



SPECIFIC PROJECT INSURANCE COVERAGE APPLICATION-PROFESSIONAL LIABILITY

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTE: For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

- Please print or type clearly.
- All questions must be answered. Please contact your agent if assistance is required.
- If any questions do not apply, print or type "N/A" in the space provided.
- This application must be signed and dated by an authorized Owner, Officer or Partner of the Insured.

If additional space is needed to answer the question, attach details on a separate sheet using the Insured's letterhead. This application is not an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason.

Please indicate the limits you would like us to quote:	\$ _____ per claim/aggregate
Please indicate the number of years needed for the discovery period (Extended Reporting Period):	

APPLICANT INFORMATION

1. Name of Prime Design Firm:		
Address:		
Contact Name:	Email:	
City:	State:	Zip:
County:	Phone:	
Website URL:	Fax:	

PROJECT INFORMATION

2. Name and/or Designation of Project:
a. Location:



b. Name of Project Owner and Address:			
c. Description of Project:			
d. Services to be provided (including % breakdown of each service:)			
Architecture	%	Landscape Architecture	%
Civil Engineering	%	Land Surveying	%
Construction/Program Mgmt.	%	Mechanical Engineering	%
Electrical Engineering	%	Structural Engineering	%
Geotechnical Engineering	%	Other (please specify)	%
HVAC Engineering	%	Other (please specify)	%
e. Contractor/General Contractor Name and Address:			
f. Is this a repeat client for the Prime Design Firm?			Yes No
g. How many projects have the prime design firm and the client worked on together over the past ten (10) years?			
h. How many projects have the prime design firm and the general contractor worked on together over the past ten (10) years?			
i. Duration of professional services:			
Design Phase:	From:	To:	
Construction Phase:	From:	To:	
j. Total estimated project construction values?			\$
k. Value of equipment included with project construction values (other than HVAC equipment)			\$
l. Total estimated project billings for professional services:			\$
m. Prior experience of the prime with project type:			



n. Type of contract:

AIA Standard Contract	AGC Standard Contract
EJDC Standard Contract	Other
Owner Drafted	Other

Please provide a copy of the Owner/Prime professional agreement.

o. Method of delivery:

Design/Bid/Build	Integrated Project Delivery	Design/Build
Other (please provide details):		

DESIGN TEAM INFORMATION

3. Name of Prime Design Firm::

a. Discipline – Design Firm:

b. Insurance Coverage:

c. Complete the following regarding Prime Professional’s consultants rendering services in connection with this project (use a separate sheet if necessary)::

Name of Firm	Address	% of Fees	Type of Service
Hired by Prime Design Firm? Yes No		%	
Hired by Prime Design Firm? Yes No		%	
Hired by Prime Design Firm? Yes No		%	

d. Design team’s professional liability insurance (for those firms who do not currently carry professional liability insurance, please include an audited financial statement)



Name of Firm	Insurance Company	Limit	Deductible
		\$	\$
		\$	\$
		\$	\$
4. With regard to this project, does the prime design firm or any of the consultants/subsidiaries/parents or other organizations related to the prime design firm or any consultant, or any principal, partner, officer, director or employee have :			
a. Ownership interest in project?		Yes	No
b. Acting a general contractor?		Yes	No
c. Engage in actual construction?		Yes	No
d. Manufacture, fabrication or supplying of materials?		Yes	No
e. Involved with financing for the project?		Yes	No
5. Is your firm controlled, owned by or associated with, or does your firm control or own any other entity?		Yes	No
6. Has your firm ever been party to any acquisition, consolidation, merger, change in name or change in business organization?		Yes	No
7. Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy?		Yes	No

