



NOTICE: This application is for a CLAIMS MADE POLICY. Except as may be otherwise provided herein, this coverage is limited to liability for only those claims which are first made against the insured and reported to the Company during the policy period.

1. Name of Applicant/Firm _____
 Street Address _____
 City _____ State _____ Zip _____
 Website Address _____

2. Date Current Firm was Established _____

3. Is Applicant firm a Corporation LLC Partnership Sole Proprietorship

4. List all names and locations of branch offices on the Attachment to TUAЕ T-10 provided.

5. If the name of the Applicant has ever changed, or if there has been a consolidation, dissolution or change in business structure, please provide details listing each firm in chronological order and specify date of change. If the predecessor firms are not listed they will not be included for coverage. If firms are accepted for coverage they will be listed on the Policy. Without direct lineage or being the source of the current firm, a firm will not be considered a predecessor.

Name of Predecessor Firm(s)	Date Established
_____	_____
_____	_____
_____	_____

6. Indicate the percentage of the following disciplines in which the Applicant is engaged.
 NOTE: Total must equal 100 percent.

- | | | |
|------------------------------------|------------------------------|----------------------------|
| ___ Acoustical Engineering | ___ HVAC Engineering | ___ Mining Engineering |
| ___ Architecture | ___ Interior Design | ___ Nuclear Engineering |
| ___ Asbestos Testing/Abatement | ___ Land Surveying | ___ Process Engineering |
| ___ Chemical Engineering | ___ Landscape Architecture | ___ Soils Engineering |
| ___ Civil Engineering | ___ Machine/Equipment Design | ___ Structural Engineering |
| ___ Construction Management | ___ Marine Engineering | ___ Traffic Engineering |
| ___ Electrical Engineering | ___ Materials Testing | ___ Other (Specify) _____ |
| ___ Energy Conservation Consultant | ___ Mechanical Engineering | ___ Other (Specify) _____ |

7. List all Principals, Partners, Owners or Officers. (If needed, see Attachment to TUAЕ T-10 for additional space.)
 If firm has been in existence for less than two years, supply a resume of each principal including prior project experience.

Name	College/Degree	Years in Practice	Date Licensed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. To what professional organizations(s) does the Applicant belong? _____

9. What, if any, continuing educations programs has the Applicant attended during the past year? _____

10. Please indicate the states in which the Applicant or staff as individuals is licensed. If any state accounts for more than 25 percent of the overall work volume, please indicate percentage by state.

_____ % _____ % _____ %
_____ % _____ % _____ %

11. Has any member of the Applicant ever been the subject of complaint to or disciplinary action by authorities as a result of their professional activities? Yes No

If Yes, please provide full details. _____

12. Has the Applicant, predecessors in business or any other person for whom coverage is being requested had any professional liability application denied, policy canceled or policy not renewed? Yes No

If "Yes," please explain. _____

13. Does your firm use written contracts on every project? Yes No

If No, please provide the percentage of past 12 months' billings where oral agreements were used. _____ %

14. Please specify the approximate percentage of your firm's professional services rendered under AIA or EJCDC standard forms of agreement. _____ %

15. If non-standard contracts or modified AIA or EJCDC contracts of "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing? Yes No

16. Has the Applicant or its predecessor in business carried similar professional liability insurance? Yes No

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

a) Please provide retroactive date on current policy. _____ (month/day/year)

b) Please provide requested **Limits** for your quotation: _____ **Deductible:** _____

c) Does the Applicant maintain General Liability Insurance? Yes No

If Yes, please specify:

Insurance Carrier	Limit	Expiration Date
_____	_____	_____

d) Is the Applicant covered by any specific professional liability project policy? Yes No

If Yes, please provide full details including name and location of project as well as name of insurance company.

17. a) Gross Fees are to be reported on an accrual basis (whether collected or not). Gross Fees are defined as the exact dollar amount of gross income including fees paid to consultants and direct reimbursables but not including Joint Venture Fees, interest income or rental income.

	Last Year		Present Year		Projected for Upcoming Year	
	From _____	To _____	From _____	To _____	From _____	To _____
Total Gross Annual Fees:	\$ _____		\$ _____		\$ _____	
Total Construction Values:	\$ _____		\$ _____		\$ _____	
Total Gross Annual Payroll:	\$ _____		\$ _____		\$ _____	

b) Total Number of Staff:	Full Time	Part-Time
Principals	_____	_____
Architects/engineers and other technical staff (excluding principals)	_____	_____
Clerks, typists, accountants and other non-technical staff	_____	_____

18. a) Does the Applicant's practice involve subletting or subcontracting work to others? Yes No
 If "Yes," specify what disciplines are sublet or subcontracted:

- b) Is evidence of professional liability coverage required of all sub-consultants? Yes No

- c) If "No," specify the subcontracted disciplines that are not required to maintain professional liability coverage:

- d) Indicate fees paid to sub-consultants:

Past Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
\$ _____	\$ _____	\$ _____

19. Does, has or will the Applicant provide professional services on projects resulting in construction outside the United States or Canada? Yes No

If yes, to ensure coverage, please provide a detailed listing of such projects including name, location, client gross fees, construction value and date of completion.

