

LLOYD'S

LLOYD'S OF LONDON

**APPLICATION FOR
ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD'S**

**THIS APPLICATION IS FOR A
CLAIMS MADE INSURANCE POLICY**

APPLICANT'S INSTRUCTIONS

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET & INDICATE QUESTION NUMBER.
3. PLEASE COMPLETE SUPPLEMENTS WHERE REQUIRED.
4. THIS APPLICATION AND ALL SUPPLEMENT FORMS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

1. Name of Applicant: _____
 Proprietorship _____ Partnership _____ Corporation _____
2. Address: _____
 City: _____ County: _____
 State: _____ Zip: _____
3. Telephone: _____
4. Branch Office Address(es) - use a separate addendum if applicable.
5. Date Established (current entity): _____

PERSONNEL

6a. Number of Staff	Last Year	This year
Principals/Partners/Directors:	_____	_____
Other Licensed Professionals:	_____	_____
Other Staff:	_____	_____
Total Licensed Professionals	_____	_____

- b. Please indicate the Applicant's annual staff turnover: _____
- c. Please attach CVs of Principals

GROSS BILLINGS

Total Gross Billings for professional services (whether collected or not) to include reimbursable expenses and subconsulting fees.

<i>Professional Services</i>	<i>Total Gross Billings (Including Billings Attributable to Consultants)</i>	<i>Construction Values (Pro-rate for Multi-Year Projects)</i>
7a. Joint Venture projects (Your portion of JV billings):	\$	\$
b. Projects Insured under separate Project Policies:	\$	\$
c. Projects which have been permanently abandoned:	\$	\$
d. Feasibility studies, master plans, reports, opinions or interior design, Note: Interior design refers to interior non-structural services such as space planning and the selection of furniture, fixtures and finishes, It does not include services associated with renovations (other than space planning):	\$	\$
e. Landscape Architecture:	\$	\$
f. Land Survey:	\$	\$
g. Direct reimbursables by contract (i.e., travel, per diem, billings for reproduction, etc.). <u>Do not</u> include consultants:	\$	\$
h. All other billings:	\$	\$
i. TOTAL PAST ACCOUNTING YEAR: (A+B+C+D+E+F+G+H):	\$	\$
j. Three year gross receipts (to include reimbursable expenses and sub consulting fees).		

Fiscal Year _____ / _____
Month Year

Current Fiscal Year 19____ \$ _____ Last Fiscal Year 19____ \$ _____

Two Years Ago 19____ \$ _____

8. Please indicate percentage of the Applicant's gross billings derived from projects outside the U.S.A and Canada _____ %

9. Were more than 20% of the Applicant's billings during the past fiscal year derived from a single client or contract? Yes No

PROFESSIONAL DISCIPLINES

10. Specify as a percentage of the Applicant's Gross Billings. (Total must equal 100%)

Architecture	%	Landscape Architecture	%	HVAC Engineering	%
Civil Engineering	%	Land Surveying	%	Marine/Coastal Engineering	%
Mechanical Engineering	%	Construction Management	%	Nuclear Engineering	%
Electrical Engineering	%	Process Engineering	%	Mining Engineering	%
Structural Engineering	%	Chemical Engineering	%	Interior Design	%
Soils Engineering	%	Environmental*	%	Land Use Planning	%
Laboratory Testing	%	Hydrogeology/Geology	%	Design/Build**	%

* If yes, Supplement 1 must be submitted. ** If yes, Supplement 2 must be submitted.

11. Please indicate the percentage of the Applicant's billings derived from work performed on a "Fast Track" basis; i.e. those projects in which construction begins before design is complete. _____%
12. Please indicate percentage by fees of current projects where the construction contract is a:
 Bid contract: _____ % Negotiated contract: _____ %
13. Please indicate the percentage of the Applicant's billings derived from repeat business. _____%

PROJECTS

14. Please indicate types of projects as a percentage of the Applicant's Gross Billings.

a. Schools, colleges or public buildings	_____ %	m. Water systems	_____ %
b. Hospitals, retirement homes or convalescent hospitals	_____ %	n. Bridges, trestles or tunnels	_____ %
c. Hotels, motels or resort properties	_____ %	o. Land reclamation design	_____ %
d. Condominiums	_____ %	p. Structures for offshore use	_____ %
e. Garages, theatres or grandstands	_____ %	q. Harbours, jetties, docks or piers	_____ %
f. Shopping centres	_____ %	r. Machine design/mechanical design	_____ %
g. Office/mercantile/commercial buildings	_____ %	s. Earth dams/reservoirs	_____ %
h. Public utilities or industrial buildings	_____ %	t. Pipelines	_____ %
i. Single family residential subdivisions	_____ %	u. Petrochemical	_____ %
j. Custom single family residential	_____ %	v. Mines and quarries	_____ %
k. Apartments and other multi-unit residential	_____ %	w. Nuclear projects	_____ %
l. Sewage or waste disposal systems	_____ %	x. Other (please specify)	_____ %

