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

NOTE:

In applying for coverage on claims made basis, the Applicant agrees that in the event of covered losses, he will be required to be defended by the Company's appointed Attorneys and that the deductible shall apply to loss and including (whether or not loss payment is made) adjusting expenses, investigation costs, and legal fees. If however, the Applicant elects to handle a claim without in any way involving the Company's Attorneys, then no coverage for such a claim is afforded the Applicant under the policy.

1. Name of Applicant: _____

2. Address: _____

Street City State Zip Code

3. Address of all Branches: _____

Street City State Zip Code

4. When was firm established: Month: _____ Year: _____

5. Is the firm: A Corporation? [] Partnership? [] Individual? []

6a. Has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes [] No [] If yes, please give full details (including dates)

6b. All of the following are to be NAMED AS INSUREDS: (Submit details on all applicants and please completed all four sections).

- 1. The Sole Proprietor: Yes [] No []
2. The Partnership: Yes [] No []
3. The Professional Corporation and its Directors and Owners: Yes [] No []
4. Predecessor Firms: Yes [] No []

7. In which of the following professions is your firm engaged? Please check and indicate percentages.
A. [] Architects _____ % G. [] Mechanical Engineers _____ % L. [] Construction
B. [] Building Designers _____ % H. [] Heating, Ventilation & Management _____ %
C. [] Land Surveyors _____ % Air Conditioning Engineers _____ % M. [] Others not shown, please
D. [] Civil Engineers _____ % I. [] Structural Engineers _____ % specify below
E. [] Soil Engineers _____ % J. [] Chemical Engineers _____ %
F. [] Electrical Engineers _____ % K. [] Marine Surveyors _____ %

8. a. Personnel:

NAME OF INDIVIDUAL OR PRINCIPALS	PROFESSIONAL QUALIFICATIONS	DATE & PLACE ACQUIRED	HOW LONG WITH FIRM

Is any individual or principal employed by or an officer of any other firm, organization, political body or sub-division thereof? Yes No If yes, please give full details

9. Total Personnel:

a. Principals as above	_____	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	_____

10. States in which firm or Principals are licensed? _____ Any foreign work? _____
If yes, give details _____

11. Have any of those listed in Questions 8 or 9 ever been the subject of disciplinary action by authorities as a result of their professional activities? _____ If yes, give details _____

12. What professional Associations does the firm or Principals belong to? _____

13a. 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:

Work in connection with:

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%

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%

13b. Does the Applicant foresee any substantial changes in the percentages of Question 13a during the next twelve months? _____

13c. Is the Applicant embarking on any operation not detailed above during the next twelve months? _____

14. Fee and Contract Values Where Applicant involved (show separately for (1) A & E Services, (2) Construction Managers Services and (3) Construction only Services where applicable). **PLEASE STATE APPLICABLE FISCAL OR CALENDAR YEAR.**

	PAST 12 MONTHS	PRESENT 12 MONTHS	ESTIMATE FOR COMING YEAR
<u>Domestic Operations</u>			
a. Construction or	(1) _____	_____	_____
Contract Values	(2) _____	_____	_____
	(3) _____	_____	_____
b. Gross Billing/Fees whether collected or not (excluding fees derived from Joint Ventures), but inclusive of consulting fees.	(1) _____	_____	_____
	(2) _____	_____	_____
	(3) _____	_____	_____
<u>Overseas Operations</u>			
a. Construction or	(1) _____	_____	_____
Contract Values	(2) _____	_____	_____
	(3) _____	_____	_____
b. Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures), but inclusive of consulting fees.	(1) _____	_____	_____
	(2) _____	_____	_____
	(3) _____	_____	_____

15a. What percentage of the Applicant's practice involves any of the following:

1. Subletting of work to others _____% If yes, please advise what is sublet.

2. Professional services on projects for owners who act as their own builder _____%

3. Professional services on projects for package or "Turnkey" contractors:

a. as Manager of Project _____%

b. as Member of Project _____%

15b. On projects where the Applicant renders Construction Management Services, does the Applicant use the American Institute of Architects or the Associated General Contractors Standard Form or Agreement between Owner and Construction Manager? _____ If any other Form of Agreement used, please submit a copy of the Standard Form used.

16. Does any one contract or client represent more than 50% of annual work? Yes No If yes, please give details

17a. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, manufacturing, fabrication, or real estate development? Yes No

17b. Are any of the individuals named in Question 8 owners, officers or employees of firms engaged in such work? Yes No If yes, give details concerning the extent of such work and in the case of individuals named in item 8 the exact relationship of the individuals to the firms engaged in actual construction, manufacturing, fabrication or real estate development. _____

17c. Is the Applicant controlled, owned or associated with any other firm, Corporation or Company, other than as stated above? Yes No If yes, please give details. _____

17d. If coverage for all past completed Joint Venture projects is required, provide list of all these joint ventures for last five years giving same information as per 17e below.

