



FENNER & ESLER
INSURANCE

Architects and Engineers Professional Liability
Insurance Application

New Renewal/Policy #
Submission # Producer Code

Firm Name Date Established*
Predecessor Firm Name(s)
Firm Address Tax ID Number
City County State Zip
Principal Contact Title
Phone Fax E-mail

* If your firm has been established for less than one year, please attach a copy of the principal's resume.

General Information

- 1. What is the total number of staff in your firm, including part-time employees?
2. How many registered architects, landscape architects, land surveyors, and licensed engineers does your firm employ?
3. What were your firm's gross annual billings (not including direct reimbursables) for the past three fiscal years?

a. Last Year \$ Billings b. Two years ago \$ Billings c. Three years ago \$ Billings

4. What are your firm's projected gross billings for the current and next fiscal years? \$ Current \$ Next

5. On a separate sheet, please list your five largest projects in terms of construction value over the past three years. Please include location, services rendered, and billings.

6. What percentage of your firm's annual gross billings for the last fiscal year (3.a.) was derived from each of the following disciplines? (Total must equal 100%)

- % Architect % Forensic Engineer % Mechanical Engineer
% Civil Engineer % Geotechnical % Mechanical/Electrical Engineer
% Construction Manager % Interior Design % Process Engineering
% Electrical Engineer % Landscape Architect % Structural Engineer
% Environmental Consultant % Land Surveyor % Other Please describe

7. What percentage of your firm's annual gross billings for the past fiscal year (3.a.) was derived from each of the following project type or category. (Total must equal 100%)

- % Air Emission Control Systems * % Hotels/Motels % Sewer/Water Systems
% Airports % Industrial/Manufacturing % Land/Site Development
% Apartments/Townhouses % Jails/Prisons % Stadiums/Arenas
% Asbestos Abatement * % Landfills * % Superfund Sites *
% Bridges/Tunnels/Dams % Office Buildings/Banks % Swimming Pools
% Condominiums % Parking Garages % Toxic/Hazardous Waste Sites *
% Single Family Homes % Parks/Golf Courses % Underground Storage Tanks *
% Educational % Refinery/Petro Chemical* % Other Please describe
% Highways/Roads % Religious
% Hospitals/Healthcare % Residential Subdivisions

* If greater than 10%, please complete the supplemental Environmental Questionnaire.

8. What percentage of your firm's annual gross billings for the past fiscal year (3.a.) was derived from:

a. Feasibility studies, master planning, reports, opinions, interior design and forensic engineering?

0-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60% or more

b. Land surveying or landscape architecture?

0-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60% or more

9. What percentage of your firm's annual gross billings for the past fiscal year (3.a.) was paid to subconsultants?

With Professional Liability Insurance _____% Without Professional Liability Insurance _____%

10. What percentage of your firm's annual gross billings for the past fiscal year (3.a.) was derived from each of the following categories of project owners? (Total must equal 100%)

_____ % Federal Government _____ % Institutional _____ % Other _____
_____ % State or Local Government _____ % Private Please describe

11. a. What percentage of your billings for the past fiscal year (3.a.) was derived from the following clients:

_____ % Contractors _____ % Design Firms
_____ % Owners _____ % Other _____

b. What percentage of your billings for the past fiscal year (3.a.) was derived from repeat clients? _____ %

12. What percentage of your firm's annual gross billings for the past fiscal year (3.a.) was derived from projects located outside the U.S. its territories and possessions and Canada? _____ %

13. a. Do you or any principal, partner, member, officer, director or shareholder of your firm or an immediate family member have an ownership interest in any entity for whom professional services are being rendered?

Yes No (If yes, please provide complete details.)

b. If yes, is the combined ownership interest greater than 49%?

Yes No

14. Is your firm or any subsidiary, parent or other organization related to your firm engaged in:

a. Actual construction, fabrication or erection?

Yes No

b. Computer software development for, or sales to, others?

Yes No

c. Real estate development?

Yes No

d. The manufacture, sale, leasing or distribution of any product or production process?

Yes No

Note: If you answer yes to any part of Question 14., please provide full details, including relationships, a description of the services performed, construction values involved and any fees received. Also enclose sample contract(s).

15. Does your firm or any subsidiary, parent or other organization related to your firm ever have single-point responsibility for both the design and the construction of a project?

Yes No (If yes, please complete and return the supplemental Design/Build Questionnaire)

16. a. Is your firm a Named Insured under a project policy?

