

**Application for
Architects & Engineers Professionals
Liability**



Please answer all questions and request for supporting documentation. If there is insufficient space to complete an answer, please provide the complete answer on attached documents. This form must be completed signed and dated by a principal, partner, or officer of the firm.

IMPORTANT NOTE:

The insurance for which you are applying is written on a claims made and reported basis. The policy requires that a claim be first made against you during the policy period and reported to the Insurer, in writing, during the policy period or automatic extended reporting period. **The policy applied for contains provisions which limit the amount of claim expenses the Insurer is responsible to pay in connection with claims. Claim expenses shall be subject to any deductible amount and the payment of claim expenses will reduce the limits of liability.** If you have any questions about coverage, please discuss them with your licensed insurance representative.

Applicant's official business name
(to be designated as Named Insured): _____

Street Address (official): _____

City: _____ State: _____ Zip Code: _____

Street Address (mailing): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

Primary Contact: _____ Primary email: _____

() Check is you have Branch Offices and attach a list of any other office locations with and the percentage of your firm's GROSS FEES derived from each location for the last complete fiscal year

- 1) Date firm was established: _____ Entity Type: *Sole Proprietorship, Corp. Etc.*
- 2) Has the applicant ever conducted business under a different name or entity? If "Yes", attached details in a separate document. Yes No
- 3) Do any other entities, or individuals not employed by your firm, have any ownership interest in the firm? If "Yes," attach a list all owners and indicate their percentage of interest in your firm. Yes No
- 4) Does your firm or any KEY PERSONNEL own any interest in any other entity? If "Yes," list the owner, amount of ownership, name of entity, relationship to your firm, nature of activities and the entity's GROSS RECEIPTS during the last complete year. Yes No

5) Number of Personnel:

Principals, Partners and Officers (do not include in other categories to the right.)	Professionals (project managers, architects, engineers, scientists)	Technical (CAD operators, field, laboratory)	Administrative and other	TOTAL Personnel

Attach resumes (or online profile links) for all Principals, Partners, and Officers (KEY PERSONNEL)

- 6) Does your firm have Branch Offices? If "Yes", attach a list of any other office locations with the percentage of your firm's GROSS FEES derived from each location for the last complete fiscal year. Yes No
- 7) Percentage of services provided by your firm outside United States during the last complete fiscal year? % U.S. % Foreign
Attach geographic locations of all foreign projects.

8) Provide your firm's GROSS FEES attributable to the following years. GROSS FEES means the exact dollar amount of your firm's gross revenue, but not including interest income, rental income, or sales and service taxes.

	Projected Fiscal Year	Current Fiscal Year	Last Completed Year	2 Years Ago
Fiscal Year End Dates (## / ## / #####)				
Total Gross Fees (\$)				
Of Total Gross Fees, how much are: Reimbursable Expenses (\$)				
*Separately Insured Project Fees (\$)				
*Permanently Abandoned Projects (\$)				
*Derived from Apartment and Condominium Projects (\$)				

*Attach Details

9) Percentage of Gross Fees annually derived from repeat clients? %

10) Provide your firm's GROSS FEES attributable to the following years. GROSS FEES means the exact dollar amount of your firm's gross revenue, but not including interest income, rental income, or sales and service taxes.

(This section should total 100%)

PROFESSIONAL DISCIPLINES	% Gross Fees			
Acoustical Engineer		Fire Protection		Mechanical Engineer
Architect		Forensic		Naval Architecture
Architect Planner		Geotechnical Engineer		Plumbing
Civil Engineer – Other*		Geotechnical field services (drilling)		Process Engineer
Civil Engineer – WWTP		HVAC		Property Inspection
CM-Advisor		Illumination Engineer		Structural Engineer
CM-At Risk		Interior Design		Surveyor
Electrical Engineer		Laboratory Other*		Traffic Engineer
Environmental Engineer		Landscape Architect		*Other (attach details)
Environmental Science		Marine Engineering		

11) Has your firm in the past participated in the design of, or provided specifications for, asbestos abatement? Yes No
 If "Yes," has the firm ever hired an asbestos abatement contractor? Yes No

12) Please attach a list of your firm's five largest active projects to include **Name, Location, Services Rendered, GROSS FEES, Construction Value** and **Start/Completion Dates**. Indicate if repeat client.

