



Architects / Engineers / Environmental Consultants (A/E/E) Application

NEW APPLICANT **RENEWAL CLIENT**

This application is for professional liability insurance that is provided on a claims made basis. The policy applies to claims arising out of your professional services performed on or after any retroactive date shown in the policy, and is subject to all policy terms, conditions, declarations and endorsements.

The policy contains a provision permitting claim expenses, including legal defense costs, to be applied against the deductible. Subject to restrictions in certain states, the payment of claim expenses reduces the Limits of Insurance available to pay claims and the Company has the right to designate legal counsel and uses panel counsel, as needed, for claims covered by any insurance provided.

Firm's full name:

Street address:

Mailing address:

City, State, Zip:

Telephone:

Facsimile:

E-mail:

Tax ID No.:

Renewal clients need only submit the following items with this application:

- Resumes of principals, partners and officers who are new to your firm within the last policy period.
- A list of your firms five largest projects (completed or in progress) for the last policy period, or current Standard Form 254.; or form 330.
- Please provide your firms financial statements for the last year only.
- If applicable any new brochures and/or resumes of principals new to the firm.

New applicants must submit the following items with this application:

- Resumes of all principals, partners, and officers (KEY PERSONNEL).
- Financial statements for the last two years.
- A list of your firm's 10 largest projects (completed or in progress) within the last five years, or current Standard Form 254.
- A copy of your firm's standard contract form. If you use unmodified standard professional association forms, provide form numbers only, not copies.
- Brochures describing your firm's services.

New applicants providing environmental services must submit the following additional items:

- A sample copy of a preliminary site assessment.
- A copy of your firm's health and safety plan.
- Your quality assurance or quality control manuals, or other standard operating procedures.
- Your firm's financial statements for the last two years.
- Copies of your firm's standard subconsultant and subcontractor contract forms. If you use unmodified standard professional association forms, provide form numbers only, not copies.

1. Date your firm was established: _____

Entity Type	Sole Proprietorship Partnership Corporation	Joint Venture Limited Liability Corp Limited Liability Partnership	Other: please explain
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Have you formed any joint venture, LLC, or any "in association with" contractual relationships? YES NO

If yes, please explain.

Is your Practice Full Time (more than 30 hours per week)	YES
Is your Practice Part Time (Less than 30 hours per week)	YES

2. List all pre-existing entities, including acquisitions and mergers, and their dates of existence:

Entity	From	To

3. Number of personnel:

- _____ a. Principals (Do not include below.)
- _____ b. Professionals- registered and licensed (project managers, architects, engineers, scientists)
- _____ c. Technical (CAD operators, drafting, field, laboratory)
- _____ d. Non-technical (equipment operators and other field personnel)
- _____ e. Administrative and other
- _____ **PERSONNEL TOTAL** Indicate the no. of part time

Does your firm ever share employees with other firms or has any other firm shared employees with you? YES NO

4. a. List all professional societies and associations to which your firm and KEY PERSONNEL belong:

- b. List states you are licensed in:

5. If you have field technicians, list certifications: (e.g., ACI, CHMM, CWI, NICET, OSHA: 40-hour, etc.)

6. If your firm has a laboratory, list accreditations: (e.g., A2LA, AASHTO, state EPA, ISO, etc.)

7. Do any other entities, or individuals not employed by your firm, have any ownership interest in your firm? YES NO

If yes, list the owners and indicate their percentage of interest in your firm.

8. Does your firm or any KEY PERSONNEL own any interest in any construction, erection, manufacturing, fabrication or real estate development company? YES NO

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.

- Does your firm or KEY PERSONNEL engage in actual construction, erection, manufacturing, fabrication, or real estate development? YES NO

If yes, please provide details:

9. Are professional services provided by your firm to any entity in which your firm or KEY PERSONNEL maintains a cumulative ownership interest greater than ten percent (10%)?

YES NO

If yes, complete the Entity Ownership Questionnaire.

10. Provide your firms GROSS RECEIPTS attributable to the following years. (Include all receipts for projects insured by project policies within the GROSS RECEIPTS column and list separately in the Project Policy Receipts column.)

GROSS RECEIPTS means the EXACT dollar amount of your firm's gross revenues, **including subconsultants and reimbursables**, but not including interest income, rental income on real estate, or sales and service taxes.

