



Instructions for Completing this Application

- 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.

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.

Applicant Information

1. Applicant Name: _____

◦ Address: _____

◦ State of Incorporation: _____

◦ Email: _____

◦ Telephone: _____

◦ Website: _____

2. The Applicant has been in business since: _____ / _____
(Month) (Year)

3. Business:

- Corporation Limited Liability Company Partnership Sole Proprietorship

Other: _____

Business Information

4. Predecessor Firms: (Provide Name(s) and date(s) organized)

5. Common Ownership: (Provide Name(s) and details)

_____ Coverage Desired? Yes No

_____ Coverage Desired? Yes No

_____ Coverage Desired? Yes No

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

7. Number of 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: _____ % - State: _____ % - State: _____ %

9. Gross Revenue: (Please provide your firm’s Gross Revenue for the following years. Gross Revenue 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 Revenue:	\$	\$	\$	\$

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:	%

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

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

o If you perform construction, hire contractors to perform construction or perform design/build please complete the Design/Build - Contractors Professional 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:	%

a. What percentage of the firm’s revenue is derived from repeat clients? _____ %

b. Does any single client make up more than 50% of your gross fees? Yes* No

o 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:	%

- a. Do you require your subcontractors to have professional liability insurance? Yes* No
 - o If yes, what minimum limit of liability do you require them to carry? \$ _____
- b. Do you obtain certificates of insurance from all subcontractors? Yes No
- c. Do you have a written contract with your subcontractors? Yes* No
 - o 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:	%

- a. Does your firm enter into contracts which give ownership of your documents to clients? Yes* No
 - o If yes, do you use a written disclaimer regarding the reuse of those documents? Yes No
- b. Does your firm use a limitation of liability clause in its contracts? Yes* No
 - o If yes, what is the typical limit of your liability? \$ _____

15. Claims: (Please answer the following and include additional material if necessary)

- a. During the past five (5) years has the Applicant or any director, officer, employee or other proposed Insured given 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
 - o If Yes, attach details.
- b. 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
 - o If Yes, please complete the Claims Supplement.
- c. 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
 - o If yes, please explain:

d. Is the Applicant currently involved in a suit for fees? Yes* No

o If yes, please explain:

16. Insurance: (Please answer the following)

a. 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

o If yes, please explain:

b. Has similar insurance been issued to the Applicant? Yes* No

o 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

c. What is the retroactive date? o Month: _____ / Day: _____ / Year: _____ o Full Prior Acts o 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.

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Design Professional 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 as indicated in Question 11 (b) .

	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

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

2. In the past five years have you worked on any type of residential Condominium project? Yes* No

◦ If yes, please explain:

3. Do you require subcontractors to name you as an additional insured on their CGL policy? Yes No

4. Do you require subcontractors to obtain a waiver of subrogation in your name on their CGL policy? Yes No

5. Do you obtain certificates of insurance from all subcontractors? Yes No

6. Do you have a written contract with your subcontractors? Yes No

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

(Continue on next page)

Design Professional Application

Design/Build • Contractors Professional Supplement

8. Do you have a written in-house quality control procedure? Yes* No

◦ If yes, when was it last updated? Month: _____ / Day: _____ / Year: _____

9. Do you have a written health and safety manual? Yes* No

◦ If yes, when was it last updated? Month: _____ / Day: _____ / Year: _____

10. What is your worker's compensation experience mod? _____

11. 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:

12. 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:

Signed: _____

Date: _____

Design Professional 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?

o Carrier: _____

o Policy No.: _____

6. Status of claim: Closed* Open*

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

o 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.

Signed: _____

Date: _____

Design Professional Application

Project Description Supplement

1. Project Name/Client:	
Services Provided:	
Construction Value:	Date Completed:
2. Project Name/Client:	
Services Provided:	
Construction Value:	Date Completed:
3. Project Name/Client:	
Services Provided:	
Construction Value:	Date Completed:
4. Project Name/Client:	
Services Provided:	
Construction Value:	Date Completed:
5. Project Name/Client:	
Services Provided:	
Construction Value:	Date Completed:
6. Project Name/Client:	
Services Provided:	
Construction Value:	Date Completed:
7. Project Name/Client:	
Services Provided:	
Construction Value:	Date Completed:
8. Project Name/Client:	
Services Provided:	
Construction Value:	Date Completed:
9. Project Name/Client:	
Services Provided:	
Construction Value:	Date Completed:
10. Project Name/Client:	
Services Provided:	
Construction Value:	Date Completed: