



• APPLICATION •  
**PROJECT SPECIFIC COVERAGE**  
**PROFESSIONAL LIABILITY INSURANCE**

**THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY**

*This Application for Professional Liability Insurance for Project Specific Coverage is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.*

**THIS APPLICATION IS NOT A BINDER**

1. **Name of applicant:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
*(Usually Prime Professional)* \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_
2. **Address:** \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 \_\_\_\_\_ Website: \_\_\_\_\_  
 \_\_\_\_\_
3. Indicate applicant's Professional Liability insurance currently in force:
- | COMPANY | TERM  | LIMIT | DEDUCTIBLE |
|---------|-------|-------|------------|
| _____   | _____ | _____ | _____      |
4. Indicate applicant's General Liability insurance currently in force:
- | COMPANY | TERM  | LIMIT | DEDUCTIBLE |
|---------|-------|-------|------------|
| _____   | _____ | _____ | _____      |

**PROJECT INFORMATION**

5. Name and/or designation of project: \_\_\_\_\_  
 \_\_\_\_\_
6. Location of project: \_\_\_\_\_
7. Description of project/services to be performed by the professional firms: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Name and address of prime design professional on project (if same as applicant, please indicate):  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Name and address of project owner: \_\_\_\_\_
10. How is the project being financed? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Name and address of applicant's client (for whom professional services are being rendered):

\_\_\_\_\_  
\_\_\_\_\_

12. Has the applicant worked with the client in the past? If yes, please explain.

Yes  No

\_\_\_\_\_  
\_\_\_\_\_

13. Has the owner of the project or the applicant's client made any claims against design professionals or construction managers in the last five years?  Yes  No

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

14. What prior experience does the applicant have with similar projects? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. a) Name of Contractor/General Contractor:

\_\_\_\_\_

b) How will Contractor/General Contractor be selected?

Competitive Bid  Prequalification "Short List"  Owner Preference  Other

c) Is a Performance Bond required to be obtained by the contractor for the project?

Yes  No

If yes, what amount? \$ \_\_\_\_\_

d) What prior experience does the Contractor/General Contractor have with similar projects?

\_\_\_\_\_  
\_\_\_\_\_

e) Has the applicant worked with the Contractor/General Contractor on any prior projects?

Yes  No

\_\_\_\_\_  
\_\_\_\_\_

16. a) Please identify the Construction Management Firm, if any: \_\_\_\_\_

b) Who hired the Construction Management Firm? \_\_\_\_\_

c) Will the Construction Management Firm hire the design team or the Construction Contractors?  Yes  No

If yes, please explain the contractual relationship between the parties:

\_\_\_\_\_  
\_\_\_\_\_

d) Is coverage sought for the Construction Manager under this policy?

Yes  No

If yes, please include firm's fee information in Q#19 and Q#21.

\_\_\_\_\_  
\_\_\_\_\_

e) Total estimated professional fees to be paid to Construction Manager: \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PROFESSIONAL FEES/CONSTRUCTION BUDGET

17. Total estimated project construction value: \$ \_\_\_\_\_
18. What percentage of the construction budget is allocated for contingencies? \_\_\_\_\_
19. Total estimated professional fees to be paid to Design/Professional Team: \$ \_\_\_\_\_
20. Give estimated beginning and completion dates for all design and construction phases, indicating gross fees for each phase:

	Beginning Dates	Completion Dates	Gross Fees
Schematic Design Phase:	_____	_____	_____
Design Development Phase:	_____	_____	_____
Construction Document Phase:	_____	_____	_____
Bidding/Negotiation Phase:	_____	_____	_____
Construction Administration Phase:	_____	_____	_____

## DESIGN TEAM/PROFESSIONAL FIRM INFORMATION

21. Indicate specific architectural/engineering discipline to be rendered (i.e., Civil, Structural, HVAC, etc.).  
*NOTE: Sum of Percent of Total Professional Fees should equal 100% of fees shown in Question 19 above.*

	Discipline	Percent of Total Professional Fees	Firm's Current Professional Liability Coverage
A) _____	_____	_____	Company: _____
_____	_____	_____	Limit: _____
_____	_____	_____	Deductible: _____