17e. If coverage for current Joint Venture projects is required, please give details as under:

1. Names and Address of other Members: _____
2. Type of project and location? _____
3. Nature of work to be performed: _____
4. Total Construction value of Joint Venture Project: _____
5. Gross Receipts from Joint Venture for all Members: _____
6. Gross Receipts for Applicants share: _____
7. Gross Receipts for Applicants share during the next 12 months: _____
8. Give duration of the Joint Venture project including approximate dates both design and construction will begin and end: _____
9. Has the applicant's portion of the Joint Venture been insured thus far? _____
10. Do the other members carry insurance on the Joint Venture? If yes, please give details. _____

18a. **Previous Coverage:** Please give particulars of previous similar Insurance carried: (including earliest date of first coverage purchased)

COMPANY	POLICY NO.	LIMITS	DEDUCTIBLE	PERIOD (INCLUDING DATES)
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18b. Has any application for similar Insurance made on behalf of the Applicant, any predecessors in business or present partners, directors, officers or employees ever been declined or has any such Insurance ever been cancelled or renewal refused? Yes No If yes, please give details: _____

Important information required to obtain “Prior Acts” coverage as well as qualify the applicant for insurance.

19a. Have any claims or suits been made during the past five years against the Applicant, its predecessors in business, any of the present partners, directors or officers of the Applicant or to the knowledge of the Applicant against any past partners, past officers, or past directors of the Applicant? **Yes** **No** If yes, state briefly the cause, nature of claim, the amount involved and the name of the project and claimant, the date when the claim was made, the date the act which gave rise to the claim was committed and the final disposition of the claim including amounts of settlement.

19b. Is the Applicant (after proper inquiry of each director, officer or partner of the Applicant or other prospective insured party) aware of any circumstance, incidents, situations or accidents have occurred during the past five years which may result in claim being made against the Applicant, his predecessors in business, or any of the present or past partners, officers or directors of the Applicant?
Yes **No** If yes, give full details similar to 19a.

19c. Has the Applicant (or other proposed party for insurance) been involved during the past five years in any disputes with respect to fees or other compensation (in excess of \$10,000) which may be due him for professional services rendered which have not been resolved? **Yes** **No** If yes, give full details similar to 19a.

19d. Is the Applicant (or other proposed party for insurance) aware of any deficiencies in work where he has performed professional services or deficiencies in work by others for whom the Applicant is legally responsible and which exceed \$10,000 in amount during the last five years? **Yes** **No** If yes, give full details similar to 19a.

19e. Is the Applicant (or other proposed party for insurance) aware or has the Applicant received notice of any disputes with respect to professional services performed by or on behalf of the Applicant and which exceed \$10,000 in amount during the last five years? **Yes** **No** If yes, give full details similar to 19a.

19f. Has the Applicant (or other proposed party for insurance) testified in or provided expert testimony in any disputes, proceedings where claim has been made or suit filed against any party to the work or project where the Applicant(s) provided professional services during the last five years for sum(s) in excess of \$10,000? **Yes** **No**
If yes, give full details similar to 19a.

19g. Has the Applicant (or other proposed party for insurance) knowledge of injury to people or damage to property during the last five years on or at projects where the Applicant has rendered professional services?
Yes **No** If yes, give full details similar to 19a.

19h. Has the Applicant (or other proposed for insurance) rendered any professional service at a project wherein one or more of the following events or circumstances have occurred during the last five years:
(1) insolvency of any contractor, subcontractor, supplier or other party? **Yes** **No**
(2) delay in substantial completion beyond 90 days of the contract completion date? **Yes** **No**
(3) abandonment of any project at any state after completion of working drawings and prior to substantial completion of project? **Yes** **No**
If any of the above is answered yes, please give full details similar to 19a.

It is agreed that if there be knowledge of any fact, circumstance, incident, situation, or accident or other matter which subsequently results in claim being made against the Applicant or other insured party, that coverage under the proposed insurance shall not apply; and it is agreed by all parties that any future claim or action emanating therefrom shall be excluded from coverage under the proposed insurance.

20. Coverage requested:

Limit: \$

Deductible: \$

Effective from _____ to _____

21 Attach list of 10 largest jobs in last five years. Give names, type of structure and services performed, construction values and inception and completion date for each job. Also attach audited financial statement.

Insurance may be effective only upon payment of premium. Premium check or draft may be handled for collection in accordance with the practices of the collection Bank or Banks and the insurance shall be void if the full amount of premium check or draft is not received by the company.

The Applicant accepts notice that any policy which may be issued will apply on a “claims made” basis.

I/WE HEREBY DECLARE that the above statements and particulars are true and that no facts have been suppressed or mis-stated any material facts and that at the present time I/WE have no reason to anticipate any claim being brought against me/us for any error of, or omission on the part of me/us or any Insured, and agree that this Application Form shall be the basis of any Policy of Insurance which may be issued by the Company and shall be deemed a part thereof, one signed copy will be attached to the Policy if issued. Should the Applicant become aware of any circumstance subsequent to the completion of the application, he agrees that he will submit to Professional Underwriters Agency, Inc. supplementary advices conveying any pertinent information or change so derived and Professional Underwriters Agency, Inc. may alter any quotation previously given.

In the absence of subsequent advices to Professional Underwriters Agency, Inc. to the contrary it will be assumed by Professional Underwriters Agency, Inc. that there is no additional pertinent information or change.

Signature of Owner, Partner, Officer _____

Title: _____

Date: _____

It is agreed that the completion of this Application does not bind the Company nor the Applicant to complete the Insurance.

Please attach BROCHURE