



Kinsale Insurance Company
 P. O. Box 17008
 Richmond, VA 23226
 (804) 289-1300
www.kinsaleins.com

ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY APPLICATION

APPLICANT'S INFORMATION

1. Legal name of the business who is the primary applicant and will be the first named insured listed on the policy: _____
 2. Please list all other business/dba names for which you are seeking coverage under this policy: _____
 3. Corporation Individual Partnership Municipality For Profit Joint Venture
 Other: _____
 4. Please list any names of predecessor firms and dates of each: _____

 Primary location address: _____
 5. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): _____

 6. County of primary location: _____ Date business originally established: _____
 7. Total number of branches? _____ List all addresses for additional branches: _____

 8. What is your web-site address? www. _____
 9. What is your phone number? _____
 10. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 5 years? Yes No
 11. Does any entity own or control your business or does your business own or control any entity? Yes No
 12. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you? Yes No
- For questions 9-11, please fully explain any "yes" response, including the names, dates, and revenue impact involved: _____

13. Please list any associations of which you are a member: _____

GENERAL INFORMATION

1. Please indicate the number of total staff in each category:

<i>Please indicate the number of total staff in each category</i>	Architects	Engineers	Land Surveyors	Landscape Architects	All Other	Total
Principals, Partners, Officers & Directors:						
Licensed Staff						
Unlicensed Staff						



2. Please help us understand the size of your business. Please provide projections if a new business:

	Projection for <u>next</u> 12 months	Most <u>recent</u> past 12 months	<u>Previous</u> 12 months
a. Projects insured separately	\$ _____	\$ _____	\$ _____
b. Joint Venture projects*	\$ _____	\$ _____	\$ _____
c. Projects permanently abandoned	\$ _____	\$ _____	\$ _____
d. Fees passed through to consultants	\$ _____	\$ _____	\$ _____
	Projection for <u>next</u> 12 months	Most <u>recent</u> past 12 months	<u>Previous</u> 12 months
e. Direct Reimbursables	\$ _____	\$ _____	\$ _____
f. All other professional services	\$ _____	\$ _____	\$ _____
g. Annual Total Construction Values	\$ _____	\$ _____	\$ _____
h. ANNUAL TOTAL REVENUES	\$ _____	\$ _____	\$ _____

**if any value is present, fill out Joint Venture Supplemental form*

3. Please categorize your total **annual gross revenue** by type of work performed:

Architecture	_____ %	Golf Course Architecture	_____ %
Acoustical Engineering	_____ %	HVAC Engineering	_____ %
Chemical	_____ %	Interior Design	_____ %
Civil Engineering	_____ %	Landscape Architecture	_____ %
Communication Engineering	_____ %	Land Surveying	_____ %
Construction Management	_____ %	Mechanical Engineering	_____ %
Design/Build	_____ %	Oil/Gas Well Engineering	_____ %
Drafting Services	_____ %	Product Design	_____ %
Electrical Engineering	_____ %	Process Engineering	_____ %
Environmental Engineering	_____ %	Traffic Engineering	_____ %
Fire & Alarm Systems	_____ %	Structural Engineering	_____ %
Forensic	_____ %	Other _____	_____ %
Geotechnical/Soils	_____ %	Other _____	_____ %

4. Please categorize your projects by indicating the percentage in each of the following areas:

Projects					
Airport Facilities (except terminals)	%	Houses/Single Family Residential	%	Roads/Highways/Streets	%
Airport Terminals	%	Industrial Waste Treatment	%	Schools/Colleges	%
Amusement Rides	%	Jails/Justice/Correctional	%	Shopping Centers/Retail/Restaurants	%
Apartments	%	Landfills/Solid Waste Facilities	%	Storm Water Systems	%
Assisted Living Facilities	%	Libraries	%	Tract housing	%
Bridges-less than 500 feet	%	Manufacturing/Industrial	%	Tunnels	%
Bridges-more than 500 feet	%	Mass Transit	%	Warehouses	%
Churches/Religious	%	Multi-family Residential excl. Condos	%	Water/Sewer Pipelines	%
Condos/Co-ops	%	Nuclear/Atomic	%	Water/Wastewater Treatment	%
Convention Centers/ Arenas/Stadiums	%	Office Buildings/Banks-High Rise (> 15 stories)	%	Utilities (Gas, Electric, Steam)	%



