



# Patriot National Underwriters, Inc.

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Architects and Engineers  
Professional Liability Policy  
(Claims Made Coverage)

1. Name of Applicant (if Partnership or corporation, show firm):	
2. Address:	
3. Addresses of all Branch Offices:	
4. Internet Address:	5. Date Established:
6. Type of Firm: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____	
7. Has the firm's name been changed or has any other business been purchased or any merger or consolidation taken place? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, please give full details (including dates) by separate attachment.	
8. Staff (by attachment, please include resume of principles/officers/partners):	
Principals, Partners, Officers and Directors Architects, Landscape Architects Land Surveyors, Engineers Information Technology Draftsmen, Programmers and other Technical Personnel Clerical, Accounting, Non-Technical Total Staff (1+2+3)	
9. States in which a Professional License is held:	
10. Foreign work? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, please give full details including which countries:	
11. Have any of the Principals, Officers or Partners listed in item 8 ever been subject to disciplinary action by authorities as a result of their professional activities? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, please give full details:	
12. To what Professional Associations does the Applicant belong?	
13. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, erection, manufacturing, fabrication? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, please give details and project list – 5 largest projects, by separate attachment.	
14. Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, please give full details by separate attachment.	
15. Does the Applicant provide professional services on projects in which any principal officer, director or shareholder or an immediate family member of such person retains any ownership interest? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, please attach a complete description of the project; specifically identify all individuals holding an ownership interest and the amount of ownership each holds.	

16. Please indicate the percentage of the following disciplines or services in which the Applicant is engaged (Total must equal 100%):

Accoustical Engineering	_____ %	Land Surveying	_____ %
Architecture	_____ %	Laboratory Testing	_____ %
Asbestos Inspection, Testing or Abatement Design	_____ %	Machine/Equipment Design	_____ %
Chemical Engineering	_____ %	Mechanical Engineering	_____ %
Civil Engineering	_____ %	Mining Engineering	_____ %
Communication Engineering	_____ %	Naval/Marine Engineering	_____ %
Construction/Project Management	_____ %	Process Engineering	_____ %
Electrical Engineering	_____ %	Soil/Geotech Engineering	_____ %
Environmental Engineering	_____ %	Structural Engineering	_____ %
HVAC Engineering	_____ %	Other (please specify)	_____ %
Interior Design	_____ %	_____	_____ %
Landscape Architecture	_____ %	_____	_____ %

17. Please indicate the approximate percentage of billings derived from the following types of services (Total must equal 100%):

Feasibility studies, reports, surveys where applicant is not involved in design	_____ %
Design without supervisory services	_____ %
Design & Observation	_____ %
Construction/Project Management	_____ %
Construction observation without design	_____ %
Inspection services on existing structures	_____ %
Inspections of home/commercial properties for prospective buyers or lenders	_____ %
Manufacture, sale or distribution of any product or process	_____ %
Development, sale or leasing of computer software to others	_____ %
Other _____	_____ %

18. Please indicate the approximate percentage of billings derived from each project type (Total must equal 100%):

Airport Runways/Taxiways	_____ %	Nuclear Facilities	_____ %
Amusement Rides	_____ %	Office Buildings	_____ %
Apartments	_____ %	Parking Structures	_____ %
Bridges	_____ %	Petrochemical/Refineries	_____ %
Churches	_____ %	Pools	_____ %
Condominiums	_____ %	Power Plants	_____ %
Convention Centers	_____ %	Roads/Highways	_____ %
Custom Residential	_____ %	Schools/Colleges	_____ %
Dams	_____ %	Sewage Systems	_____ %
Environmental Impact Statements	_____ %	Sewage Treatment Plants	_____ %
Foundation or Shoring Projects	_____ %	Shopping Centers/Retail	_____ %
Harbors/Piers/Ports	_____ %	Site Development	_____ %
Hospital/Healthcare	_____ %	Superfund/Pollution	_____ %
Hotels/Motels	_____ %	Tract Homes/Subdivisions	_____ %
Industrial Waste Treatment	_____ %	Traffic Planning	_____ %
Jails/Justice	_____ %	Tunnels	_____ %
Landfills	_____ %	Warehouses	_____ %
Libraries	_____ %	Water Systems	_____ %
Manufacturing/Industrial	_____ %	Water Treatment Plants	_____ %
Mass Transit	_____ %	Other _____	_____ %
Pulp/Paper/Lumber	_____ %	_____	_____ %

19. Types of Clients

Commercial	_____ %	Local Government	_____ %
Contractors	_____ %	Industrial	_____ %
Other Design Prof	_____ %	Real Estate Developers	_____ %
Institutional	_____ %	Other	_____ %
Federal Government	_____ %	_____	_____ %
State Government	_____ %		

20. Does the Applicant foresee any substantial changes in the percentages of items 16-19 during the next twelve months?  
 Y  N  
 If Yes, please give details:

<b>21. Gross Billings and Construction Values</b>			
<b>IF FIRM IS DOING DESIGN/BUILD PLEASE LEAVE THIS QUESTION BLANK AND COMPLETE QUESTION 23.</b>			
Dates:	Present 12 Months From _____ To _____	Previous 12 Months From _____ To _____	
Domestic Operations:	Total Gross Billings	Construction Values	Total Gross Billings
a. Joint Venture Projects (Applicant's Portion Only)	\$ _____	\$ _____	\$ _____
b. Projects Insured Under Separate Project Policies	\$ _____	\$ _____	\$ _____
c. Projects which have been permanently abandoned	\$ _____	\$ _____	\$ _____
d. Feasibility Studies, Master Plans, Reports	\$ _____	\$ _____	\$ _____
e. Direct Reimbursables	\$ _____	\$ _____	\$ _____
f. All Other Billings	\$ _____	\$ _____	\$ _____
<b>TOTAL GROSS BILLINGS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
For a, b and c above, on a separate sheet please provide the name, location and current status of each project. If the Applicant is engaged in projects located outside the United States, its territories or Canada, please attach a description of such projects including gross billings as described above.			
22. Estimates of the Applicant's Total Gross Billings and Construction Values for the next 12 months: Gross Billings \$ _____ \$ _____			
<b>23. DESIGN/BUILD – CONSTRUCT VALUES – COMPLETE ONLY IF FIRM IS DOING DESIGN/BUILD WORK</b>			
Dates:	Estimate for Coming Year From _____ To _____	Present 12 Months From _____ To _____	Previous 12 Months From _____ To _____
a. All Operations	\$ _____	\$ _____	\$ _____
b. Design/Construct	\$ _____	\$ _____	\$ _____
c. Design Only – No Construction	\$ _____	\$ _____	\$ _____
d. Construction Only – No Design	\$ _____	\$ _____	\$ _____
24. What percentage of the Applicant's practice involves any of the following:			
a. Subletting of work to others _____%			
Type of work sublet? _____			
b. Is evidence of insurance from consultants required? <input type="checkbox"/> Y <input type="checkbox"/> N			
25. Does any one contract or client represent more than 50% of annual work? <input type="checkbox"/> Y <input type="checkbox"/> N			
If Yes, please give details:			
26. Does the Applicant work with other firms in Joint Ventures? <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES</b>			
If coverage is desired, request Joint Venture Supplemental Application.			
27. Does the Applicant perform asbestos abatement services? <input type="checkbox"/> Y <input type="checkbox"/> N			
If coverage is desired, request Asbestos Supplemental Application.			
28. If the Applicant has any direct or indirect responsibility for the design or re-design of HVAC systems, please comment on any engineering or administrative controls that are routinely employed to insure acceptable indoor air quality.			
29. If the Applicant is involved in the selection of furnishings or building materials, comment on any controls or procedures that are employed to minimize the introduction of sources of chemical contamination into public buildings.			

**30. Please detail present Architects and Engineers Professional Liability Insurance Coverage.**

Insurance Company	Policy Number	Limits	Deductible
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Expiring Premium: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Present Policy Retroactive Date: \_\_\_\_\_

**31. Please detail Architects and Engineers Professional Liability Coverage for the FIVE YEARS prior to the present coverage**

Insurance Company	Policy Number	Limits	Deductible	Policy Period

32. Date UNINTERRUPTED insured began: \_\_\_\_\_

33. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy?  Y  N  
If Yes, please give details:

Insurance Company	Type of Coverage	Limits		Effective	
		BI	PD	From	To

34. Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused?  Y  N  
If Yes, please give details:

35. Has any claim ever been made against the firm or any persons named in Item No. 1 or Item No. 8?  Y  N  
If Yes, please attach details stating:  
(1) date when claim was made;  
(2) date the act giving rise to the claim was committed;  
(3) name of the claimant;  
(4) nature of the claim;  
(5) amount of alleged damaged;  
(6) amount of reserves if claim is open;  
(7) final disposition (include paid indemnity amounts and expense amounts)

36. After inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission, or circumstance which may possibly result in a claim being made against them?  Y  N  
If yes, attach a statement giving full details.

37. Has the Applicant, any predecessors in business or any other person for whom coverage is requested ever reported a potential claim circumstance to a professional liability carrier?  Y  N  
If yes, attach a statement giving full details.

38. Coverage requested: \_\_\_\_\_ Limit \_\_\_\_\_ Deductible \_\_\_\_\_

39. Does the Applicant have a Risk Management and Risk Control Program in place?  Y  N

- Please include the following information with this application:**
- a. a list of the 10 largest jobs in the last five years.  
Detail: (1) project name; (2) type of structure; (3) services performed; and (4) construction values
  - b. a copy of the firm's brochure
  - c. a copy of the firm's latest financial statement, annual report of 10-K

I/We warrant that the information contained herein is true and understand that the Application for Architects and Engineers Professional Liability Insurance shall be the basis for the contract of insurance should a policy be issued and that this Application together with any supplement will be attached to and become part of the policy issued.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

The LIMITS OF LIABILITY stated in the Policy are reduced by CLAIM EXPENSES. CLAIM EXPENSES are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker.

Date: _____	Signature: _____ Title: _____ (Owner, Partner, Authorized Officer)
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