*Check if hired by applicant* \_\_\_\_\_

**B) Consultant/Subconsultant Professional Firms**

Name of Firm	Discipline	% Fees	Who Hired?
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____

*Please list additional consultants by attachment.*

**For all "yes" answers to any of the following, please provide complete details by attachment.**

22. Does the applicant or any member of the Design/Professional Team (including details partners, officers, employees, parent or subsidiary firms):
- a) Have any equity interest in the project?  Yes  No
  - b) Plan to act as a General Contractor on the project?  Yes  No
  - c) Plan to engage in any actual construction on the project?  Yes  No
  - d) Plan to manufacture, fabricate or supply any materials to be used on the project?  Yes  No
  - e) Plan to participate in a joint venture for any activity on the project?  Yes  No
  - f) Plan to hire a geotechnical consultant or perform geotechnical engineering?  Yes  No
  - g) Plan to arrange or procure financing for the project?  Yes  No
  - h) Plan to provide equipment or products from manufactures who are related to or have related ownership to any of the applicant firms?  Yes  No
23. Is this a "Design/Build" Project?  Yes  No
24. Will applicant's client act as a contractor on the project?  Yes  No
25. Will the project consist of any of the following? If yes, please explain in the space below.
- |                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| fast track construction   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| design/build              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| environmental remediation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| product design            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| equipment procurement     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| construction management   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- 
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**CLAIMS AWARENESS**

26. a) Has the applicant any knowledge of prior acts, errors or omissions which could reasonably be anticipated to be a basis for a claim against any member of the Design Team or any other professional firms on this project?  Yes  No
- b) Have there been any significant issues or concerns raised by any of the key parties on the project regarding errors or omissions in the plans or delays on the project to date?  Yes  No
- c) Has the owner or contractor raised any concerns to date regarding the adequacy or timeliness of the professional services provided by the applicant, design team or construction manager on the project?  Yes  No
- d) Is the project on schedule and budget?  Yes  No

If you have answered "yes" to any of the questions above please explain in detail below or by attachment.

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27. Please provide any additional information in the space below that you feel will help the underwriter evaluate the risk or positive attributes associated with this project:
- 
-

## ADDITIONAL INFORMATION

28. Please attach a copy of the following:

- |                                                             |                                   |                                                      |
|-------------------------------------------------------------|-----------------------------------|------------------------------------------------------|
| a) Prime Professional Contract                              | <input type="checkbox"/> Attached | <input type="checkbox"/> Will be sent on ___/___/___ |
| b) Scope of services provided by the Design Team/Prof. Firm | <input type="checkbox"/> Attached | <input type="checkbox"/> Will be sent on ___/___/___ |
| c) Site plan or diagram of the proposed project             | <input type="checkbox"/> Attached | <input type="checkbox"/> Will be sent on ___/___/___ |
| d) Claim history for each Design Team member                | <input type="checkbox"/> Attached | <input type="checkbox"/> Will be sent on ___/___/___ |
| e) Geotechnical report summary (Boring logs not required)   | <input type="checkbox"/> Attached | <input type="checkbox"/> Will be sent on ___/___/___ |

29. The applicant would like a quotation based upon the following Professional Liability limit and deductible:

Limit	Deductible
_____	_____
_____	_____

### DEDUCTIBLE DISCLOSURE/RESPONSIBILITY

30. Normally the policyholder (prime professional) is responsible for the deductible on the project policy.

If another entity will be responsible to pay the deductible, please identify:

- Applicant    Prime Design Firm    Owner    Design/Build Contractor    Shared Arrangement    Other

*NOTE: If the deductible exceeds \$50,000, please enclose a copy of the responsible party's balance sheet and income statement for the most recent fiscal year.*

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of the applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that if, in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to Question 29 of this Application, such information shall be revealed immediately in writing to the Underwriter.

Must be signed by Owner, Partner, or Officer.

\_\_\_\_\_  
Print or Type Your Name

\_\_\_\_\_  
Title/Company

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

