

NEW BUSINESS APPLICATION

NOTICE: This is an application for a "Claims-made and Reported" policy. Coverage for prior acts and claims made after termination of this policy may be restricted. Please read the policy carefully.

Current Coverage ☐ Y ☐ N

Firm Name: _____ Contact Name: _____

Mailing Address: _____

E-Mail Address: _____ Website Address: _____

Date Established: ____ / ____ / ____

1. Indicate total gross billings for all entities including any predecessor or newly acquired firms. Total gross billings should include subconsultant billings for the fiscal year specified below. **(total gross billings should not include non-professional reimbursable expenses e.g. travel, per diem, printing/reproduction costs, etc):**

	<u>Fiscal Year</u>		<u>Gross Billings</u>
	(MM/YYYY to MM/YYYY)		
a. Current Fiscal year	____ / ____ to ____ / ____	(CAD)	_____
b. Last Fiscal Year	____ / ____ to ____ / ____	(CAD)	_____
c. One Fiscal Year Prior	____ / ____ to ____ / ____	(CAD)	_____
d. Second Fiscal Year	____ / ____ to ____ / ____	(CAD)	_____
e. Next Fiscal Year	____ / ____ to ____ / ____	(CAD)	_____

2. What percentage of annual gross billings from the last year (Question 1b), were derived from Quebec? _____%

3. What is the total number of staff in your firm, including principals and part-time employees?

d. Of the above, how many are registered/licensed design professionals?

e. How many employees have left your firm in the past 12 months?

Management _____ Registered/Licensed Professionals _____ Other Staff _____

4. In the past 12 months has anyone in your firm acted in their capacity as a director or officer of a non-profit organization? ☐ Yes ☐ No

If yes, please provide details below or on a separate sheet of paper and attach to this application.

5. Has your firm or any predecessor firm ever filed for or been in receivership or bankruptcy? ☐ Yes ☐ No
If yes, please provide details on a separate sheet of paper and attach to this application.

6. Does the applicant belong to any related professional associations? ☐ Yes ☐ No
If yes, please indicated such memberships:

7. Please indicate the approximate percentage of your total gross billings from the last year (Question 1b) that were derived from each of the following disciplines: (This section should equal 100%)

_____% Architecture	_____% Forensic Engineer	_____% Mechanical Engineer
_____% Civil Engineer	_____% Geotechnical Engineer	_____% Process Engineer
Construction Management _____% Agency/Owners Rep _____% At- Risk	_____% Non-Structural Interior Design	_____% Structural Engineer
_____% Electrical Engineer	_____% Landscape Architect	_____% *Other Design Consulting
_____% Environmental Consultant*	_____% Land Surveyor	100% Total

*Please describe the type of “Environmental Consultant” or “Other Design Consulting” above: e.g. acoustical, lighting design, urban planning etc. (Describe):

8. Indicate the approximate percentage of your total gross billings from the last year (Question 1b) that were derived from each of the following project types: (This section should equal 100%)

Airports _____%	Hospitals-Healthcare/Assisted Living _____%	Roads/Highways _____%
Amusement Parks _____%	Hotels/Motels _____%	Schools - Colleges, Universities, Private _____%
Apartments _____%	Industrial/Manufacturing _____%	Schools - Public K-12 _____%
Bridges (<500ft Spans) _____%	Jails/Prisons/Detention Centers _____%	Single Family Residential-Custom Homes _____%
Bridges (>500ft Spans) _____%	Judicial/Courts _____%	Single Family Residential-Subdivisions _____%
Building Façade Restoration/Inspection _____%	Libraries _____%	Stadiums/Arenas/Convention Centers _____%
Civil/Site Development Residential _____% Other _____%	Mass Transit _____%	Swimming Pools _____%
Clean Rooms/Laboratories _____%	Military Facilities _____%	Telecommunications/Cabling _____%
Commercial Low Rise <15 Stories _____%	Mines/Quarries _____%	Townhouses _____%
Commercial High Rise >15 Stories _____%	Museums _____%	Toxic Waste Sites/Landfills _____%
Condominiums – Commercial* _____%	Parking Garages _____%	Tunnels/Dams/Levees _____%
Cooperatives* _____%	Parks/Playground/Sports Fields _____%	Underground Storage Tanks _____%
Mixed Use* (Commercial/Rentals) _____%	Power Generation/Utilities _____%	Warehouses _____%
Mixed Use* (Commercial/Owned Residential) _____%	Public Safety/Police/Fire Stations _____%	Waste Water Treatment _____%
Condominiums- Residential* _____%	Religious Facilities _____%	Sewer/Water Systems _____%
Harbors/Piers/Ports _____%	Refinery/Petrochemical _____%	Zoos _____%