Custom Residential	%	Office Buildings/Banks-Low Rise <15 stories)	%	Other (specify)	%
Dams	%	Parking Structures	%	Other (specify)	%
Dormitories	%	Parks/Playgrounds/ Pools	%		%
Environmental Remediation	%	Petro/Chemical	%		%
Harbors/Piers/Ports	%	Potable Water Systems	%		%
Hospitals/Health Care	%	Real Estate Development	%		%
Hotels/Motels	%	Recreation/Sports	%	Total	100%

5. Please categorize the service offered by the entity (must total 100%):

- Feasibility studies _____%
- Design only, no construction phase services _____%
- Design with observation of construction _____%
- Design with construction management services _____%
- Construction management without design _____%
- Complete responsibility for construction, including design _____%
- Other (specify): _____%

6. Has the firm participated in any of the following projects or services in the last 10 years?

- | | | | | | |
|---|------------------------------|-----------------------------|-------------------------------------|------------------------------|-----------------------------|
| Projects constructed outside the U.S.A. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Nuclear or Atomic | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Amusement Rides or Water Slides | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Refinery or Chemical | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Asbestos Testing or Abatement | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Phase I, II or III Site Assessments | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hazardous or Toxic Waste | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Runways or Taxiways | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Laboratory Testing or Analysis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Stadiums or Arenas | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Landfills | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Soils Engineering | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Machinery, Equipment or Product Design | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Superfund | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Mines | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

If "yes", please provide details of the project(s), including project named, location, client, billings, constructions values and completion date on a separate sheet of paper.

7. Does any single client provide over 25% of gross receipts? Check One: Yes No

If "Yes," please provide the name of the client, the specific dollar value of this work, and a description of the work performed: _____

8. Please categorize your type of clients based on the percentage of your gross revenue for the past 12 months (or for the next 12 months if a start-up entity):

Commercial	Government	Institutional	Design pros	Industrial	Private/owners	Other-describe
%	%	%	%	%	%	%

9. Provide details of the five (5) largest projects undertaken during the last 12 months. If a start-up, please instead provide a projection of the type and size of projects contemplated:

Name of project	Type of structure & services performed	Construction value	Length of project



10. Does the applicant or any entity related to the applicant firm or its principals engage in any of the following activities:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Construction, erection, fabrication, installation or general contracting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Manufacture, sale, leasing or distribution of any product or process | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Manufacture, sale, distribute, or leasing computer software to others | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Real estate development | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

For any "yes" response, on a separate sheet of paper please provide a complete description of the work performed including the associated annual gross revenue.

11. What percentage of your annual gross revenue is comprised of operations outside the United States? _____ %

For any operations outside the United States, please list each country, describe the project and the applicable percentage of revenue: _____

12. Do you:

- | | | |
|---|------------------------------|-----------------------------|
| a) Use written contracts for all work? If not, what percentage has a contract? _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Have contracts for each new project reviewed by legal counsel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Do contracts used include arbitration provisions to govern disputes with clients? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Do contracts state that any dispute will be governed by the laws of a certain state?
If yes, list the state below. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Do contract indemnify another party for any reason when it comes to professional liability? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) Avoid guaranteeing the success of any project? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g) Have a written risk management procedure in place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h) Have an in-house quality control procedure? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i) Have written change order procedures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| j) Have unresolved fee disputes? If yes, please describe the date, circumstances and amount below. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| k) Bring suits, including placement of liens, against clients to collect fees?
If yes, please describe the date, circumstances and amount below. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Descriptions for d, j and k. _____

14. Has the firm ever provided or does the firm expect to provide any professional services on any project in which the firm or any employee of the firm has, had or will have any ownership interest? Yes No

If yes, please fill out the equity interest supplement.

15. **Have you ever provided, or in the next 12 months will you provide, services in New York?** Yes No
If yes, please complete the following questions:

- | | |
|--|--|
| a) What percentage of your projected gross revenue is from work in New York? | _____ % |
| b) Do you accept responsibility/ supervision for site safety programs or do you have the authority for stopping work for unsafe practices? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Do you oversee/assume the responsibility for the means and method of construction on any project? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d) Do you use AIA B141/ CMA or AIA B141-1997 contracts in NY 100% of the time? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

For any "yes" response for b or c, on a separate sheet of paper please explain in detail. If AIA B141/CMA or AIA B141 1997 contracts are not used, please explain and provide a copy of your contract.



