



DESIGN PROFESSIONAL LIABILITY INSURANCE
GREAT AMERICAN INSURANCE COMPANY

RENEWAL 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.

Great American Policy Number: _____

Firm Name: _____ Contact Name: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Website Address: _____

Date Established: _____ Phone #: _____ Fax #: _____

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 _____	\$ _____
b. Last Fiscal Year	_____ to _____	\$ _____
c. One Fiscal Year Prior	_____ to _____	\$ _____
d. Second Fiscal Year Prior	_____ to _____	\$ _____
e. Next Fiscal Year	_____ to _____	\$ _____

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

Management _____ Registered/Licensed Professionals _____ Other Staff _____

3. 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.

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

5. **Current Projects:** Indicate your 3 largest current projects:

Project Name	Location	Services Rendered	Project Type	Construction Value	Fees Billed

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

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

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

7. Indicate the approximate percentage of your total gross billings from the last year (Question 1b) that is 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:		% Total

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

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8. 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)**

9. Indicate the percentage of your total gross billings from the last year (Question 1b) which were provided while using a written agreement: _____%
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? _____%
10. What percentage of total gross billings (Question 1b) from the past fiscal year were derived from feasibility studies, master planning, reports, opinions, non-structural interior design or forensic engineering? _____%
11. What percentage of total gross billings from the past fiscal year (Question 1b), were derived from projects located outside the U.S., its territories, or Canada? _____%

Provide the following for such projects:

Project Name	Location	Services Rendered	Project Type	Construction Value	Fees Billed

12. 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 12 a – d. *Complete the Design-Build Supplement when selecting "yes" to question 12 e.

13. **Client Types:** In the past fiscal year, what percentage of your total gross billings (Question 1b) were derived from the following client types:

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

14. In the past fiscal year, approximately, what percentage of your total gross billings (Question 1b) were derived from repeat clients? _____%
15. What percentage of total gross billings from the last year (Question 1b) were paid to subconsultants who carry professional liability insurance? _____% **Note: Total should not equal 100%**
16. 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
17. Do you or any person seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission involving professional services that could reasonably be expected to be the basis of a claim, potential or civil proceeding claim? ☐ Yes* ☐ No

*If yes, please complete a Claim, Potential Claim or Incident Supplement for each claim, incident, act, error or omission.

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

Carrier	Policy Expiration	Limits of Liability

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.

ALABAMA, ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA 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.

CALIFORNIA FRAUD WARNING: For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD WARNING: 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. In Colorado, 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.

D.C. FRAUD 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.

FLORIDA FRAUD WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS FRAUD WARNING: 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

KENTUCKY FRAUD WARNING: 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.

MAINE FRAUD WARNING: 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 denial of insurance benefits.

MARYLAND FRAUD WARNING: 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.

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

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO 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 civil fines and criminal penalties.

NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO FRAUD WARNING: Any person who, with the 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.

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

OREGON FRAUD WARNING: 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 may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

PENNSYLVANIA 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.

TENNESSEE FRAUD WARNING: 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.

VIRGINIA AND WASHINGTON FRAUD WARNING: 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 APPLICANT – PLEASE READ CAREFULLY BEFORE SIGNING

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A “CLAIMS-MADE” BASIS. 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 the 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 coverage.

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.

Print Name

Title

Signature

Date

Agency

Agency 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

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