

Old National Insurance
Professional Liability Division
Indianapolis, IN
Phone: 317-575-9999

Architects / Engineers Application

Firm name: _____

- | | | |
|----|---|----------|
| 1. | Your firm's practice is best described as an architectural, engineering or environmental firm. It is not a geotechnical engineering, marine or naval architectural firm or laboratory. | Yes / No |
| 2. | Your firm meets all of the following requirements: <ul style="list-style-type: none">• A principal of the firm is licensed/registered in the appropriate discipline.• The principals derive their primary source of income from the firm.• The firm and/or principals have never been involved in revocation of license, disciplinary action nor recent bankruptcy.• The firm's gross receipts for each of the last three complete fiscal years and projected fiscal year are \$500,000 or less. | Yes / No |

In the past three years, and for projected year, did your firm:

- | | | |
|-----|--|----------|
| 3. | Engage in design-build (as the prime on a design-build project); retain contractors and/or subcontractors; perform construction, manufacturing, fabricating, real estate development or project financing or have financial interest in organizations that do? | Yes / No |
| 4. | Perform Construction Management services? (This does not include construction phase services on projects you designed.) | Yes / No |
| 5.* | Contract with more than 10% uninsured design professional subconsultants? | Yes / No |
| 6.* | Enter into more than 10% of projects without written contracts?
<i>*Questions 5 and 6 do not apply to firms with no prior coverage. If the firm does not have retroactive coverage, please check "No."</i> | Yes / No |

- | | | |
|----|---|----------|
| 7. | Have more than one professional liability claim or have one claim that is reserved or paid in excess of \$10,000? | Yes / No |
| 8. | Perform services on: | |
| | a. Ski lifts, amusement rides? | Yes / No |
| | b. Residential condominium projects, planned unit developments or time-share projects? | Yes / No |
| | c. Any projects involving design of any building, system or component intended to be manufactured or used on more than one project without site adaptation? | Yes / No |
| | d. Preliminary site assessments, asbestos abatement, parking garages, retirement homes, convalescent hospitals, correctional institutions or buildings over 15 stories? | Yes / No |
| 9. | Perform services accounting for more than 25% of gross receipts on: | |
| | a. Sports facilities, arenas, convention facilities, grandstands, theaters, amusement parks, transportation passenger terminals (excluding interior design and landscape design services), wastewater/sewage treatment plants or systems or environmental remediation projects? | Yes / No |
| | b. Mines, quarries, tunnels, bridges or trestles? | Yes / No |
| | c. Structures for offshore or marine use, harbors, jetties, docks, piers, wharves? | Yes / No |

Comments:

1. Firm Information:

Firm's full name: _____
Street address: _____
Mailing address: _____
City, State, Zip: _____
Telephone: _____
Facsimile: _____
E-mail: _____

2. Main Office and Branches

Percentage of GROSS RECEIPTS earned in main office and branches:

	City	State	Zip	% of Fees
Main Office	_____	_____	_____	_____
Branch 1	_____	_____	_____	_____
Branch 2	_____	_____	_____	_____

3. Firm Personnel

Please enter the number of personnel in your firm divided as indicated:
(Include each individual in only one category)

- _____ a. Principals (Do not include below.)
- _____ b. Professionals (project managers, architects, engineers, scientists)
- _____ c. Technical (CAD operators, drafting, field, laboratory)
- _____ e. Administrative and other
- _____ **PERSONNEL TOTAL**

4. Firm Ownership

Date your firm was established: _____

Entity Type (Corp., LLC, LLP, Etc): _____

- Does your firm have any pre-existing entities? Yes / No
- Do any other entities, or individuals not employed by your firm, have any ownership interest in your firm? Yes / No
- Does your firm or do any partners, principals or officers own any interest in any other entity? Yes / No
- Are professional services provided by your firm to any entity in which your firm, or your partners, principals or officers, maintains a cumulative ownership interest greater than ten percent (10%)? Yes / No

Comments:

5. Financial Information

Please provide your firm's **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, but not including interest income, rental income on real estate, or sales and service taxes.

Fiscal Year End (month/day/year)		GROSS RECEIPTS	Project Policy Receipts
_____	Estimated current year	_____	_____
_____	Last year	_____	_____
_____	Two years ago	_____	_____
_____	Three years ago	_____	_____

If your firm has four years of fee history, do you wish to be considered for a 2-year policy term? Yes / No

Do you wish to be considered for Policy Limits of \$1,000,000/\$2,000,000 and \$2,000,000? Yes / No

6. Subconsultants

Provide the percentage of your firm's **GROSS RECEIPTS** that were paid during the last year to subconsultants that have professional liability insurance.

Subconsultants Insured for Professional Liability

Structural engineering _____
 Other professional services _____

Comments:

What percentage of your firm's **GROSS RECEIPTS** during the last fiscal year were attributable to:

- _____ a. Feasibility, programming, planning or economic studies?
- _____ b. Restaurants; office, warehouse, processing, manufacturing and production buildings?
- _____ c. Roads/highways?
- _____ d. Utilities?
- _____ e. Sports facilities, arenas, convention facilities, grandstands, theaters, amusement parks, transportation passenger terminals (excluding interior design and landscape design services), wastewater/sewage treatment plants or systems or environmental remediation projects?
- _____ f. Mines, quarries, tunnels, bridges or trestles?
- _____ g. Structures for offshore or marine use, harbors, jetties, docks, piers, wharves?

(Total cannot exceed 100%. For e., f., g., each cannot exceed 25% of gross receipts.)