INSURANCE AND LOSS HISTORY

13. Provide your entity's recent insurance history below.

	Insurance Company	Limits Per Claim/Aggregate	Policy Period (Month/Day/Year)	Annual Premium
Current Year				
Previous Year 1				
Previous Year 2				
Previous Year 3				
Previous Year 4				

14. If you are currently insured for errors & omissions coverage, what is your policy's retroactive/prior acts date? (month/day/year) ____/____/_____. If there is no retroactive date please check here.

If requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

15. Provide details of Applicant's current General Liability Insurance:

General Liability Insurance Company: _____ Limits of Liability ____/____
 Inception/Expiration dates (month/day/year) ____/____/____ - ____/____/____

16. Requested limits: \$100k/\$300k \$250k/250k \$500k/\$500k \$1M/\$1M \$2M/\$2M (other) _____

Requested deductible: \$2,500 \$5,000 \$10,000 \$25,000 Other \$ _____

17. Are you being canceled or non-renewed by your current professional liability carrier? Yes No

If yes, please explain why: _____

18. After inquiry with each person as appropriate, in the last five (5) years, have any claims been made against the person or entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, or any predecessors in business? Yes No

If "yes", please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.

19. After inquiry with each person as appropriate, are you, or any of your partners, officers, directors, or employees, aware of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident which may result in a claim? Yes No

If "yes", please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.

20. After inquiry with each person as appropriate, have you, or any of your partners, officers, directors, or employees been the subject of any complaint or subject to any disciplinary action by any state licensing agency or other regulatory body during the past five (5) years? Yes No

If "yes", please provide an explanation of the circumstances and penalty involved. If available, please provide a copy of the complaint, your response, and a copy of the regulatory body's decision.



FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for 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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 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: Any person who knowingly and with intent to defraud an 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 \$5,000 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/she 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 a 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: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

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The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.



Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____



PROFESSIONAL LIABILITY SUPPLEMENTAL CLAIM APPLICATION

- *This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.*
- *If space is insufficient to answer any questions fully, attach a separate sheet.*
- *In lieu of attaching suit papers, please provide a complete narrative description of the allegations involved*

APPLICANT'S INFORMATION

1. Full Name of Applicant: _____
2. Full Name of Individual(s) or entity involved in the claim: _____
3. Additional defendants _____
4. Full Name of Claimant: _____
5. Indicate whether: CLAIM SUIT Incident/Circumstance Only (no claim or suit)
6. Date and location of alleged act, error or omission: _____
7. Date of claim: _____ Date reported to Insurance Company: _____
8. What is the status of the claim? Closed/Settled Open/Pending Incident/Circumstance
9. IF CLOSED:

Total paid including deductible(s)? Responses such as "unknown" or "unavailable" are insufficient.

	Defense costs	Loss/compensatory damages
Paid by you-out of pocket	\$ _____	\$ _____
Insurance Company	\$ _____	\$ _____

Date Resolved: ____/____/____ Trial Out of Court

10. IF PENDING:
 - (a) Claimant's settlement demand? \$ _____ Defendant's settlement offer (if any): \$ _____
 - (b) Insurer's reserve amounts? Loss \$ _____ Defense \$ _____
 - (c) Amounts already spent defending the claim? By you? \$ _____ By the insurer? \$ _____
 - (d) What is your best estimate of the likely settlement amount for this matter? \$ _____
 - (e) What is your best estimate of the date when you expect this claim to be resolved? _____

Note: Answering "unknown" or "unavailable" to the above questions is an insufficient response.

11. Name(s) of Insurer(s) responding to this claim or incident _____
 Policy Number: _____
 Limits of Liability: _____ Deductible: _____



12. Provide narrative description of suit, claim or incident, including the allegations involved, the potential size of injury and your response: _____

13. Explain what action(s) have been taken to prevent reoccurrence of a similar claim: _____

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

Signature of Applicant/Title/Date

(Must be signed by a Principal, Partner or Officer of the Firm)

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(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