Other: _____% Describe:

***Please complete Condominium/Cooperative Supplement (D45208)**

9. Has the applicant firm, any subsidiary, or any predecessor rendered services in the past 3 years, or do they expect to render services in the next 12 months, for any condominium or cooperative project?

(Note: Do not include services provided for the owner of a single condominium unit)..... ☐ Yes* ☐ No

***Please complete Condominium/Cooperative Supplement (D45208)**

10. Current Projects: Indicate your 3 largest current projects:

<i>Project Name</i>	<i>Location</i>	<i>Services Rendered</i>	<i>Project Type</i>	<i>Construction Value</i>	<i>Fees Billed</i>

11. What percentage of total gross billings from the last year (Question 1b) were derived from feasibility studies, master planning, reports, opinions, non-structural interior design or forensic engineering? _____%

12. What percentage of annual gross billings from the last year (Question 1b), were derived from projects located outside the U.S., its territories, or Canada? _____%

13. What percentage of annual gross billings from the last year (Question 1b), were derived from projects located in Quebec? _____%

Provide the following for such foreign projects:

<i>Project Name</i>	<i>Location</i>	<i>Services Rendered</i>	<i>Project Type</i>	<i>Construction Value</i>	<i>Fees Billed</i>

14. What percentage of your total gross billings from the last year (Question 1b) were derived from projects utilizing Building Information Modeling (BIM) or Virtual Design and Construction? _____%

15. What percentage of your total gross billings from the last year (Question 1b) were derived from the following project delivery methods?

Design-Bid-Build _____% Fast Track _____% Turnkey _____% Design-Build _____%

16. Is the firm or any parent, subsidiary, or related organization perform any of the following:

- a. Actual construction, fabrication, installation or erection?..... ☐ Yes ☐ No
b. Computer software development for, or sales to, others?..... ☐ Yes ☐ No
c. Real estate development?..... ☐ Yes ☐ No
d. Designing, manufacturing, selling, leasing, or distributing any products, process or patented design?..... ☐ Yes ☐ No
e. Design build project delivery where you had single point responsibility for both design and construction?..... ☐ Yes* ☐ No

Provide detailed information on a separate sheet of paper and attach it to this application for any "yes" answer to questions 13 a – d. *Complete the Design-Build Supplement when selecting "yes" to question 13 e.

- 17. Client Types:** What percentage of your total gross billings from the last year (Question 1b) were derived from the following client types:

<i>Firm's Client</i>	<i>% Of Annual Gross Billings</i>	<i>Firm's Client</i>	<i>% Of Annual Gross Billings</i>
Contractors	_____%	State or Local Government	_____%
Design Professionals	_____%	Federal Government	_____%
Developers	_____%	Public Institutions	_____%
Private Owners	_____%	Other:	_____%
Non-Profit Entities	_____%	Total	100%

18. Approximately, what percentage of your total gross billings from the last year (Question 1b) were derived from repeat clients? %

19. What percentage of your total gross billings from the last year (Question 1b) were derived from one client? %

RISK MANAGEMENT AND LOSS PREVENTION

20. Does your firm follow written in-house quality control procedures? ☐ Yes ☐ No

If yes, when were they last reviewed? ____ / ____ / ____

21. Does your firm have a client selection process? ☐ Yes ☐ No

If yes, describe: _____

22. Does your firm have a project selection process? ☐ Yes ☐ No

If yes, describe: _____

23. Based on the firm's total gross billings from the last year (Question 1b) indicate the percentage of such billings that were paid to subconsultants in each discipline shown below, and whether or not certificates of insurance were obtained from all subconsultants.