13) Provide the percentage of your firm's GROSS FEES that were paid to **Subconsultants and Subcontractors** during the last complete year:

	% Gross Fees		
Total Subcontractors		Total Subconsultants	
Drilling		Environmental Services	
Other Non-Professional Contracting		Structural Engineering	
		Other Professional Services	

14) For the last fiscal year, please enter the approximate percentage of your firms GROSS FEES attributable to the following **Client Types**:

	% Gross Fees		
Contractors		Owners	
Design Professionals		Public Sector	
Developers		Other: (describe)	

- 15) Provide the percentages, based on your firm's GROSS FEES, attributable to the following project types.
(This section should total 100%)

PROJECT TYPES: RESIDENTIAL		% Gross Fees	
Apartments		High Rise	
Condominiums		Multi-Unit Residential and Commercial Buildings	
Custom Homes		Single Family Subdivisions	

PROJECT TYPES: INDUSTRIAL			
Industrial Waste Treatment		Processing, Manufacturing & Production Systems design	
Mines, Quarries, Tunnels		Other:	
Oil Refineries, Chemical Plants, Pipelines			

PROJECT TYPES: COMMERCIAL FACILITIES			
All Buildings Over 15 Stories		Offices, Warehouses, Processing, Manufacturing and Production Buildings	
Convention Facilities, Theatres		Parking, Garages	
Hotels, Motels		Sports Complexes, Arenas Grandstands	
Malls, Shopping Centers, Retail Stores		Other:	

PROJECT TYPES: INSTITUTIONAL			
Colleges & Universities		Museums	
Hospitals		Retirement Homes, Convalescent Hospitals	
Jails/Correctional Institutions		Schools, Through Grade 12	
Libraries		Other:	

PROJECT TYPES: INFRASTRUCTURE			
Bridges, Trestles		Passenger Transportation Terminals	
Dams		Roads, Highways, Airport Runways	
Facilities Related to Nuclear Activities		Utilities	
Marine: Piers, Wharves, Offshore Structures		Wastewater/Sewage Treatment Plants	
Non-Nuclear Power Plants		Water Treatment Plants	

PROJECT TYPES: ENVIRONMENTAL			
Asbestos Design and Abatement		Site Remediation	
Design		Training	
Permitting		Wildlife/Conservation	
PSA (Preliminary Site Assessments)			

PROJECT TYPES: PROPERTY INSPECTION (Standalone)			
Termite/Wood Destroying Organisms		Wind Mitigation	
Radon		Green Building/Auditing	
EIFS/Stucco		Infrared Thermography	
Septic/Water Purification		Pool & Spa	

- 16) Did your firm's services include any of the following **Project Types** during the last fiscal year? If so, please enter in the percentage of GROSS FEES attributable to each

		% Gross Fees	
Building envelope review		Industrial process design	
Building Information Modeling (BIM)		Inspection as a standalone service	
Construction review without design		Machinery Design	
Design with construction review		Plan checking without design	
Design without construction review		Quantity or cost estimates without design	
Feasibility, planning, or economic studies		Roofing Inspection as a standalone service	
Forensic and/or expert witness service		Other: Please describe	

17) Provide the percentage of your firm's GROSS FEES attributable to **Projects Delivered** in the following manner during the last fiscal year: Note: **This section should total 100%**.

	% Gross Fees		
Design-Bid-Build		Project Management (attach details)	
Design-Build		Turnkey* (attach details)	
Fast Track (attach details)		Property Inspection	

- A) Do you perform any construction activities or hire contractors? Yes No
During the last year, was your firm, or any subconsultant or subcontractor to you,
- B) responsible for the construction means, methods, techniques, procedures, or job site safety? Yes No
- C) During the last 5 years, has your firm performed any construction activities or hired any contractors? Yes No

18) Does your firm's internal procedures include the following Business Practices?

- A) A quality control manual that has been updated in the last 5 years? Yes No
- B) Written agreements on every project? Yes No
- C) Limitation of liability provision in contract? Yes No
If "Yes," indicate approximate % of contracts limiting liability to less than \$250,000:
- D) Continuing education and training programs for professional personnel? Yes No
- E) Peer review sponsored by AIA, NSPE or other organization? Yes No
- F) LEED Accredited Professionals or equivalent personnel? Yes No
If "Yes," attach the number of professional employees accredited and details on the level of certification (i.e. platinum, silver, gold, etc.) for projects completed in the past 2 years and projects for the projected fiscal year.
- G) Utilizing contracts that have been reviewed by an attorney or an authorized Hudson Insurance Company representative? Yes No
If "Yes," indicate the approximate % of contracts that are reviewed:
- H) Does your firm require all subconsultants to provide certificates of insurance evidencing professional and general liability? Yes No
- I) In the last 12 months, what percentage of your firm's licensed professionals have attended a Risk Management seminar conducted by a Hudson Insurance Company authorized representative?