RISK MANAGEMENT QUESTION

8. Will the project utilize an automated master specification system?	Yes	No
9. Will the project utilize a model-based technology linked to a database of project information such as Building Information Modeling (BIM)?	Yes	No
10. Will the prime design firm:		
a. Have a procedure for monitoring and collecting fees?	Yes	No
b. Engage in pre-project planning process resulting in a project definition document?	Yes	No
c. Have contract deliverables either internally or externally peer reviewed?	Yes	No



d. Complete a constructability review during project design?	Yes	No
e. Maintain documented submittal or shop drawing by indicating as planned dates, actual dates of receipt and response?	Yes	No
f. Is there a system in place to identify crucial timing for construction site visits and project meetings between the design and construction team?	Yes	No
g. Does the system assist with the coordination and facilitation of visits/ meetings by various design disciplines?	Yes	No
h. Does the system facilitate the collection of field/site visit reports in one centralized location?	Yes	No

INTEGRATION PROJECT DELIVERY (IPD) QUESTIONS

11. Does the contract address:		
a. Waivers of subrogation?	Yes	No
b. Waivers of claims?	Yes	No
c. Waivers of consequential damages?	Yes	No
d. Limitations of liability?	Yes	No
e. Indemnifications?	Yes	No
f. Dispute resolution?	Yes	No
g. Any incentive compensation plan?	Yes	No

CLAIMS QUESTIONS

12. Have any claims been made or legal action been brought in the past ten (10) years (or made earlier and still pending) against the prime design firm or any consultants hired by the prime design firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee?	Yes	No
If "Yes", provide a loss run and the following information for each claim on a separate sheet:		%
<ul style="list-style-type: none"> ▪ Date of claim 	<ul style="list-style-type: none"> ▪ Insurance company reserve, if any 	
<ul style="list-style-type: none"> ▪ Claimant or plaintiff 	<ul style="list-style-type: none"> ▪ Defense attorney's or insurance company's evaluation of exposure potential liability 	



<ul style="list-style-type: none"> Allegations 	<ul style="list-style-type: none"> Defense and indemnity paid to date and status (open/closed)
<ul style="list-style-type: none"> Demand or amount of claims 	<ul style="list-style-type: none"> Deductible applicable
<p>13. After complete investigation and inquiry, do any of the principals, partners, officers, directors, members, shareholders, employees, or insurance managers of the prime design firm or any consultants hired by the prime design firm have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute (including owner-contractor disputes), accident, or any other circumstances that is our could be the basis for a claim under the proposed insurance policy?</p> <p style="text-align: right;">Yes No</p> <p>If "Yes", on a separate sheet please give details of the situation, including name of the project and claimant, dates, nature of situation and amount of damages.</p>	
<p>The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective dates of this policy nor will coverage apply to any claim or circumstance identified or that should have been identified in Questions 11 and 12 of this application.</p>	
<p>14. Has any insurer declined, cancelled or refused to renew any similar insurance for the prime design firm or any predecessor firm? (n/a in Missouri)</p> <p style="text-align: right;">Yes No</p>	
<p>15. Do you or any subsidiary or predecessor firm have any current outstanding professional liability deductive or Self Insured Retention obligations?</p> <p style="text-align: right;">Yes No</p> <p>If "Yes", please provide details on a separate sheet, including the exact amount owed to insurance company and if a payment schedule is in place, the amount and dates of repayments. Please note that the policy provides that the 1st Named Insured is responsible for the payment of all Self Insured Retention obligations.</p>	

AGENT OR BROKER MUST COMPLETE THE FOLLOWING

			License Number	Expiration Date
Contact name:				
Agency name:		Agent (Casualty Lines)		
Address:		E&S License		
Contact email:		Other Casualty Agent License		
Phone:		Non-Resident License (if applicable)		



Berkley Specialty Excess

| a Berkley Company

		Licensed Broker			
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Have you included:

- Explanations of answers that require clarification
- Copy of Owner/Prime Professional Agreement
- Your E&S License Number
- Copy of current loss runs if not currently insured



FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

IN 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

WARRANTY

The undersigned authorized officer of the applicant warrants to the Company, that I/We that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, principals, partners, directors, officers and employees.

This application must be signed by the owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date.

Name of Applicant

Title

Signature of Applicant

Date