Discipline	% of Annual gross billings paid to subconsultants within each discipline	Certificates of insurance were obtained from all subconsultants
Architecture	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Civil Engineering	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical Engineering	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Geotechnical Engineering	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Land Surveying	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical Engineering	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Structural Engineering	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Professional:	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Total should not equal 100%

24. Has your firm participated in an "Organizational Peer Review" sponsored by ACEC, AIA or a similarly qualified national professional society? Yes ☐ No ☐ If yes, please provide the date: ____ / ____ / ____

25. How many individuals from your firm attended a professional liability risk management seminar within the past 12 months?

26. Contracts: Indicate the percentage of your total gross billings from the last year (Question 1b) for each contract type listed below (should equal 100%):

% Professional Association Contract	% Letter Agreement
% Client Drafted Contract	% Purchase Order
% Your Standard Contract	% Verbal Agreement
% Other (Describe):	100% Total

a. If non-standard agreements are used, are they reviewed by legal counsel for liability implications prior to signing
☐ Yes ☐ No

b. Is a limitation of liability provision incorporated into contracts and agreements? ☐ Yes ☐ No

If yes, what percentage of contracts contain a limitation of liability clause less than or equal to \$250,000? ____%

27. What is the total amount of accounts receivable your firm currently has that is more than 60 days old? \$ ____

- a. In the past 3 years, have you brought suit against any client to collect fees?..... ☐ Yes* ☐ No
b. Do you currently have any unresolved fee disputes?..... ☐ Yes* ☐ No

*If yes, please provide details on a separate sheet of paper and attach to this application.

28. Has any claim involving professional services been made against any of the following during the past five years (ten years if total gross billings are greater than \$5 million), or earlier if still pending:
- a. You, your firm or any Insured seeking coverage under this proposed policy? ☐ Yes ☐ No
- b. Any predecessor firm? ☐ Yes ☐ No

29. Do you or any person seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission that could reasonably be expected to be the basis of a claim, potential claim or civil proceeding? ☐ Yes ☐ No

If yes to any part of question 25 or 26, please complete the Claim, Potential Claim or Incident Supplement (D45205) for each claim, potential claim, incident, act, error or omission.

30. Has any person or entity seeking coverage under this proposed policy ever been declined professional liability insurance or had such insurance non-renewed or cancelled, including for nonpayment of premium? (Missouri applicants: Do not complete) ☐ Yes ☐ No

If yes, please provide details in the Additional Information section at the end of this application.

**ATTACH A COPY OF THE FIRM'S PROFESSIONAL LIABILITY LOSS RUNS FOR THE PAST FIVE YEARS
(TEN YEARS IF GROSS ANNUAL BILLINGS EXCEED \$5 MILLION)**

31. Complete the following chart for professional liability insurance coverage carried during the past five years: (Check here if none: ☐)

Year	Carrier	Policy Period	Limits of Liability	Deductible Amount	Deductible Type	Premium
		to	/			
		to	/			
		to	/			
		to	/			
		to	/			

Retroactive coverage date: / / Policy expiration date: / /
MM/DD/YR MM/DD/YR

Full Prior Acts Coverage ☐ Yes ☐ No

32. Provide the following for general liability insurance coverage currently in force (Check here if none ☐):

Carrier	Policy Expiration	Limits of Liability

33. Limits of Liability requested: \$

Per Claim: \$

Aggregate: \$

Deductible Requested: \$

Additional Information:

It is recommended that you report any incidents, acts, errors or omissions to your current insurance carrier. Please note that any incident, act, error or omission about which you are currently aware, will not be covered by a subsequently issued claims made and reported policy.

FRAUD WARNING: 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.

DISCLAIMER

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.

The undersigned is authorized by, and acting on behalf of, the Applicant and represents that all statements and particulars herein are, to the best of Applicant's knowledge true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of, and becomes part of, the Applicant's professional liability coverage.

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Print Name

Title

Signature

Date

Insurance Brokerage

Broker Contact

* If you are electronically submitting this document, and you elect to sign electronically, apply your electronic signature to this form by checking the Electronic Signature, Acknowledgement and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature, Acknowledgement and Acceptance box constitutes your signature, acknowledgement, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

☐ Electronic Signature, Acknowledgement and Acceptance – Authorized Representative