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ARCHITECTS, ENGINEERS AND CONSTRUCTION MANAGERS
PROFESSIONAL LIABILITY INSURANCE RENEWAL APPLICATION
(Claims Made Basis)

NOTE: The insurance coverage for which you are applying is written on a CLAIMS MADE basis. Only claims which are first made against you during the policy period are covered, subject to the policy provisions. The Limits of Liability stated in the policy are reduced by defense costs. Defense costs are also applied against your deductible. Please consult your policy directly for specific coverage. If you have any questions about the coverage, please discuss them with your insurance agent or broker.

1. Name of Applicant: _____

2. Address: _____
Street City State Zip Code

3. Website Address: _____

4. During the past 12 months, has there been any change in the Applicant's ownership or has the name of the Applicant been changed or has any other business been purchased or any merger or consolidation taken place? Yes [] No []
If yes, please provide full details (including dates):

- 5. In which of the following professions is the Applicant engaged? (must total 100%).
A. [] Architects _____ % G. [] Mechanical Engineers _____ % L. [] Construction Management _____ %
B. [] Building Designers _____ % H. [] Heating, Ventilation & Air Conditioning Engineers _____ % M. [] Others not shown, please specify below _____ %
C. [] Land Surveyors _____ %
D. [] Civil Engineers _____ % I. [] Structural Engineers _____ %
E. [] Soil Engineers _____ % J. [] Chemical Engineers _____ %
F. [] Electrical Engineers _____ % K. [] Marine Surveyors _____ %

6. Personnel:
a. Principals _____ d. Total number of Draftsmen _____
b. Total number of Engineers, Surveyors & Architects _____ e. Total number of clerks, secretaries, phone operators, typists, etc. _____
c. Total number of Fieldmen _____
TOTAL STAFF _____

7. During the past 12 months, have any personnel listed above been the subject of disciplinary action as a result of their professional activities? Yes [] No [] If yes, please provide full details:

8. Type of Work

Indicate the proportion of work under each heading in which the firm engages.

I. TYPE OF SERVICES

II. TYPE OF PROJECTS

Work on:

- 1. Feasibility studies, surveys where applicant is not involved in design None Yes ____%
 - 2. Design/Supervision of Construction None Yes ____%
 - 3. Supervision of Construction only None Yes ____%
 - 4. Boundary surveys None Yes ____%
 - 5. Sewage systems None Yes ____%
 - 6. Water systems None Yes ____%
 - 7. Foundations None Yes ____%
 - 8. Interior design None Yes ____%
 - 9. HV&AC None Yes ____%
 - 10. Marine surveys None Yes ____%
 - 11. CONSTRUCTION MANAGERS None Yes ____%
 - 12. MACHINE DESIGN None Yes ____%
 - 13. Subsurface soil exploration None Yes ____%
 - 14. Ground testing or soil analysis None Yes ____%
 - 15. Other, please specify below
-
- TOTAL 100%

Work in connection with:

- 1. Mines None Yes ____%
- 2. Harbors & jetties None Yes ____%
- 3. Bridges & tunnels None Yes ____%
- 4. Dams None Yes ____%
- 5. Nuclear & atomic projects None Yes ____%
- 6. Petrochemicals, refineries, fertilizers, ammonia, urea plants None Yes ____%
- 7. Hospitals None Yes ____%
- 8. Schools None Yes ____%
- 9. Industrial buildings None Yes ____%
- 10. Commercial buildings None Yes ____%
- 11. Municipal buildings None Yes ____%
- 12. Private dwellings None Yes ____%
- 13. Condominiums None Yes ____%
- 14. Highrise apartment buildings None Yes ____%
- 15. Other, please specify below:

TOTAL 100%

9. Does the Applicant foresee any substantial changes in the above percentages during the next twelve months?

Yes No If yes, please provide full details:

10. Please list the applicant's total gross billings including reimbursable expenses and fees paid to sub-consultants, whether collected or not:

PAST 12 MONTHS PRESENT 12 MONTHS ESTIMATE FOR COMING YEAR

11. Please list the total construction values of the projects in which the applicant performed professional services:

PAST 12 MONTHS PRESENT 12 MONTHS ESTIMATE FOR COMING YEAR

12. During the past 12 months, did any one contract or client represent more than 50% of annual work? Yes No

If yes, please provide full details:

13. Other than as previously reported to the Insurers, does the Applicant or any of its partners, officers, directors, or employees have any knowledge or information of:
- a. Any error, omission, or negligent act in the performance of professional services for others? **Yes** **No**
 - b. Any circumstances, incidents, situations, or accidents which may result in claim being made against the Applicant, his predecessors in business, or any present or past partners, officers, or directors? **Yes** **No**
 - c. Any disputes with respect to fees or other compensation due to the Applicant for any professional services rendered which have not been resolved? **Yes** **No**
 - d. Any injuries to people or any damage to property on or at projects where the Applicant has rendered professional services? **Yes** **No**
 - e. Any insolvency of any contractor, subcontractor, supplier or other party? **Yes** **No**
 - f. Any delay in substantial completion beyond 90 days of any contract completion date? **Yes** **No**
 - g. Any abandonment of any project at any state after completion of working drawings and prior to substantial completion of project? **Yes** **No**

If yes to any of these questions, please provide full details:

14. Attach a listing of the applicant's 3 largest jobs in last year. Give names, type of structure and services performed, construction values and inception and completion date for each job. Also attach audited financial statement.

This insurance application, duly completed, together with any supplementary information, must be signed, in ink, by the Applicant. One signed copy will be attached to and form a part of any policy issued. Completion of this insurance application does not bind or obligate the Company to offer this insurance.

Signing this form, and tendering any payment, does not bind the Insurers or the applicant to complete the insurance. The insurance application must be signed to be considered for an indication. By signing below you certify that all information you have provided is correct. You herewith authorize Insurers or their representatives to gather any additional information they may deem necessary in order to process this application for quotation or to issue a policy. Your signature below authorizes, but does not obligate Insurers to obtain additional information or to verify the information provided from any regulatory agency, provider of services to you or your business, and any financial institution or credit rating company relating to information about you or your business. By your signature, you herewith authorize the release of information regarding your losses, any financial information, or any regulatory compliance matters to Insurers.

NOTICE: IN NEW YORK, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The Applicant hereby acknowledges that the persons or entities proposed for insurance are aware that the limits of liability contained in the policy applied for shall be reduced, and may be completely exhausted, by Defense Expenses and, in such event, Insurers shall not be responsible for the continued defense of any Claim or liable for Defense Expenses or for the amount of any judgment or settlement to the extent that any of the foregoing exceed the limits of liability of such policy

The applicant hereby further acknowledges full awareness of the professional liability insurance policy, its terms and conditions (especially the policy exclusions) including any endorsements and/or agreed amendments.

Note: If the applicant does not understand any part of the Professional Liability coverage then the applicant should contact their relevant Insurance Broker / Advisor and not sign the application.

The applicant hereby further acknowledges that the persons or entities proposed for insurance are aware that Defense Expenses that are incurred shall be applied against the deductible amount. The undersigned authorized by, and acting on behalf of the applicant and all persons concerned seeking professional liability insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate.

Signature of Owner, Partner, Officer _____

Title: _____

Date: _____