20. Does the Applicant or any enterprise financially related to the Applicant or the Applicant's principals, partners, directors or officers engage in any of the following:

Construction, erection, fabrication or installation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacturer, sale or distribution of any goods, products or process	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real estate development	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asbestos testing/detecting/abatement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pollution Control Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes" to any of the above, please attach a description of services provided.

21. Does the Applicant ever perform services on a salaried or annual retainer basis? Yes No

If "Yes," please provide full details. _____

22. Does any one client or contract represent more than 50 percent of annual gross income? Yes No
 If "Yes," please provide the name of the client or contract and provide the actual percentage. _____ %

23. a) Please indicate percentages of the type of projects undertaken. NOTE: Total must equal 100 percent.
- | | | |
|--------------------------------------|----------------------------------|---------------------------------|
| ____ Airports | ____ Hotels/Motels | ____ Recreation/Sports |
| ____ Airport Runways | ____ Industrial Waste Treatment | ____ Roads/Highways |
| ____ Amusement Rides/Water Slides | ____ Jails | ____ Schools/Colleges |
| ____ Bridges under 500 feet | ____ Landfills | ____ Sewage Treatment Plants |
| ____ Bridges over 500 feet | ____ Low Income Housing | ____ Sewer/Water Lines |
| ____ Chemical/Processing Systems | ____ Manufacturing/Industrial | ____ Shopping Centers/Retail |
| ____ Churches/Synagogues | ____ Mass Transit | ____ Site Develop./Street Plans |
| ____ Condominiums/Townhouses | ____ Mining | ____ Superfund/Pollution |
| ____ Convention Halls/Stadiums | ____ Municipal Pumping Stations | ____ Tract Homes/Subdivisions |
| ____ Custom Homes | ____ Nuclear/Atomic | ____ Traffic Planning |
| ____ Dams | ____ Office/Commercial Buildings | ____ Tunnels |
| ____ Environmental Impact Statements | ____ Parking Structures | ____ Utility (Specify) _____ |
| ____ Foundations | ____ Playgrounds | ____ Other (Specify) _____ |
| ____ Harbors/Piers/Ports | ____ Pools | _____ |
| ____ Hazardous/Toxic Waste | ____ Power Plants | _____ |

b) In relation to 23. a) please provide the tallest building (# of stories) Applicant provides services for:
 _____ # of stories: _____

c) In relation to 23. a) please provide the total percentage of projects which involve the renovation or alteration of existing structures: _____ %

d) Does the Applicant foresee any substantial changes in the percentages in question 23. a)? Yes No
 If "Yes," please explain: _____

24. a) Please specify the percentages relative to the Applicant's total work volume. NOTE: Total must equal 100 percent.
- 1) Planning and feasibility studies: _____
 - 2) Design with no construction phase services: _____
 - 3) Design with periodic observation of construction to ensure design compliance: _____
 - 4) Construction management: _____
 - 5) Inspection services on existing structures: _____
 - 6) Construction observation with no design: _____
 - 7) Other (Specify): _____

b) If Applicant has responded to any of 24. a) 4) – 7), please provide a full description of projects and services provided:

25. a) Please indicate percentages of services rendered for each of the following categories of clients.
NOTE: Total must equal 100 percent.

___ Commercial	___ Developers	___ Industrial
___ Contractors	___ Governmental	___ Utilities
___ Design Professionals	___ Institutional	___ Other (Specify) _____

26. Does the Applicant or any principal, partner, officer or employee wholly or partly own, operate, manage or control any other enterprise, or is the Applicant wholly or partly owned, operated, managed or controlled by any other enterprise? Yes No

If "Yes," please attach full details and include nature of relationship.

27. Does, has or will the Applicant be providing design services on any project for which any construction, installation, assembly or supplying of materials or products was also provided by the Applicant? Yes No

If "Yes," please attach full details.

Please be advised these projects are excluded by Tudor's policy form.

28. Does, has or will the Applicant be providing design services on any project for which any construction, installation, assembly or supplying of materials or products was also provided by a subcontractor of the Applicant, a person or enterprise that wholly or partly owns, operates or controls the Applicant or by the Applicant's principals, partners, directors or officers? Yes No

If "Yes," please attach full details.

Please be advised these projects are excluded by Tudor's policy form.

29. Does the Applicant or any principal, partner, officer, employee or an immediate family member of such person have any ownership interest in any project for which professional services have been, are being or will be done? Yes No

If "Yes," please attach full details.

Please be advised these projects are limited by Tudor's policy form.