19) The following questions are applicable to Privacy/Network Security coverage. Certain classes of business may require additional underwriting information

- A) If your firm uses laptops, are all laptops password protected? Yes No
- B) Does your firm have a firewall and anti-virus/spam/malware software in place? Yes No
- C) Are written network security and privacy policies in place? Yes No
- D) Is all private and personal information encrypted? Yes No
- E) Are procedures in place to report and respond to unauthorized attempts to access computer system(s)? Yes No
Estimated number of personally identifiable records:

20) Provide the following about your firm's **Professional Liability** insurance program:

Insurance Company	Policy Period	Limit (Per Claim / Aggregate)	Deductible & Deductible Type	Premium	Privacy & Net Coverage Y/N

- A) Retroactive date on current policy (If Full Prior Acts enter "Full"):
- B) Does your current policy have Specific Additional Limit Endorsements? (If "Yes" please attach details) Yes No

C) Provide the following about your firm's General Liability insurance program:

Insurance Company	Policy Period	Limit (Per Claim / Aggregate)	Deductible	Premium	Privacy & Net Coverage Y/N

21) Claim Awareness:

Claim(s) means a demand received by the Insured for money or services and which alleges a wrongful act. Claim(s) includes but is not limited to lawsuits, petitions, arbitrations or other alternative dispute resolution requests filed against the Insured

- A) After inquiry, do any directors, officers, principals, partners, insurance managers, of the firm for which coverage is sought, have knowledge of any incident, a circumstance, an event, or unresolved fee dispute that may result in a claim? Yes No
If "Yes," attach the following details: **Project Name, Potential Claimant, Alleged Damages, Dates**
- B) Within the past five (5) years, have any claims been made or legal action brought against the firm, its predecessor(s), or any past or present principals, partners, insurance managers, or employees? Yes No
If "Yes," attach the following details: **Project Name, Claimant, Nature of Damages** (include dollar amount), **Dates**
- C) Within the past five (5) years, have you had any information security breaches, including unauthorized access, unauthorized use, unauthorized disclosure, virus, denial of service attack, theft of data, fraud, electronic vandalism, sabotage, extortion or other security events, including notification for any actual or potential compromise of information? Yes No
If "Yes," attach the following details: **Project Name, Potential Claimant, Nature of Damages** (include dollar amount), **Dates**

22) Quotation Options: Indicate which options your firm wishes quoted for professional liability insurance

Limits		
Deductible		
First Dollar Defense?	Yes	No

NOTICE TO ALL PROSPECTIVE INSURED:

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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

FRAUD STATEMENT TO ARKANSAS APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO COLORADO APPLICANTS

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO FLORIDA APPLICANTS

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

FRAUD STATEMENT TO HAWAII APPLICANTS

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

FRAUD STATEMENT TO IDAHO APPLICANTS

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FRAUD STATEMENT TO KANSAS APPLICANTS

Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto, or who conceals, for the purpose of misleading, information concerning any fact material thereto, is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO KENTUCKY APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially 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 STATEMENT TO LOUISIANA APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO MAINE APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

FRAUD STATEMENT TO MARYLAND APPLICANTS

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO MINNESOTA APPLICANTS

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD STATEMENT TO NEW HAMPSHIRE APPLICANTS

Any person who, with purpose to injure, 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.

FRAUD STATEMENT TO NEW JERSEY APPLICANTS

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FRAUD STATEMENT TO NEW MEXICO APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

FRAUD STATEMENT TO NEW YORK APPLICANTS

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 fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for such violation.

FRAUD STATEMENT TO OHIO APPLICANTS

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

FRAUD STATEMENT TO OKLAHOMA APPLICANTS

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD STATEMENT TO OREGON APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS

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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD STATEMENT TO TENNESSEE APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

FRAUD STATEMENT TO VIRGINIA APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

FRAUD STATEMENT TO WASHINGTON APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

FRAUD STATEMENT TO WEST VIRGINIA APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I / We declare that if the firm or any of its members become aware of any information that would change answers furnished in the application, the firm will reveal such information in writing to the Company prior to the effective date of coverage.

On behalf of the applicant firm, I declare that this application, including attachments, supplementary pages and other exhibits attached, is complete and correct to the best of my knowledge and belief. I understand that the application shall form the basis of the contract of insurance should the Company offer coverage and should the firm accept the Company's quotation. I also understand that completion of this application does not bind the Company or broker to provide insurance.

Date of Application

Signature of Principal, Partner, Officer, or Director

