



DESIGN PROFESSIONAL LIABILITY INSURANCE
GREAT AMERICAN INSURANCE COMPANY

NEW BUSINESS NEW YORK APPLICATION

NOTICE: THE INSURANCE COVERAGE FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS-MADE POLICY FORM. THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR CLAIMS WHICH ARE FIRST MADE DURING THE POLICY PERIOD, OR ANY EXTENDED REPORTING PERIOD. COVERAGE UNDER THE POLICY CEASES UPON TERMINATION OF THE POLICY, EXCEPT FOR AUTOMATIC EXTENDED REPORTING COVERAGE, UNLESS THE INSURED PURCHASES OPTIONAL EXTENDED REPORTING COVERAGE.

THIS POLICY MAY PROVIDE THAT CLAIM EXPENSES, INCLUDING LEGAL DEFENSE, ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY AND ARE TO BE CHARGED AGAINST THE DEDUCTIBLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES MAY BE REDUCED BY UP TO 50% BY CLAIM EXPENSES FOR POLICIES WITH A LIMIT OF LIABILITY – EACH CLAIM OF \$500,000 OR GREATER. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES MAY BE EXHAUSTED BY CLAIM EXPENSES FOR POLICIES WITH A LIMIT OF LIABILITY – EACH CLAIM OF \$5,000,000 OR GREATER OR A DEDUCTIBLE OF \$100,000 OR GREATER. FURTHER NOTE THAT CLAIM EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE BY UP TO 50% OF THE DEDUCTIBLE AMOUNT FOR POLICIES WITH A LIMIT OF LIABILITY – EACH CLAIM OF \$500,000 OR GREATER. CLAIM EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE BY UP TO 100% OF THE DEDUCTIBLE AMOUNT FOR POLICIES WITH A LIMIT OF LIABILITY – EACH CLAIM OF \$5,000,000 OR GREATER OR A DEDUCTIBLE OF \$100,000 OR GREATER.

THE POLICY PROVIDES NO COVERAGE FOR CLAIMS ARISING OUT OF ACTS OR OMISSIONS IN THE PERFORMANCE OF PROFESSIONAL SERVICES WHICH TOOK PLACE PRIOR TO THE RETROACTIVE DATE.

THE POLICY PROVIDES FOR AUTOMATIC EXTENDED REPORTING PERIOD COVERAGE OF 60 DAYS AND OPTIONAL EXTENDED REPORTING PERIOD COVERAGE OF UP TO 5 YEARS. COVERAGE GAPS MAY ARISE AT THE EXPIRATION OF THE POLICY, AUTOMATIC EXTENDED REPORTING PERIOD OR OPTIONAL EXTENDED REPORTING PERIOD. DURING THE FIRST SEVERAL YEARS OF THE CLAIMS MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF THE OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

THE RETROACTIVE DATE MAY NOT BE CHANGED DURING THE TERM OF THE CLAIMS MADE RELATIONSHIP AND ANY EXTENDED REPORTING PERIOD.

PLEASE READ THE POLICY CAREFULLY.

Current Coverage Y N Carrier Reference Number/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. Last fiscal year	____ / ____ to ____ / ____	\$ _____
b. One Fiscal Year Prior	____ / ____ to ____ / ____	\$ _____
c. Second Fiscal Year Prior	____ / ____ to ____ / ____	\$ _____
d. Current Fiscal Year	____ / ____ to ____ / ____	\$ _____
e. Next Fiscal Year	____ / ____ to ____ / ____	\$ _____

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

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

b. 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. 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.

5. Please indicate the approximate percentage of your total gross billings (Question 1a.) 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
<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	100% Total

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

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

Airports _____ %	Hospitals - Healthcare/Assisted Living _____ %	Schools - Colleges, Universities, Private _____ %
Amusement Parks _____ %	Hotels/Motels _____ %	Schools - Public K-12 _____ %
Apartments _____ %	Industrial/Manufacturing _____ %	Single Family Homes _____ %
Bridges (<500ft Spans) _____ %	Jails/Prisons/Detention Centers _____ %	Stadiums/Arenas/Convention Centers _____ %
Bridges (>500ft Spans) _____ %	Judicial/Courts _____ %	Swimming Pools _____ %
Building Façade Restoration/Inspection _____ %	Libraries _____ %	Telecommunications/Cabling _____ %
Civil/Site Development Residential _____ % Other _____ %	Military Facilities _____ %	Townhouses _____ %
Clean Rooms/Laboratories _____ %	Mines/Quarries _____ %	Toxic Waste Sites/Landfills _____ %
Commercial Office <15 Stories _____ %	Museums _____ %	Tunnels/Dams/Levees _____ %

Commercial Office >15 Stories _____%	Parking Garages _____%	Underground Storage Tanks _____%
Condominiums – Commercial* _____%	Parks/Playground/Sports Fields _____%	Warehouses _____%
Condominiums – Cooperatives* _____%	Power Generation/Distribution _____%	Waste Water Treatment _____%
Condominiums – Mixed Use* _____%	Public Safety/Police/Fire Stations _____%	Water/Sewer _____%
Condominiums- Residential* _____%	Refinery/Petrochemical _____%	Zoos _____%
Harbors/Piers/Ports _____%	Roads/Highways _____%	
Other: _____% Describe: _____		

***Please complete Condominium Questionnaire**

7. 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>

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

9. What percentage of annual gross billings from the past fiscal year, were derived from projects located outside the U.S., its territories, or Canada? _____%

Provide the following for such projects:

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

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

11. What percentage of your total gross billings (Question 1a) were derived from the following project delivery methods?
 Design-Bid-Build _____% Fast Track _____% Turnkey _____% Design-Build _____%

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, which of your total gross billings (Question 1a) 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 1a) were derived from repeat clients? _____%

15. What percentage of your total gross billings (Question 1a) were derived from one client? _____%

RISK MANAGEMENT AND LOSS PREVENTION

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

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

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

If yes, describe: _____

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

If yes, describe: _____

19. Based on the firm's total gross billings from the past fiscal year (Question 1a) 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%

20. 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: ____ / ____ / ____

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

22. Contracts: Indicate the percentage of your total gross billings (Question 1a) from the past fiscal year 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? \hat{A} _____ %

23. 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.

24. 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

25. 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 24 or 25, please complete the Claim, Potential Claim or Incident Supplement for each claim, potential claim, incident, act, error or omission.

26. 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)

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

	Carrier	Policy Period	Limits of Liability	Deductible Amount	Deductible Type	Premium
Current		to	\$ /	\$		\$
Prior Year		to	\$ /	\$		\$
Prior Year		to	\$ /	\$		\$
Prior Year		to	\$ /	\$		\$
Prior Year		to	\$ /	\$		\$

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

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

Carrier	Policy Expiration	Limits of Liability

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.

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 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.

THIS POLICY MAY PROVIDE THAT CLAIM EXPENSES, INCLUDING LEGAL DEFENSE, ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY AND ARE TO BE CHARGED AGAINST THE DEDUCTIBLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY

DAMAGES MAY BE REDUCED BY UP TO 50% BY CLAIM EXPENSES FOR POLICIES WITH A LIMIT OF LIABILITY – EACH CLAIM OF \$500,000 OR GREATER. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES MAY BE EXHAUSTED BY CLAIM EXPENSES FOR POLICIES WITH A LIMIT OF LIABILITY – EACH CLAIM OF \$5,000,000 OR GREATER OR A DEDUCTIBLE OF \$100,000 OR GREATER. FURTHER NOTE THAT CLAIM EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE BY UP TO 50% OF THE DEDUCTIBLE AMOUNT FOR POLICIES WITH A LIMIT OF LIABILITY – EACH CLAIM OF \$500,000 OR GREATER. CLAIM EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE BY UP TO 100% OF THE DEDUCTIBLE AMOUNT FOR POLICIES WITH A LIMIT OF LIABILITY – EACH CLAIM OF \$5,000,000 OR GREATER OR A DEDUCTIBLE OF \$100,000 OR GREATER.

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.

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