

ASPEN

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY
AND POLLUTION LIABILITY INSURANCE
NEW BUSINESS APPLICATION



Aspen American Insurance Company
590 MADISON AVENUE, 7TH FLOOR
NEW YORK, NY 10022
(A stock insurance company)

IMPORTANT NOTICE

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED INSURANCE POLICY. CLAIM EXPENSES WILL REDUCE THE LIMIT OF LIABILITY. THE DEDUCTIBLE APPLIES TO BOTH DAMAGES AND CLAIM EXPENSES.

GENERAL FIRM INFORMATION AND BACKGROUND

- 1. a. Name of Applicant/Firm: _____
- b. Principal Business Address: _____
 City: _____ County: _____ State: _____ ZIP Code: _____
 Business Phone: _____ Fax: _____ Internet address: _____

c. **Please list all branch offices on a separate sheet and include a breakdown of the staff at each location.**

- 2. a. Applicant's practice is: Full-time (more than 30 hours/week) Part-time
- b. Date current firm was established: _____
- c. If the firm is less than two years old, attach a resume for the principal(s).
- d. If part-time, specify other employment: _____

3. List all pre-existing entities, including name changes, acquisitions and mergers, date of existence and nature of the change. Attach additional details if necessary. Firms that are accepted for coverage will be listed on the policy.

Name of Predecessor Firm	Dates in Existence	Nature of Change
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Total Staff (include branch offices): Indicate part-time by ½

	Officers, partners, owners	Employees
Licensed architects	_____	_____
Licensed engineers	_____	_____
Technical staff	_____	_____
Administrative staff	_____	_____

5. List professional society memberships:

- AIA NSPE ACEC ASLA ASCE ASME
 ASID ASGCA Other (please specify): _____

6. What percentage of professional employees have participated in continuing education programs within the last two years? _____ %

INSURANCE INFORMATION

7. a. Does the firm currently carry professional liability insurance? Yes No
 If "yes", provide details of insurance history below:

Insurance Company	Policy Period	Limit of Liability	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b. Retroactive date on current policy: _____

8. Is the firm covered by any professional liability specific project policy? Yes No

If "yes", provide the name and address of project, name of insurance company and term of policy: _____

9. Does the firm carry general liability insurance?..... Yes No

FIRM'S PRACTICE

10. Specify the services provided by the firm: (Note: Total must equal 100%)

Architecture _____ %	Civil Engineering _____ %
Interior Design _____ %	Land Surveying _____ %
Landscape Architecture _____ %	Traffic Engineering _____ %
Golf Course Architecture _____ %	Communication Engineering _____ %
Electrical Engineering _____ %	Environmental Engineering _____ %
Mechanical Engineering _____ %	Structural Engineering _____ %
HVAC Engineering _____ %	Process Engineering _____ %
Other (specify): _____ %	

11. If the firm's practice includes fees passed through to consultants for architectural, engineering or surveying services:

a. Specify the types of services provided by consultants: _____

b. Percentage of consultants that carry professional liability insurance: _____ %

c. Consultant's fees should be specified in question 12.e.

12. Specify annual revenues:

	Second Past Fiscal Year	Last Complete Fiscal Year	Projection for Current Year
	From _____ (mo/yr) To _____	From _____ (mo/yr) To _____	From _____ (mo/yr) To _____
a. Projects insured separately	\$ _____	\$ _____	\$ _____
b. Joint Venture projects	\$ _____	\$ _____	\$ _____
c. Fees from foreign projects	\$ _____	\$ _____	\$ _____
d. Fees from abandoned projects	\$ _____	\$ _____	\$ _____
e. Fees passed through to consultants	\$ _____	\$ _____	\$ _____

f. Direct Reimbursables	\$	\$	\$
g. All other professional services	\$	\$	\$
h. ANNUAL TOTAL REVENUES	\$	\$	\$

13. Indicate the services provided by the firm: (Note: must total 100%):

a. Feasibility studies.....	_____	%
b. Design only, no construction phase services.....	_____	%
c. Design with observation of construction.....	_____	%
d. Design with construction management services*.....	_____	%
e. Construction management without design*.....	_____	%
f. Complete responsibility for construction, including design**.....	_____	%
g. Other (specify):_____	_____	%

*Complete the Construction Management Information Sheet.

**Complete the Design/Build Information Sheet.

14. Indicate the types of projects undertaken (Note: must total 100%):

Airports _____%	Environmental Impact Statements _____%	Religious _____%
Apartments _____%	Highways/Roads _____%	Sewer/Water Lines _____%
Bridges less than 500 feet _____%	Hospitals _____%	Shopping Centers _____%
Bridges greater than 500 feet _____%	Hotels/Motels _____%	Site Development _____%
Condominiums _____%	Industrial _____%	Subdivisions/Tract Housing _____%
Convention Centers _____%	Marine/Naval _____%	Subsidized Housing _____%
Correctional Facilities _____%	Mass Transit Lines _____%	Tunnels _____%
Custom Homes _____%	Municipal Water Systems _____%	Warehouses _____%
Dams _____%	Office Buildings _____%	Wastewater Treatment _____%
Educational _____%	Parking Garages _____%	
Other (specify): _____		_____%

15. Indicate the types of clients (Note: must total 100%):

Commercial _____%	Institutional _____%
Contractors _____%	Lending Institutions _____%
Design Professionals _____%	Owners who act as builders _____%
Developers _____%	Other (specify): _____%
Governmental _____%	
Industrial _____%	

16. What percentage of annual billings come from your largest single client? _____%

17. What percentage of annual billings come from repeat clients? _____%

18. Has the firm participated in any of the following projects or services in the last 10 years?

Projects constructed outside the U.S.A.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nuclear or Atomic	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amusement Rides or Water Slides	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refinery or Chemical	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asbestos Testing or Abatement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phase I, II or III Site Assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous or Toxic Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	Runways or Taxiways	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory Testing or Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stadiums or Arenas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landfills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Soils Engineering	<input type="checkbox"/> Yes <input type="checkbox"/> No
Machinery, Equipment or Product Design	<input type="checkbox"/> Yes <input type="checkbox"/> No	Superfund	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mines	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Rise Structures – 11 or more stories	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "yes", please provide details of the project(s), including project named, location, client, billings, construction values and completion date.