Yes No

b. If yes, please provide the following information for all projects (if more than one, please attach a separate sheet):

Carrier	Policy term (Inception/Expiration)	Discovery Period	Limit of Liability	Deductible	Project Type

c. What are your firm's annual gross billings, from 3.a., that are associated with this project(s)? \$ _____

17. Do you have a Specific Additional Project Limit Endorsement on your current policy?

Yes No (If yes, please complete and return the Specific Additional Project Limit Questionnaire)

18. a. On what percentage of your current projects do you have a signed, written agreement?

0-25% 26-50% 51-75% 76-99% 100%

b. Do you use AIA or EJCDC standard forms of agreements Yes No

(If yes, what percentage of the time are they used? _____%)

c. Does your firm incorporate a limitation of liability provision in its agreements? Yes No

If yes, what percent of your firm's current contracts contain a limitation of liability clause which is less than or equal to \$250,000 (or the amount of the fee, if greater)

0-25% 26-50% 51-75% 76-100%

19. Does your firm:

a. Have non-standard contracts reviewed by legal counsel for liability implications prior to signing?

Yes No

b. Have an in-house continuing education program?

Yes No

c. Have procedures for monitoring or collecting outstanding fees?

Yes No

20. In the past 3 years, have you brought suit against any clients to collect fees?

Yes No (If yes please provide complete details. Include date, circumstances and amount of fees)

21. Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy under Chapter 7 or 11?

Yes No (If yes, please provide complete details)

22. Please provide information about your current general liability insurance:

Carrier	Policy Term	Limits of Liability

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467 Kinderkamack Road • Oradell, NJ 07649 • (201) 262-1200 • Fax: (201) 262-7810

New Applicant Information Only

23. Please provide information about your professional liability insurance for the past four years:

Carrier	Deductible Limits of Liability	(Straight/ Shared/First Dollar)	Policy Term	Premium

Retroactive coverage date _____ Policy expiration _____
MM/DD/YYYY MM/DD/YYYY

24. Have you or any principal, partner, officer, director, or shareholder of your firm ever been declined for professional liability insurance or had such coverage canceled (except for nonpayment of premium) or nonrenewed? (Not applicable in Missouri)

- Yes No (If yes, please provide complete details on a separate sheet and attach to this application)

25. a. Do you or any principal, partner, member, officer, director or shareholder of your firm have knowledge of any error, omission, unresolved job dispute, accident or any other circumstance that is or could be the basis for a claim under the proposed professional liability insurance policy?

- Yes No

b. If yes, please provide the following information on a separate sheet and attach to this application:

- 1) Date reported to your insurer
- 2) Name of project
- 3) Date of incident
- 4) Claimant
- 5) Allegations/nature of situation
- 6) Demand/amount of damages (if known)

26. a. Have any professional liability claims been made, incidents reported or legal action brought in the past five years (ten years for firm’s with gross annual billings greater than \$5 million) or made earlier and still pending against your firm, its predecessors or any past or present principal, partner, officer, director, shareholder or employee?

- Yes No

b. If yes, please provide the following information on a separate sheet and attach to this application:

- 1) Name of project
- 2) Date of claim/incident/legal action
- 3) Claimant/plaintiff
- 4) Allegations
- 5) Demand/amount of claim
- 6) Insurance company reserve, if any
- 7) Defense attorney’s or insurance company’s evaluation of exposure/potential liability
- 8) If closed, total amount paid for indemnity/defense costs
- 9) Applicable deductible

Note: The policy for which you are applying will not respond to any claim or circumstance identified, or that should have been identified, in Questions 25. and 26.

Fraud Prevention — General Warning

Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any materially false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an insurance company may be guilty of a crime and may be subject to criminal and civil penalties.

Fraud Warning — Kentucky

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 Prevention — Florida Warning

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

Fraud Warning — 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.

Fraud Prevention — Louisiana Fraud Warning

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 Warning — Tennessee

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

Important Reminder

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by claims expenses. Claims expenses also may be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

I hereby declare that, to the best of my knowledge, the above information is true, accurate and complete. I have not suppressed or misstated any material facts. I agree that the application is the basis of the policy issued by the Company and is incorporated therein and that the Company is not obligated to sell and I am not obligated to purchase the insurance.

Principal Name _____

Please print _____
(Please Print)

Principal Signature _____ Date _____
MM/DD/YYYY

Agency Name _____

Agency Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Agency E-mail _____ Agent's License# _____

Additional Information

In the section below you may provide additional information to any of the questions in this application.
(Please reference the question number.)

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Timothy P. Esler/Kevin M. Esler

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