>	\$ <input type="text"/>
d. Construction Only (No responsibility for Design)	\$ <input type="text"/>	\$ <input type="text"/>
e. Other Professional Fees: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
f. Total Construction Values	\$ <input type="text"/>	\$ <input type="text"/>

26) Does applicant use AIA B801 contract for their Construction Management services? YES NO

If No, please advise what contract forms you do use:

What % of the time do you use AIA B801 contract when providing Construction Management services? %

27) If the Applicant has any direct or indirect responsibility for the design or re-design of HVAC systems, please comment on any engineering or administrative controls that are routinely employed to insure acceptable indoor air quality.

28.) If the Applicant is involved in the selection of furnishings or building materials, comment on any controls or procedures that are employed to minimize the introduction of sources of chemical contamination into public buildings.

29. What percentage of the Applicants practice involves subcontracting of work to others? %

a. What type of work is being subcontracted?

b. Is evidence of insurance from consultants required? YES NO

c. What limit of liability is required?

d. Do subcontractors hold the applicants harmless by contract? YES NO

If Yes, please attach a copy.

e. If you indicated that you subcontract out design work, do you subcontract out 100% of design work and professional services? YES NO

30) Does any one contract or client represent more than 50% of annual work? YES NO

If Yes, please provide details:

31) Does applicant use written contracts or letters of agreement? YES NO
 Are these contracts or letters of agreement reviewed by your legal counsel prior to signing? YES NO

32) Has applicant, related entity, subsidiary or predecessor in interest ever filed for bankruptcy under chapter 7 or chapter 11 or do they have plans to file bankruptcy under chapter 7 or chapter 11? YES NO
 If Yes, please provide details.

33) Does the Applicant work with other firms in Joint Ventures? YES NO
 If coverage is desired, request Joint Venture Supplemental Application.

34) Please detail Prior Architects and Engineers Professional Liability Coverage for the last FIVE YEARS starting with the most current year.

Insurance Company	Premium	Limits	Deductible	Policy Period	Retro Date

35) 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	Premium	Limits	Effective From/To

36) 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 provide details:

37) Has any claim ever been made against the firm or any principals, partners or officers? YES NO
 If Yes, please complete the Supplemental Claim Information Form with your submission of this application. [Form Link](#)

38) 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 possibly result in a claim being made against them? YES NO
 If Yes, please provide details.

If Yes, have these issues been reported to your carrier. YES NO

39) In the past 10 years, has the applicant reported a claim for Bodily Injury or Property Damage under your CGL policy where payments or reserves, including your deductible, have exceeded \$100,000? YES NO
If Yes, please provide details on a separate attachment - include claimant name/details of bodily injury or property damage/ date the claim was reported to CGL carrier, total incurred amount (paid and reserved).

40) Does the applicant have any pending dispute concerning the payment of fees or for services rendered? YES NO
If Yes please provide details .

41) Does the applicant have any pending disputes concerning the payment of fees to you for services or products rendered? YES NO
If Yes please provide details .

42) Has the applicant testified, provided expert testimony or given a deposition or statement in any dispute or proceedings where a claim has been made or suit filed against any party to the work or project where you provided any services or products? YES NO
If Yes please provide details .

43) Has the applicant made any adjustments or goodwill payments in any dispute involving any services or products? YES NO
If Yes please provide details .

44) Coverage requested: Limit: Deductible:

45) Does the Applicant have Risk Management and Risk Control Program in place? YES NO
a. Who is responsible for that Program?
Title: Contact E-mail:
Phone Number

Please include the following information with this application:

- a. A list of 10 largest jobs in the last five years.
Detail : (1) Project Name; (2) Type of Structure; (3) Services Performed; (4) Construction Values; (5) Revenues.
- b. A copy of the firm's brochure (s).
- c. A sample contract for LEED projects.
- d. Currently valued carrier loss runs for all years you have carried professional liability insurance.
- e. Resumes on principals of firm.
- f. Copy of standard contract used with clients.

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application and that this Application will be made part of the policy. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims made form.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

SIGN HERE

Current Date:

Title

If you prefer not to return application with an electronic signature, please print and sign Below:

Signature of Applicant or Authorized Representative

SIGN HERE

Current Date:

Title