Fiscal Year End (month/day/year)		Gross Receipts	Reimbursables	Project Policy Receipts*
	Est. current year			
	Last complete year			
	Two years ago			
	Three years ago			

***Complete Project Insurance Questionnaire**

11. List all office locations with a contact name and the percentage of your firms GROSS RECEIPTS derived from each location for the last complete year: street address, city, state, zip, contact name.

12. Provide the percentage of your firms GROSS RECEIPTS that were paid to subconsultants and subcontractors during the last complete year. N/A

Subconsultants	Insured for Professional Liability	Not Insured for Professional Liability
Structural engineering		
Environmental services*		
Other professional services		

* As described within Environmental Services in question 14 C.

Subcontractors	Insured for Contractors Pollution Liability (CPL)	Not Insured for Contractors Pollution Liability (CPL)
Field Services (drilling, sampling, testing)		
Site Remediation Activities		
Asbestos, lead or radon abatement		

13. Does your firm obtain the appropriate certificates of insurance?

From your subconsultants	YES	NO	N/A
From your prime professionals	YES	NO	N/A
From your subcontractors	YES	NO	N/A

Please attach copies

14. Provide the percentage of your firms GROSS RECEIPTS attributable to the following services during the last complete year.

A. Design and Other Related Services (non-environmental)

_____ 1. Design Services:

_____ a. Total of all design services

_____ Percentage with construction observation _____

_____ Percentage without construction observation * _____

_____ **DESIGN SERVICES SUBTOTAL** _____

_____ (must equal 100%) _____

*Please describe how you ensure your design intent is being met? Or any contractual remedies you use to protect your firm.

_____ 2. Non-design services:

_____ a. Quantity or cost estimates without design

_____ b. Plan checking without design

_____ c. Building commissioning (quality assurance process as a separate service)

_____ d. Feasibility, programming, planning, economic or seismic studies

_____ e. Architectural master planning

_____ f. Forensic inspections, expert witness services, failure analysis

_____ 3. Field Services:

_____ a. Construction observation without design

_____ b. Inspection as a stand-alone service

_____ c. Boundary and construction staking

_____ d. Construction materials testing (including compaction testing)

_____ 4. Laboratory analysis (including soils and construction materials, but not environmental)

_____ 5. Other (describe)

B. Operation and Management Services (of these facilities)

- _____ 1. Domestic Water, utility, building, other facilities
- _____ 2. Wastewater treatment plants, landfills, chemical processing plants (describe)
- _____ 3. Other (describe)

C. Environmental Services

- _____ 1. Environmental engineering (detection, determination and remediation of contaminated sites.
 - _____ a. Preliminary site assessments (PSA-Phase I)
 - _____ b. Other environmental assessments (compliance audits, environmental impact studies)
 - _____ c. Investigations (drilling and sampling, Phase II)
 - _____ d. Studies (feasibility, siting, closure, hydrogeological, hydrological)
 - _____ e. Asbestos and lead studies (inspection, identification, work plans)
 - _____ f. Asbestos and lead abatement
 - _____ g. Design Services (remediation, environmental facilities, pollution control)
 - _____ h. Site remediation activities and remediation observation or management
 - _____ i. Environmental project observation/oversight (non-remediation) (describe)
- _____ 2. Environmental Sciences:
 - _____ a. Permitting
 - _____ b. Industrial hygiene
 - _____ c. Laboratory analysis (chemical and analytical)
 - _____ d. Environmental training and manuals (for other than internal usage)
 - _____ e. Fish and wildlife or botanical studies, including wetland delineation
 - _____ f. Forensic inspections, expert witness services
- _____ 3. Other environmental services (describe)

_____ **SERVICES TOTAL** (must equal 100%)

15. Provide the percentages, based on your firms GROSS RECEIPTS, attributable to the following disciplines provided by your firm, excluding your subconsultants.