19. Does the firm provide stand-alone inspections or inspections for transactional purposes?..... Yes No
If yes, provide the percentage of billings derived from these activities _____%

RELATED ENTITIES

20. Does the firm or any enterprise financially related to the firm or its principals, partners, directors or officers engage in any of the following:
- Construction, erection, fabrication or installation..... Yes No
- Manufacture, sale or distribution of any product or process..... Yes No
- Real estate development..... Yes No
- If "yes", provide full details.
21. Has the firm ever provided any professional services on projects for which the firm or a related person or enterprise has acted as a general contractor by providing or subletting construction?..... Yes No
- If "yes", provide full details or complete the Design/Build Information Sheet.
22. a. Does the firm wholly or partly own, manage or control any other enterprise?..... Yes No
- If "yes", provide full details.
- b. Is the firm wholly or partly owned, managed or controlled by any other enterprise?..... Yes No
- If "yes", provide full details.
23. Does the firm provide professional services for any client in which any member of the firm or their relatives own a financial interest or serves as an officer, director, trustee or partner?..... Yes No
- If "yes", provide the name of the client, project, percentage of equity interest, nature of relationship, gross billings for the last year and type of services.
24. Has the firm participated in a Joint Venture in the last five years?..... Yes No
- If "yes", please attach a Joint Venture Information Sheet or statement providing full details for each joint venture project.

RISK MANAGEMENT PRACTICES

25. a. Does the firm use written contracts on every project?..... Yes No
- b. If "no", please indicate the percentage of projects during the last 12 months that used verbal contracts: _____%
Describe circumstances under which verbal agreements are used: _____

- c. What percentage of professional services are rendered under AIA or EJCDC standard forms of agreement? _____%
- d. When non-standard contracts including "letter agreements" and modified AIA or EJCDC contracts are used, are they reviewed by the firm's legal counsel prior to signing?..... Yes No
- e. What percentage of contracts contain limitation of liability language, limiting the insured's exposure to an amount that is less than total insurance proceeds? _____%
26. a. Has the firm adopted a policy against suing for fees?..... Yes No
- b. Please indicate the number of suits filed for the collection of fees during the last two years: _____
27. Does the firm have procedures in place for the pre-screening of clients?..... Yes No

- 28. Does the firm have a written internal Quality Assurance/Quality Control program, updated at regular intervals?..... Yes No
- 29. Has the firm participated in an Organizational Peer Review or Loss Prevention training in the past five years?..... Yes No
- 30. Has the firm adopted the use of BIM or other similar system? Yes No

CLAIMS HISTORY

- 31. Have any claims involving professional services been made against the firm or any predecessor firm in the last five years?..... Yes No

If "yes", complete a Claim/Circumstance Information Sheet or attach full details, including actions taken to prevent similar claims in the future.
- 32. Has the firm or any predecessor firm reported a potential claims to a professional liability insurer in the last five years? Yes No

If "yes", complete a Claim/Circumstance Information Sheet or attach full details.
- 33. After inquiry, is any member of the firm or a predecessor firm aware of any circumstance that could possibly result in a professional liability claim being made against them? Yes No

If "yes", complete a Claim/Circumstance Information Sheet or attach full details.
- 34. Has any member of the firm ever been the subject of a complaint to authorities or disciplinary action as a result of the professional activities? Yes No

If "yes", please attach a statement providing full details.

SUPPLEMENTARY INFORMATION

- 35. Attach a list of the firm's five largest completed projects. Include the project name, client, location, services rendered, billings, construction values and completion date.
- 36. Attach a list of the firm's five largest current projects, including the details requested in question 35.
- 37. Please attach any literature, including government forms, brochures or descriptive information which is sent to new or prospective clients, which describes the firm's capabilities and practice.

Fraud Notice

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

NOTICE TO APPLICANTS OF ALL STATES EXCEPT COLORADO, DISTRICT OF COLUMBIA, KANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, TENNESSEE, VERMONT, VIRGINIA, WASHINGTON: Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

NOTICE 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 FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO KANSAS APPLICANTS: an act committed by 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE 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.

NOTICE 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.

NOTICE TO MAINE AND 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 or a denial of insurance benefits.

NOTICE 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE 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.

NOTICE 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.

NOTICE 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 is subject to a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

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

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE 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.

NOTICE TO TENNESSEE AND 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

BY SIGNING THIS APPLICATION I HEREBY AUTHORIZE THE INSURANCE COMPANY TO USE THE INFORMATION CONTAINED IN THIS APPLICATION AND IN THEIR FILES FOR THE PURPOSE OF UNDERWRITING THIS INSURANCE.

THE APPLICATION MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL.

Signed _____ Date _____

(Please print name.)

Title _____

Licensed Insurance Agent _____

SIGNING THIS APPLICATION OR INCLUDING PREMIUM WITH ITS SUBMISSION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

Application must be signed and dated to be considered for quotation. A properly completed, signed and dated, original application will allow for prompt issuance of coverage should quotation be offered and accepted.