15. Please complete Supplement 3 (Largest Projects).
16. Please attach a copy of your Company's brochure.

SERVICES

17. Please indicate percentages of the Applicant's Gross Billings derived from each of the following.
 (Total must equal 100%)

a. Design with construction review	_____ %
b. Design without construction review	_____ %
c. Construction review without design	_____ %
d. Project or construction management	_____ %
e. Feasibility, economic or other studies	_____ %
f. Boundary surveying	_____ %
g. Subsurface soils testing, soils analysis, ground testing	_____ %
h. Material testing	_____ %
i. Foundation design	_____ %
j. Interior design/Space planning	_____ %
k. Forensic/Expert witness	_____ %
l. Other (please specify)	_____ %

CONTRACTS

18. Please indicate types of contracts utilised by Applicants. *(Total must equal 100%)*

a. Standard industry contract (ACEC, AIA, ASFE, etc.)	_____	%
b. Firm's standard contract	_____	%
c. Letter agreement	_____	%
d. Purchase order	_____	%
e. Client contract	_____	%
f. Oral agreement	_____	%

19. Please submit a copy of a typical contract of hire utilised by the Applicant.

CLIENTS

20. Please indicate percentage of the Applicant's Gross Billings attributable to the following types of clients. *(Total must equal 100%)*.

a. Government or Public Entities		
Federal	_____	%
State, County or Local	_____	%
b. Owners acting as their own builders	_____	%
c. Turnkey contractors	_____	%
d. Design/Build contractors	_____	%
e. Other contractors	_____	%
f. Developers	_____	%
g. Financial and lending institutions	_____	%
h. Other design professionals	_____	%
i. Other (please specify) _____	_____	%

FINANCIAL AND RELATED INTERESTS

21. During the past twelve months, has the Applicant or any subsidiary, parent or other organisation related thereto, been engaged in:

- a. Actual construction, fabrication, or erection. Yes No
- b. Development, sale or leasing of computer software. Yes No
- c. Real Estate development. Yes No
- d. Manufacture, sale, leasing or distribution of any product, process or patented production process. Yes No
- e. Design of a building, component or system which might be used on more than one project. Yes No

22. Has the Applicant entered into any Joint Ventures? Yes No
 Is Joint Venture coverage required? Yes No

If yes, Supplement 4 must be submitted

23. Does the Applicant or any principal have any financial interest in any projects for which it has provided professional services? Yes No

Is coverage for Equity interest required? Yes No
If yes, Supplement 5 must be submitted

24. Does the Applicant have any abandoned projects? Yes No

If yes, please give full details by attachment

SUBCONTRACTORS/SUBCONSULTANTS

25. Please indicate types and percentages of work the Applicant subcontracts to others:

- | | | | |
|-----------------|---------|------------------------|---------|
| a. Architecture | _____ % | Soils | _____ % |
| Civil | _____ % | Structural | _____ % |
| Mechanical | _____ % | HVAC | _____ % |
| Electrical | _____ % | Other (please specify) | _____ % |

b. Please describe the process by which the Applicant selects subcontractors and subconsultants:

- c. Are written contracts used for all subcontractors and subconsultants? Yes No
- d. Do the Applicant's contracts with subcontractors and subconsultants contain indemnification and hold harmless provisions? Yes No
- e. Does the Applicant obtain certificates of insurance from all subcontractors and subconsultants? Yes No
- f. Is the Applicant named as an Additional Assured under all subcontractor and subconsultant General Liability policies? Yes No

MANAGEMENT

- 26a. Does the Applicant have an in-house quality control procedure? Yes No
- b. Is it in written form? Yes No
- c. Are all appropriate staff members familiar with these procedures? Yes No
27. Has the name of the Applicant changed or has any other firm or been merged organisation amalgamated with or into the Applicant, or is any such change pending?
If yes, please give full details by attachment. Yes No
28. Is the Applicant controlled, owned by or associated with, or does the Applicant control or own any other entity?
If yes, please give full details by attachment. Yes No

LOSS HISTORY

- 29a. After enquiry, have any claims or suits been made against the Applicant? (Please include those claims arising from separately insured projects). Yes No
If yes, Supplement 6 must be submitted
- b. After enquiry, are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against the Applicant?
If yes, Supplement 6 must be submitted. Yes No
- c. Has the Applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities?
If yes, please give details by attachment. Yes No

INSURANCE

30. Has insurance of the type for which the Applicant is now applying ever been declined, cancelled or had the renewal thereof refused?
 If yes, please give details by attachment. Yes No

31. Please give details of previous insurance (past five years):

	Carrier	Policy No.	Limits		Paid Premiums	Effective	
			Each Claim/Aggregate	Deductible		From	To
1.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____
2.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____
3.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____
4.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____
5.	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____

Retroactive Date of current policy: _____

32. Please state coverage Limits and Deductibles required:

A. Coverage Limits of Liability \$ _____ B. Self Insured Retention \$ _____

The Applicant declares that, after enquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true, and no material facts have been suppressed, omitted, or mis-stated.

Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this application, if subsequent to the date of this application, but prior to the inception of such policy, there are any material alterations to the information contained herein.

Completion of this application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

This application is signed on behalf of all Owners, Principals, Partners, Shareholders, Directors and Employees.

Must be signed by Owner, Partner or Officer:

 AUTHORISED SIGNATURE OF APPLICANT

 TITLE

 DATE