Estimated current year	Last complete year	
		ARCHITECTURE
		Architecture
		Architectural Planning (including master planning)
		Interior design and graphics
		Landscape architecture
		Construction Manager-advisor
		Construction Manager-at risk
		ENGINEERING
		Structural engineering
		Civil engineering
		Civil wastewater engineering (municipal, non-industrial)
		Land surveying
		Traffic engineering
		Mechanical engineering
		Acoustical engineering
		Process engineering
		Electrical engineering
		Illumination engineering
		Geotechnical engineering (soil mechanics for structures)
		Geotechnical filed services and construction materials testing (including drilling)
		LABORATORY
		Construction materials testing (non-environmental)
		Environmental (analytical)
		Conformity assessment * (product testing and materials science)
		Life sciences* (clinical research –not diagnostic medical labs)
		Microbiology and analytical chemistry * (food, drugs, personal care products)

	ENVIRONMENTAL
	Environmental engineering (including mines and mining waste treatment) ---See question 14C
	Environmental science – See question 14C
	Industrial wastewater engineering (non-municipal)
	Geo-environmental engineering (including landfills, waste water treatment retention ponds)
	OTHER
	Marine engineering (describe)
	Naval architecture (describe)
	Other (describe)
	DISCIPLINES TOTAL (must equal 100%)

16. Provide the percentage of your firms GROSS RECEIPTS attributable to the following projects during the last complete year.

	HIGH RISE
	All buildings over 15 stories (Do NOT classify these buildings below.)
	RESIDENTIAL
	Residential condominiums
	Planned Unit Developments (PUDs)
	Single-family residential subdivisions
	Custom homes
	Apartments
	INSTITUTIONAL
	Hospitals, retirement homes, convalescent hospitals
	Public schools, colleges and universities
	Private schools, colleges and universities
	Churches
	Correctional institutions

17. Provide the percentage of your firms GROSS RECEIPTS attributable to the following types of clients during the last complete year.

_____	Private Sector:
_____	Owners
_____	Developers
_____	Contractors
_____	Design professionals
_____	Environmental consultants
_____	Other (describe)
_____	Public Sector
_____	Foreign
_____	CLIENTS TOTAL (must equal 100%)

18. Provide the percentage of your firms GROSS RECEIPTS attributable to projects delivered in the following manner during the last complete year.

_____	Design-Bid-Build (traditional delivery method)
_____	Design-Build (submit Design-Build Questionnaire)
_____	Fast Track (describe)
_____	Turnkey (describe)
_____	Construction management*
_____	PROJECT DELIVERY METHOD TOTAL (must equal 100%)

* 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, responsible for construction means, methods, techniques procedures, or job site safety? YES NO

If yes to either question above, explain and provide details about your firms GROSS RECEIPTS attributable to these services and a copy of the contract. If you use unmodified standard professional association forms, provide form numbers only, not copies.

19. Does your firm wish to report (or reinstate) any permanently abandoned projects that were originally intended for construction and where design receipts were generated this year or within the last three years? (Do NOT include master planning projects, feasibility studies or inspections.) YES NO

If yes, complete the Abandoned Projects Questionnaire, if not previously submitted to us.

20. Quality Control

- a. Does your firm utilize a written quality control manual? YES NO

Please provide a copy of the Table of Contents.

- b. What are your procedures for reviewing all client and sub consultant contracts before they are signed?

- c. Who is the authorized signature on contracts?

- d. Please provide a copy of your pre-project evaluation checklist.

- e. Please provide a copy of your post-evaluation checklist.

- f. Do you use specification/ design checklists as well as procedures for their review? YES NO

- g. Do you utilize Masterspec[®] or another specification software program YES NO

- h. Do you use procedural or technical manuals for both in-house and field personnel? YES NO

- i. Does a principal check all plans before they are sent to field? YES NO

- j. Do you offer continuing education and training programs for professional and technical personnel? YES NO

If appropriate, please explain your in-house education program:

- k. What is the percentage of professionals participating in continuing education ? %

- l. What is your average employee turnover ?

- Less than 5 years 5-10 years 10 + years 20 + years

- m. What percentage of your firm's revenues is derived from repeat clients? %

n. What percentage of your firm's revenues was derived from your largest client? _____ %

o. Did you decline work last year? YES NO

Why?

p. How many days are your accounts receivable running?

30-45 45-60 60-75 75+

q. Have you filed suits for collection of fees during the last 2 years?

YES NO

If yes, please explain:

r. Has the firm made adjustments or goodwill payments in any disputes involving it's services?

YES NO

If yes, please explain:

s. Are you ISO certified?

YES NO

t. Have you ever participated in an organizational or technical peer review through a professional association?

YES NO

If yes, when and by whom?

u. What steps are you taking to minimize exposure as it relates to mold?

v. Are you advising clients of mold risks? YES NO

w. If existing moisture problems (such as leaks, flooding, sewer backups, structural deficiencies, humidity problems) are encountered during the performance of your operations, how is this situation handled and documented?

x. Do you communicate to the client that mold problems almost YES NO
certainly will reoccur if moisture problems are not resolved?