7. Provide the percentages, based on your firm's GROSS RECEIPTS, attributable to the following disciplines provided by your firm (do not include percentages from work performed by your subconsultants).

ARCHITECTURE

Estimated Current Year	Last Year	
_____	_____	Architecture
_____	_____	Architectural planning (including master planning)
_____	_____	Interior design and graphics
_____	_____	Landscape architecture

ENGINEERING

Estimated Current Year	Last Year	
_____	_____	Structural engineering
_____	_____	Civil engineering
_____	_____	Civil wastewater engineering (municipal, non-industrial)
_____	_____	Land surveying
_____	_____	Traffic engineering
_____	_____	Mechanical engineering
_____	_____	Acoustical engineering
_____	_____	Process engineering
_____	_____	Electrical engineering
_____	_____	Illumination engineering
_____	_____	Environmental engineering
%	%	DISCIPLINES TOTAL (must equal 100%)

Comments:

8. CLAIMS

In the last three years, has your firm had a claim against your practice, or against you on a project policy, as described below? If Yes, complete a Claim Questionnaire for each claim. Yes / No

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; 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).

For firms in business for five or more years, has your firm been claim-free for the past five years? Yes / No

9. INSURANCE

Provide the following information about your firm's professional liability insurance for the current year:

_____ Your firm currently has no professional liability insurance.

Policy Start: _____
Policy End: _____
Insurance Company: _____
Limits of Insurance: _____
Deductible: _____
Premium: _____
Retroactive Date: _____

Has your firm Received premium credit for having a limitation of liability clause in your contracts for the last two or more years? Yes / No

If yes, what was the credit percentage last year? _____

9. EFFECTIVE DATE

Enter the policy effective date / projected effective date: _____

Comments:

10. Clients

Indicate the percentage of last fiscal year gross receipts derived from each of the following types of clients (total should equal 100%):

Owners: ____	Local Government: ____
Developers: ____	State Government: ____
Contractors: ____	Federal Government: ____
Design Professionals: ____	Foreign: ____
Environmental Consultants: ____	Other: ____

What percentage of gross receipts are derived from repeat clients? ____

11. Services

Indicate the percentage of last fiscal year gross receipts attributable to the following services (total should equal 100%):

Design with construction observation/review: ____
Design without construction observation/review-for government clients: ____
Design without construction observation/review for private sector clients: ____
Construction observation/review without design: ____

Feasibility, economic, seismic or forensic studies or reports: ____
Conceptual, schematic, or other design without construction documents: ____
Abandoned projects: ____
Project/Construction Management: ____
Operation and Management Services: ____
Program Management or other non-design related services: ____
Plan Checking without design: ____
Quantity or cost estimates without design: ____
Inspection as a stand-alone service: ____
Boundary and construction staking: ____

Construction materials testing (including compaction testing): ____
Geotechnical Laboratory analysis: ____
Geotechnical drilling and sampling: ____
Asbestos and lead studies: ____
Asbestos and lead abatement: ____
Environmental preliminary site assessments (Phase I PSA): ____
Environmental investigation (drilling and sampling, Phase II): ____
Environmental design services: ____
Environmental remediation activities, remediation or management: ____
Environmental project observation/oversight: ____
Environmental Permitting: ____
Environmental Lab Analysis: ____
Fish, wildlife or botanical studies, wetland delineation: ____
Other environmental services: ____

12. Contracts

Please specify the types of contracts used by the firm in the last fiscal year (total should equal 100%).

Firm's own standard contract: ____ Purchase Order: ____
Standard industry contract: ____ (AIA, EJCDC, etc) Verbal: ____
Letter of Agreement: ____ Other: ____
Client Contract: ____

13. Has the firm provided professional services for condominium projects in the last five years?

14. Projects

Indicate the percentage of last fiscal year gross receipts derived from each of the following types of projects (total should equal 100%):

High rise-all buildings over 15 stories: ____
Residential condominiums: ____
Single family residential subdivisions: ____
Custom Homes: ____
Apartments: ____
Hospitals, retirement homes, convalescent homes: ____
Public schools, colleges and universities: ____
Churches: ____
Correctional Institutions: ____
Processing, manufacturing and production buildings: ____
Oil refineries: ____
Chemical plants and pipelines: ____
Utilities: ____
Roads and highways: ____
Airport runways: ____
Transportation passenger terminals: ____
Parking garages: ____
Hotels: ____
Motels: ____
Retail, malls, shopping centers: ____
Offices, warehouses, restaurants: ____
Harbors, docks, piers, or structures for offshore use: ____
Mines, quarries, tunnels: ____
Bridges, trestles: ____
Dams, reservoirs, levees: ____
Sports facilities, arenas, convention facilities, grandstands, theaters: ____
Ski lifts, amusement rides, amusement parks: ____
Landfills: ____
Facilities related to nuclear activities: ____
Wastewater treatment, storage or disposal facilities: ____
Mold remediation: ____
All other environmental projects: ____
Other: ____

**Please submit with this application a project list outlining the firms 5 largest projects.*

15. What percentage of last fiscal year fees included a signed contract limiting the firm's liability to less than \$100,000? ____

CLAIMS-MADE BASIS

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.

EXPENSE WITHIN LIMITS

The policy contains a provision permitting claim expenses, including legal defense costs, to be applied against the deductible. Subject to restrictions in the 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.

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.

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 in the CLAIMS section above. 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.

REPRESENTATION INFORMATION

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 (print):

Title:

Date of Application:
