

Architects, Engineers and Construction Managers Errors and Omissions Insurance Application

If coverage is issued, it will be on a claims-made basis.

Notice: this insurance coverage provides that the limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

1. Name of applicant:

Address:

Website:

2. Date established:

3. In the past five years has the applicant ever changed names or been party to any acquisition, consolidation, merger, or dissolution? Yes No

If Yes, please describe:

4. Please describe the percentages of the following services the applicant provides or intends to provide:

	Last fiscal year	Current year	Number of licensed staff
Aerospace engineering	%	%	
Architecture	%	%	
Chemical engineering	%	%	
Civil engineering	%	%	
Construction management (agency)	%	%	
Construction management (at risk)	%	%	
Electrical engineering	%	%	
Environmental engineering	%	%	
General contracting	%	%	
HVAC engineering	%	%	
Interior designer	%	%	
Land surveying	%	%	
Landscape architecture	%	%	
Machine, equipment, and/or manufacturing	%	%	
Marine engineering	%	%	
Mechanical engineering	%	%	
Nuclear engineering	%	%	
Process engineering	%	%	
Soil engineering	%	%	
Structural engineering	%	%	
Other (please specify below)	%	%	
<input style="width: 300px; height: 20px;" type="text"/>			

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- 5a. Does the applicant employ a licensed architect or engineer? Yes No
- 5b. What is the total number of employees, including registered, licensed design professionals, full-time and/or part-time?
- 5c. Please list the state(s) in which the applicant will be performing these services and the percentage of work in that state:

State	Percentage	State	Percentage
	%		%
	%		%
	%		%

6. Please provide the gross billings for services listed below that were performed by the applicant:

	Last 12 months		Projected 12 months	
	Gross revenues	Construction values	Gross revenues	Construction values
Design	\$	\$	\$	\$
Design/build	\$	\$	\$	\$
Actual construction/fabrication/erection	\$	\$	\$	\$
Construction management	\$	\$	\$	\$
Other (please specify)	\$	\$	\$	\$
Total	\$	\$	\$	\$

7. Please provide the approximate percentages of billings derived from the following services:

- | | |
|--|--|
| a. Feasibility studies, reports and surveys not resulting in design | <input style="width: 90%;" type="text"/> % |
| b. Design without supervisory services | <input style="width: 90%;" type="text"/> % |
| c. Design and observation | <input style="width: 90%;" type="text"/> % |
| d. Construction/project management | <input style="width: 90%;" type="text"/> % |
| e. Construction observation without design | <input style="width: 90%;" type="text"/> % |
| f. Inspection of existing structures | <input style="width: 90%;" type="text"/> % |
| g. Inspections of homes/commercial properties for prospective buyers/lenders | <input style="width: 90%;" type="text"/> % |
| h. Manufacture, sale or distribution of any product or service | <input style="width: 90%;" type="text"/> % |
| i. Development, sale or leasing of any computer software or hardware | <input style="width: 90%;" type="text"/> % |
| j. Other - please specify: <input style="width: 300px;" type="text"/> | <input style="width: 90%;" type="text"/> % |

8. Based upon billings, please provide the approximate percentages of the projects below that the applicant is engaged in.

Airports	%	Manufacturing/industrial	%	Schools/colleges	%
Amusement rides	%	Mass transit	%	Sewage systems	%

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Apartments	%	Mines	%	Sewage plants	%
Arenas/stadiums	%	Municipal buildings	%	Superfund/pollution	%
Bridges	%	Nuclear/atomic	%	Telecommunications	%
Condos/townhouses	%	Office buildings	%	Theatres	%
Convention centers	%	Parking structures	%	Tract homes	%
Dams	%	Petro/chemical	%	Tunnels	%
Harbors/piers	%	Pools	%	Underground storage tanks	%
Hospitals/healthcare	%	Playgrounds	%	Utilities	%
Hotels/motels	%	Pre-engineered structures	%	Warehouses	%
Industrial waste treatment	%	Private dwellings	%	Wastewater treatment plants	%
Jails	%	Recreation	%	Water systems	%
Landfills	%	Roads/highways	%		
Libraries	%	Retail structures	%		
Other-please specify:					%

9. Does the applicant design projects using model-based technology, or Building Information Modeling (BIM)? If yes, what % _____ Yes No
10. Does the applicant provide professional services on projects which are LEED certified? If yes, what %? _____ Yes No
11. Is the applicant firm involved in any business other than those described? Yes No

If Yes, please describe/attach an explanation:

12. Does the applicant or any related entity have any ownership in any other company? Yes No

If Yes, please describe/attach an explanation (including % ownership):

13. Does the applicant provide any services on any project or for any entity in which the applicant or any related entity has any ownership? Yes No

If Yes, please describe/attach an explanation (including % ownership):

14. Please provide the following information about the applicant's key employees:

Name in full of ALL partners/ principals/key employees	Professional qualifications	Date qualified	How long in practice?	How long as partner/ principal?

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15. To what professional association(s) does the applicant belong?

16. Please include a list of applicant firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

Project/client name	Nature of the services	Revenue obtained
		\$
		\$
		\$
		\$
		\$

17. Does the applicant follow in-house quality control procedures? Yes No

Does the applicant obtain continuing education for professional employees? Yes No

How many professional employees of the applicant have attended at least six hours of continuing education over the past 12 months?

Does the applicant use written contracts on every project? Yes No

If No, please provide the percentage of projects where oral agreements were used:

%

Please specify the approximate percentage of professional services rendered under AIA or EJCDC standard contracts:

%

If non-standard contract, modified AIA/EJCDC contracts or letter agreements are used, are they reviewed by the applicant's legal counsel or liability implications prior to signing? Yes No

Does the applicant seek a limitation of liability clause in contracts with clients? Yes No

If so, what percentage of contracts contains this clause?

%

Does the applicant negotiate into its contracts a provision for alternative dispute resolution such as mediation? Yes No

If so, what percentage of contracts contains this clause?

%

Does the applicant have any formalized procedures for paused or abandoned projects? Yes No

18. Does the applicant subcontract any professional services? Yes No

If Yes, please explain:

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19. Has any similar insurance ever been non-renewed or cancelled? Yes No

If Yes, please explain:

20. Is similar insurance currently in place? Yes No

Please provide professional insurance information for the last five years:

Company	Term	Limits	Deductible	Premium

Retroactive date on policy?

mm/dd/yy

21. Please provide the applicant's current general liability coverage:

Insurance company	Type of coverage	Limits		Effective	
		BI	PD	From	To

22. Have any of the individuals listed in question 12 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No

If Yes, please explain:

23. Does the person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her? Yes No

If Yes, please explain:

24. After inquiry have any claims been made against any proposed Insured(s) during the past ten (10) years? Yes No

If Yes, please provide full loss runs and/or a Supplemental Claims Information Form for each claim.

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25. Limit of liability desired:

\$500,000 \$1,000,000 \$2,000,000 Other \$

26. Deductible desired:

\$5,000 \$10,000 \$25,000 Other \$

It is understood and agreed that with respect to questions 22, 23 and 24, that is such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material thereto, commits a fraudulent insurance act, which is a crime.

The applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated.

Signing of this form does not bind the applicant or the Underwriters to complete this insurance.

A copy of this application should be retained for your records.

Data Breach and Privacy Security Liability Insurance

Application form

Completion of this application in no way will be considered a binder of coverage and underwriters do not guarantee that a policy will actually be issued upon receipt of a completed application. If a policy is issued, it will provide coverage only for claims that are first made against the insured and reported to underwriters during the policy period, or any extended reporting period, if applicable. Notice: This application is for insurance in which the policy limits available to pay judgments or settlements shall be reduced by defense costs. Further note that defense costs shall be applied against the retention amount. Whoever fills out this application must be a principal/partner/director/officer or senior manager authorized to do so and should make all the proper inquiries to enable the questions to be answered. The application should be completed for the applicant inclusive of every **Subsidiary***.

ATTENTION: YOU MUST READ, COMPLETE, SIGN AND DATE THE ENTIRE APPLICATION FORM. IF YOU ARE UNABLE TO FULLY COMPLETE, SIGN AND DATE, PLEASE SUBMIT ADDITIONAL DETAILS SO THAT YOU MAY STILL BE CONSIDERED FOR COVERAGE.

Your details

Name

Subsidiaries

Please list each **Subsidiary*** you wish to include in the policy.

Qualifying Conditions

Declarations of **You*** - You declare that:

- Your gross revenue for the last fully completed financial year (or your good faith estimate of this year's gross revenues if you are a start-up) did not (or will not) exceed \$100,000,000;
- You are not a:
 - a) Depository Institution (savings bank, commercial bank, savings and loan, credit union, or similar); investment bank, securities underwriter, securities broker-dealer, or similar;
 - b) Payment card processor or gateway; payroll processor; or credit rating agency;
 - c) Insurance company;
 - d) Social or professional networking site or service; dating site or service;
 - e) Franchisee or franchisor;
 - f) Producer, distributor, advertiser, or broadcaster of pornography; or gambling operation including casinos;
 - g) Data warehouse, direct marketer, data aggregator, or information broker;
 - h) Family planning or substance abuse center/service, adoption agency, or abortion clinic;
 - i) Mobile application or video game developer or publisher;
 - j) Utility provider;
- You transact no more than 1,000,000 payment card transactions annually;
- You store, at any one time, no more than 1,000,000 records containing **Personally Identifiable Information***;
- All laptops and tablet computers storing **Personally Identifiable Information*** are encrypted;
- You have either confirmed you are compliant with or confirmed you are not subject to the Payment Card Industry Data Security Standards (PCI/DSS) regarding the secure handling of credit and other payment cards;
- You are not aware of any matter that is reasonably likely to give rise to any **Breach*** or **Claim***, nor have you suffered any **Breach***, nor has any **Claim*** been made against you in the last five years;
- No regulatory, governmental, or administrative action has been brought against you, nor any investigation or information request, concerning any handling of **Personally Identifiable Information***.

If the *You are not able to make any of these declarations above, please submit additional details for further consideration. The inability to make these declarations does not automatically mean Hiscox will not offer coverage terms.**

Acceptance

Coverage will only start after acceptance and confirmation of coverage by us.

Data Protection Act

By signing this proposal form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Data Breach and Privacy Security Liability Insurance

Application form

Declaration

I declare that (a) this application form has been completed after reasonable inquiry, including but not limited to all necessary inquiries of my fellow principals, partners, officers, directors and employees, to enable me to answer the questions accurately and (b) its contents are true and accurate and not misleading. I undertake to inform you before the inception of any policy pursuant to this application of any material change to the information already provided or any new fact or matter that may be material to the consideration of this application for insurance. I agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of principal/partner/officer/director as authorized representative of the applicant

Signatory's title:

Date

* **Breach, Claim, Personally Identifiable Information, Subsidiary, and You** have the meaning as defined in the policy form. If you do not have a copy, please obtain from your insurance advisor.