If yes, how is this documented?

y. What contractual provisions are in force to protect your firm against mold-related exposures?

(Please attach copies.)

z. Are you disclaiming responsibility to discover mold during site YES NO
observation?

If yes, please attach copy of clause.

aa. What is your policy upon discovery of mold on a job site?

bb. Do you alert the appropriate parties in the event of seeing conditions YES NO
that might lead to a mold development?

cc. Are you passing on responsibility to the MEP for design that will not YES NO
foster mold growth and seeking indemnification?

If yes, please attach a copy of the indemnification clause.

21. Provide the percentage of your firms GROSS RECEIPTS derived from the following during the last complete year.

- _____ a. Your firms standard contract form (attach copy)
- _____ b. Your firms letter of agreement (attach copy)
- _____ c. A professional association contract form
- _____ d. Your clients contract form *
- _____ e. Your clients purchase order form *
- _____ f. Verbal agreements**
- _____ g. Other (describe):
- _____ **BUSINESS PRACTICES TOTAL** (must equal 100%)

* Describe what steps your firm takes to protect itself against unfavorable contract language.

** Describe what steps your firm takes to confirm agreement by all parties.

22. Does your firm accept consequential damages? YES NO

23. Does your firm enter into contracts that give ownership of your documents to clients? YES NO

If yes, do you use a written disclaimer regarding reuse of those documents? YES NO

24. Does your firm design any building, system, or component that is intended to be used for more than one location without adaptation? YES NO

If yes, describe.

25. Does your firm use a limitation of liability provision in its contracts? YES NO

If yes, complete the Limitation of Liability Report for possible premium credit.

26. In the last five years, has your firm had a claim against your practice, or against you on a project policy, as described below? YES NO

If Yes, complete a Claim Questionnaire for each claim.

(Renewal clients need only complete a Claim Questionnaire for any claim not reported to us during their policy period.)

Claim means: (a) a demand against you for money or services, or the filing of a suitor the initiation of an arbitration proceeding naming you, seeking damages for an alleged error, omission, negligent act; or (b) an event, a circumstance, an incident, or unresolved fee dispute, of which you have knowledge that may result in a claim as described in (a).

- Has any member of firm been subject to complaint to authorities or disciplinary action as a result of their professional activities? YES NO
- Have you ever been cancelled or non-renewed? YES NO

27. Identify your firms current commercial general liability insurance company:

Expiration Date:	Policy Limits:
Carrier:	Each Occurrence:
	Aggregate:

28. Provide the following information about your firms professional liability insurance:

Policy Period	Insurance	Limits of	Deductible	Premium
From	To	Company	Insurance	
Current				
Year				
Two years				
Ago				
Three years				
Ago				
Four years				
ago				

Retroactive date on current policy (mm/dd/yy):

Other (e.g., TBD):

QUOTATION OPTIONS

29. Indicate which options your firm wishes quoted for professional liability insurance:

Combined Single/ Aggregate Limit		Split Limits Per Claim/Aggregate		Deductible Per Claim	
\$	250,000		\$250,000 / \$500,000	\$	5,000
\$	500,000		\$500,000 / \$1,000,000		\$10,000
	\$1,000,000		\$1,000,000 / \$2,000,000		\$25,000
	\$2,000,000		\$2,000,000 / \$4,000,000		\$50,000
	\$3,000,000		\$3,000,000 / \$5,000,000		\$100,000
	\$4,000,000		Other		Other
	\$5,000,000				
	Other				

Additional quotation items:

Shared Cost of Defense

Dollar One Defense

Arkansas--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.

Colorado-- 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

Kentucky--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.

New Mexico--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 criminal penalties.

New York--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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio--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.

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

Pennsylvania--Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims 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.

CLAIMS REPRESENTATION / SIGNATURE

I specifically asked all principals and project managers in our firm if they have knowledge of any claim or potential claim against us that is not listed in our response to question 26. There are none.

If we become aware of any claim or potential claim against us, before the inception of coverage, we will immediately inform the Company, Agent or Broker. We understand that any claim or potential claim against us, before the inception of coverage, whether identified to the Company or not, will not be covered by this insurance unless specifically accepted by the Company.

On behalf of our firm, I agree that this application, including all attachments and exhibits, is complete and correct to the best of my knowledge and belief. I understand that this application forms the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company, Agent or Broker to provide insurance.

