



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. 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. 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 1a) was derived from projects utilizing Building Information Modeling (BIM) or Virtual Design and Construction? _____%

5. **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>

6. Indicate the approximate percentage of your total gross billings (Question 1a.) that is derived for 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): _____		

7. Indicate the approximate percentage of your total gross billings (Question 1a.) that is 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

8. Indicate the percentage of your total gross billings (Question 1a) from the past fiscal year 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? _____%
9. 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? _____%
10. 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:

Project Name	Location	Services Rendered	Project Type	Construction Value	Fees Billed

11. 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 11 a – d. *Complete the Design-Build Supplement when selecting "yes" to question 11 e.

12. **Client Types:** In the past fiscal year, what percentage 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%

13. In the past fiscal year, approximately, what percentage of your total gross billings (Question 1a) were derived from repeat clients? _____%
14. Based on the firm's total gross billings from the past fiscal year (Question 1a) indicate the percentage of such billings paid to subconsultants who the Insured receives certificates of insurance from: _____%
Note: Total should not equal 100%
15. 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
16. 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.

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

<i>Carrier</i>	<i>Policy Expiration</i>	<i>Limits of Liability</i>

FRAUD STATEMENTS – Attention Applicants in the Following Jurisdictions:

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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. 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.

KANSAS FRAUD WARNING: Fraud is an act committed by 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 and may be subject to criminal and civil penalties.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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 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