30. Has the Applicant participated in any past or present joint venture? Yes No

If "Yes," please attach full details.

Please be advised these projects are excluded by Tudor's policy form.

31. Is the Applicant directly involved in the design or re-design of HVAC systems? Yes No

If "Yes," please comment on any engineering or administrative controls that are routinely employed to insure acceptable indoor air quality.

32. Is the Applicant involved in the selection of furnishings or building materials? Yes No

If "Yes," comment on any controls or procedures that are employed to minimize the introduction of sources of chemical contamination.

33. Does, has or will the applicant provide any professional services related to the design, evaluation, removal or the replacement of underground storage tanks? Yes No

If "Yes," please attach complete details of the services rendered and a list of specific projects.

34. Does, has or will the applicant provide any professional services related to solid waste site evaluations or the design, evaluation, monitoring or closure of landfill projects? Yes No

If "Yes," please attach complete details of the services rendered and a list of specific projects.

35. Does, has or will the applicant provide any environmental site assessments, environmental audits or environmental monitoring services? Yes No

If "Yes," please attach complete details of the services rendered and a list of specific projects.

36. Does, has or will the applicant be involved in asbestos inspection, asbestos abatement services or does the applicant accept responsibility for those services within their contracts? Yes No
If "Yes," please attach full details.
37. Does, has or will the applicant provide pre-purchase site assessments and/or inspections? Yes No
If "Yes," please attach full details.

CLAIMS HISTORY

38. Have any claims involving professional service ever been made against the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is requested? Yes No
If "Yes," please provide the following details on an attached sheet: a) name of project, b) date of contract, c) name of claimant, d) allegations, e) date of claim, f) demand amount, g) reserve, h) expenses paid to date, i) current status and j) carrier handling claim.
39. Is the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is being requested aware of any act, error, omission or circumstance which may result in a claim being made against them? Yes No
If "Yes", provide details requested in question #38 above a) through j) on an attached sheet.
40. Has the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is being requested ever reported a potential claim or circumstance to a professional liability carrier? Yes No
If "Yes", provide details requested in question #38 above a) through j) on an attached sheet.
41. Is the Applicant aware of any actual or alleged defective or incomplete construction, installation, assembly (including roof leakage and structural problems) that has not been remedied to the client's satisfaction? Yes No
If "Yes", provide a statement of full details including name of project, basis of disagreement and indicate if such circumstance has been reported to a professional liability carrier on an attached sheet.
42. Is the Applicant aware of any unresolved construction dispute including but not limited to an unexcused delay, an exceeding of a budget, a change order or compensation dispute that has not been agreed upon (whether or not the insured is an involved party)? Yes No
If "Yes", provide a statement of full details including name of project, basis of disagreement and indicate if such circumstance has been reported to a professional liability carrier on an attached sheet.
43. During the past two years, has anyone been seriously injured or died during construction, or has bodily injury or property damage occurred at a project that has been accepted or occupied? Yes No
If "Yes", please attach a statement providing name of project, name of injured party, injury and indicate if such circumstance has been reported to a professional liability carrier on an attached sheet.
44. Is the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is being requested aware of or have knowledge of any error, omissions, unresolved job dispute or accident involving the discharge, dispersal, seepage, migration or release of a pollutant(s) or contamination? Yes No
If "Yes", please provide a statement of full details on an attached sheet.
45. **Please complete details on the 5 Largest Projects on the Attachment to TUAЕ T-10.**
46. Please attach any literature, including government forms, and brochures which describe the Applicant's capabilities and practice.
47. Please provide financial statements including most current income statement and balance sheet if available.

NOTICE TO NEW YORK APPLICANTS: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime."

FRAUD NOTICE-WHERE APPLICABLE UNDER THE LAW OF YOUR STATE: "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 or incomplete 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 BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (New Hampshire Fraud Statement-Any person who, with a purpose to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.)"

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS.

The undersigned represents that the statements and particulars herein are true and there has been no suppression or misstatement of any material facts and agrees that this application shall be the basis of coverage and considered part of any Policy issued by the Company.

Signed: _____ Dated: _____

(Please Print Name)
Capacity: _____

SIGNING THIS FORM OR TENDERING PREMIUM WITH THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY

Attachment to TUAЕ T-10

List of Branch Offices

Branch Office _____
Street Address _____
City _____ State _____ Zip _____
Branch Office _____
Street Address _____
City _____ State _____ Zip _____

List all Principals, Partners, Owners or Officers – Additional Information

Name	College/Degree	Years in Practice	Date Licensed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List of 5 Largest Projects

Project Name: _____
Client's Name: _____ Location: _____
Description of Project: _____
Service provided by your firm: _____
Total gross receipts from this project: _____ # of Stories _____
Construction value of project: _____ Year Completed: _____

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Description of Project: _____
Service provided by your firm: _____
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Service provided by your firm: _____
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Construction value of project: _____ Year Completed: _____