Signature of Principal, Partner or Officer:

Name:

Title:

Date of Application:

PLEASE RETURN YOUR COMPLETED APPLICATION AND QUESTIONNAIRES TO:

SELVAGGIO, TESKE & ASSOCIATES
3401 ENTERPRISE PARKWAY, STE. 101
BEACHWOOD, OH 44122
FAX: 216-839-2815
216-839-2800

SELVAGGIO, TESKE & ASSOCIATES
6267 ORCHARD LANE, STE. 001
CINCINNATI, OH 45213
FAX: 513-731-4963
513-731-4900

FOR MORE INFORMATION CALL OR VISIT OUR WEBSITE:

800-975-9468

www.stassociates.net

CLAIM OR EVENT QUESTIONNAIRE

Claim means: (a) a demand against you for money or services, or the filing of a suit or the initiation of an arbitration proceeding naming you, seeking damages for an alleged error, omission, negligent act; of (b) an event, a circumstance, an incident, or unresolved fee dispute, of which you have knowledge that may result in a claim as described in (a).

Firm's Name _____

1. Name of Project: _____

2. Location: _____

3. Description of project: _____

4. Services provided by your firm: _____

5. Claimant's name: _____

6. Description of claim: _____

7. Demand of claim: _____

8. Date reported to your insurance company: _____

9. Name of your insurance company: _____

10. Insurance company claim number: _____

11. Policy limits: _____

12. Deductible: _____

13. Status of claim: Closed Open If closed, describe result; if open, describe current activity: _____

14. Your firm's claims costs: within your deductible:
Expenses paid (defense costs): _____
Loss paid (damages or settlement) _____

15. Your insurance company's claim costs: paid and reserved (anticipated costs):
Expenses paid: _____
Expense reserved: _____
Loss paid _____
Loss reserved: _____

LIST OF LARGEST PROJECTS

Firm's Name

1. Name of project: _____

2. Client's name: _____

3. Location: _____

4. Description of project: _____

5. Services provided by your firm: _____

6. Your total GROSS RECEIPTS from this project: _____

7. Construction value of project: _____

8. Year completed: _____

1. Name of project: _____

2. Client's name: _____

3. Location: _____

4. Description of project: _____

5. Services provided by your firm: _____

6. Your total GROSS RECEIPTS from this project: _____

7. Construction value of project: _____

8. Year completed: _____

1. Name of project: _____

2. Client's name: _____

3. Location: _____

4. Description of project: _____

5. Services provided by your firm: _____

6. Your total GROSS RECEIPTS from this project: _____

7. Construction value of project: _____

8. Year completed: _____

1. Name of project: _____

2. Client's name: _____

3. Location: _____

4. Description of project: _____

5. Services provided by your firm: _____

6. Your total GROSS RECEIPTS from this project:	7. Construction value of project:	8. Year completed:
_____	_____	_____

1. Name of project: _____

2. Client's name: _____

3. Location: _____

4. Description of project: _____

5. Services provided by your firm: _____

6. Your total GROSS RECEIPTS from this project:	7. Construction value of project:	8. Year completed:
_____	_____	_____

1. Name of project: _____

2. Client's name: _____

3. Location: _____

4. Description of project: _____

5. Services provided by your firm: _____

6. Your total GROSS RECEIPTS from this project:	7. Construction value of project:	8. Year completed:
_____	_____	_____

1. Name of project: _____
2. Client's name: _____
3. Location: _____
4. Description of project: _____
5. Services provided by your firm: _____
6. Your total GROSS RECEIPTS from this project: _____
7. Construction value of project: _____
8. Year completed: _____

1. Name of project: _____
2. Client's name: _____
3. Location: _____
4. Description of project: _____
5. Services provided by your firm: _____
6. Your total GROSS RECEIPTS from this project: _____
7. Construction value of project: _____
8. Year completed: _____

1. Name of project: _____
2. Client's name: _____
3. Location: _____
4. Description of project: _____
5. Services provided by your firm: _____
6. Your total GROSS RECEIPTS from this project: _____
7. Construction value of project: _____
8. Year completed: _____

1. Name of project: _____

2. Client's name: _____

3. Location: _____

4. Description of project: _____

5. Services provided by
your firm: _____

6. Your total GROSS
RECEIPTS from
this project:

7. Construction value of
project:

8. Year completed:
