



## Architects, Consultants & Engineers XLsmartADVANTAGE Program Application

- Select Applicant Type:
- NEW APPLICANT
- RENEWAL CLIENT

### Firm Practice

1. Your firm's practice is best described as an architectural, engineering or affiliated design/consulting firm serving the construction industry. It is not a naval architectural firm, or a geotechnical, mining, nuclear, process, or marine engineering firm.  Yes  No
  
2. Your firm meets all of the following requirements:  Yes  No
  - A principal of the firm is licensed/registered in the appropriate discipline and state(s), if required.
  - The principals derive their primary source of income from the firm.
  - The firm and/or principals have never been involved in revocation of license, disciplinary action nor recent bankruptcy.
  - The firm's gross receipts for each of the last three complete fiscal years and projected fiscal year are \$2,000,000 or less.

In the past three years, and for the projected year, did your firm:  
*Questions 3 and 4 do not apply to firms with no prior coverage. If the firm does not have retroactive coverage, please check "No."*

3. Contract with more than 10% uninsured design professional subconsultants?  Yes  No
  
4. Enter into more than 10% of projects without written contracts?  Yes  No
  
5. Firms \$0 - \$500,000 in fees
  - a. Have more than one professional liability claim or have one claim that is reserved or paid in excess of \$10,000?  Yes  No

Firms \$500,001 - \$2,000,000 in fees

- b. Have more than two professional liability claims or have one claim that is reserved or paid in excess of \$25,000?  Yes  No

**Comments:**

**1. Firm Information**

Firm's Short Name: \_\_\_\_\_  
Firm's Full Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**2. Main Offices and Branches**

Percentage of **GROSS RECEIPTS** earned in main office and branches:

	City	State	Zip	% of Fees
<b>Main Office</b>	_____	_____	_____	_____
<b>Branch 1</b>	_____	_____	_____	_____
<b>Branch 2</b>	_____	_____	_____	_____

**3. Firm History**

Date your firm was established: \_\_\_\_\_

**Firm Personnel**

Please enter the number of personnel in your firm divided as indicated (Include each individual in only one category)

- \_\_\_\_\_ a. Principals (Do not include below)  
\_\_\_\_\_ b. Professionals (project managers, architects, engineers, scientist)  
\_\_\_\_\_ c. Technical (CAD operators, drafting, field, laboratory)  
\_\_\_\_\_ d. Administrative and other  
\_\_\_\_\_ **PERSONNEL TOTAL**

**Pre-existing Entities**

Does your firm have any pre-existing entities?

Yes  No

**Comments:**

**4. Financial Information**

Please provide your firm's **GROSS RECEIPTS** attributable to the following years. Include all receipts for projects insured by project policies within the **GROSS RECEIPTS** column and list separately in the Project Policy Receipts column.

**GROSS RECEIPTS** means the EXACT dollar amount of your firm's gross revenues but not including interest income, rental income on real estate or sales and service taxes.

<b>Fiscal Year End</b> (mm/dd/yyyy)		<b>GROSS RECEIPTS</b>	<b>Project Policy Receipts*</b>
<input type="text"/>	Estimated current year	<input type="text"/>	<input type="text"/>
<input type="text"/>	Last complete year	<input type="text"/>	<input type="text"/>
<input type="text"/>	Two years ago	<input type="text"/>	<input type="text"/>
<input type="text"/>	Three years ago	<input type="text"/>	<input type="text"/>

**5. Subconsultants**

Provide the percentage of your firm's **GROSS RECEIPTS** that were paid during the last year to subconsultants that have professional liability insurance.

<b>Subconsultants</b>	<b>Insured for Professional Liability</b>
Structural engineering	<input type="text"/> %
Other professional services	<input type="text"/> %

**Comments:**

What percentage of your firm's **GROSS RECEIPTS** during the last fiscal year were attributable to:

**SERVICES**

- % a. Feasibility, programming, planning or economic studies?
- % b. At-Risk Construction Management?
- % c. Fast Track/Design Build as Prime?

**PROJECTS**

- % a. High Rise?
- % b. Single-family residential subdivisions?
- % c. Residential Condominiums/PUDs/Timeshares?
- % d. Custom homes?
- % e. Apartments?
- % f. All schools, colleges, and universities?
- % g. Retail, malls, shopping centers?
- % h. Hotels?
- % i. Office, warehouse, processing, manufacturing and production buildings?
- % j. Restaurants?
- % k. Utilities?
- % l. Roads/highways?
- % m. Sports facilities, arenas, convention facilities, grandstands, theaters, amusement parks?
- % n. Transportation passenger terminals (excluding interior design and landscape design services)?
- % o. Wastewater/sewage treatment plants or systems?
- % p. Mines, quarries, tunnels, bridges or trestles?
- % q. Parking garages, retirement homes, convalescent hospitals, or correctional institutions?
- % r. Dams//Reservoirs/Levees?
- % s. Structures for offshore or marine use: harbors, jetties, docks, piers, wharves?
- % t. PSA/Asbestos/Site Remediation?

**Note: The sum of projects a – t can be less than 100% but must not exceed 100%.**

**Comments:**

**DISCIPLINES**

Provide the percentages based on your firm's **GROSS RECEIPTS** attributable to the following disciplines provided by your firm (do not include percentages from work performed by your subconsultants).

Estimated current year	Last year	
<input type="text"/> %	<input type="text"/> %	<b>ARCHITECTURE</b>
<input type="text"/> %	<input type="text"/> %	Architecture
<input type="text"/> %	<input type="text"/> %	Architectural planning (including master planning)
<input type="text"/> %	<input type="text"/> %	Interior design and graphics
<input type="text"/> %	<input type="text"/> %	Landscape architecture
<input type="text"/> %	<input type="text"/> %	<b>ENGINEERING</b>
<input type="text"/> %	<input type="text"/> %	Structural engineering
<input type="text"/> %	<input type="text"/> %	Civil engineering
<input type="text"/> %	<input type="text"/> %	Civil wastewater engineering (municipal, non-industrial)
<input type="text"/> %	<input type="text"/> %	Land surveying
<input type="text"/> %	<input type="text"/> %	Traffic engineering
<input type="text"/> %	<input type="text"/> %	Mechanical engineering
<input type="text"/> %	<input type="text"/> %	Acoustical engineering
<input type="text"/> %	<input type="text"/> %	Electrical engineering
<input type="text"/> %	<input type="text"/> %	Illumination engineering
<input type="text"/> %	<input type="text"/> %	Environmental engineering
<input type="text"/> %	<input type="text"/> %	Laboratories
<input type="text"/> %	<input type="text"/> %	<b>Other Affiliated Disciplines</b>
		<small>Please describe 'Other' Affiliated Disciplines in the Comments section below.</small>
<input type="text"/> %	<input type="text"/> %	<b>DISCIPLINES TOTAL (must equal 100%)</b>

**Comments:**

**Foreign Projects**

In the past year, and in the projected year, did or will your firm earn more than 30% of its fees from projects outside the United States and Canada?  Yes  No

**CLAIMS**

In the last five years, how many **CLAIMS\*** have been made against your firm?

Claim means: a demand against you for money or services, or the filing of a suit or the initiation of arbitration proceeding naming you, seeking damages for an alleged error, omission or negligent act.

**CLAIM OR EVENT QUESTIONNAIRE**

Name of project:

Location of project:

Date of loss:

Description of claim:

Status of claim:  Pending  Resolved

Name of project:

Location of project:

Date of loss:

Description of claim:

Status of claim:  Pending  Resolved

**INSURANCE**

Provide the following information about your firm's professional liability insurance for the current year:

Your firm currently has no professional liability insurance.

Policy Start:

Policy End:

Insurance Company:

Limits of Insurance:

Deductible:

Premium:

Retroactive Date:

FPA (Full Prior Acts)

**Comments:**

## **FRAUD WARNINGS, CLAIMS REPRESENTATION, SIGNATURE**

### **CLAIMS-MADE BASIS**

This application is for professional liability insurance that is provided on a claims-made basis. The policy applies to claims arising out of your professional services performed on or after any retroactive date shown in the policy, and is subject to all policy terms, conditions, declarations and endorsements.

### **EXPENSE WITHIN LIMITS**

The policy contains a provision permitting claim expenses, including legal defense costs, to be applied against the deductible. Subject to restrictions in certain states, the payment of claim expenses reduces the limits of insurance available to pay claims, and the company has the right to designate legal counsel and uses panel counsel, as needed for claims covered by any insurance issued by the Company.

## **APPLICANT FRAUD WARNINGS**

**NOTICE TO ARKANSAS APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** A "fraudulent insurance act" means 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 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.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

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

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

**NOTICE TO NEW MEXICO APPLICANTS:** 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.

**NOTICE TO NEW YORK APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance:** 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with 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.

**NOTICE TO 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.

**NOTICE TO PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance:** 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.

**NOTICE TO PUERTO RICO APPLICANTS:** 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 by 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 RHODE ISLAND APPLICANTS:** 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.



**NOTICE TO TENNESSEE APPLICANTS: All Commercial Insurance, Except As Provided for Workers' Compensation** 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 UT AH APPLICANTS: Workers' Compensation:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VIRGINIA APPLICANTS:** 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 WASHINGTON APPLICANTS:** 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 WEST VIRGINIA APPLICANTS:** 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.

**NOTICE TO ALL OTHER STATES:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

*(Applicant Fraud Language last updated 12/11 using Notice to Policyholders PN CW 01 1211)*

**CLAIMS REPRESENTATION / SIGNATURE**

I specifically asked all principals and project managers in our firm if they have knowledge of any claim or potential claim against us that is not listed in our response in the **CLAIMS** section above. There are none.

If we become aware of any claim or potential claims against us before the inception of coverage, we will immediately inform the Company, Agent or Broker. We understand that any claim or potential claim against us before the inception of coverage, whether identified to the Company or not, will not be covered by this insurance unless specifically accepted by the Company.

**REPRESENTATION INFORMATION**

On behalf of our firm, I agree that this application, including all attachments and exhibits, is complete and correct to the best of my knowledge and belief. I understand that this application forms the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company, Agent or Broker to provide insurance.

Signature of Principal, Partner or Officer:	<input type="text"/>
Name (print):	<input type="text"/>
Title:	<input type="text"/>
Date of Application:	<input type="text"/>
Agent Name:	<input type="text"/>
License Number:	<input type="text"/>