



Pantheon Specialty Application for Architects and Engineers Professional Liability Insurance Claims Made Coverage

INSTRUCTIONS

1. Answer all questions. If any section does not apply, indicate with N/A and please explain why not on a separate sheet.
2. Have this Application signed and dated by an authorized owner, partner, risk manager or director of the Named Insured. For purposes of this Application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for the insurance. For more detail, see the definition of "insured" in specimen policy.
3. Attach a list of Additional Named Insured(s), if any, to be covered under this policy and their relationship to the Named Insured.

NAMED INSURED INFORMATION:

Named Insured:

Address:

City: _____ State: _____ Zip Code: _____

Contact:

Telephone: _____ Fax: _____

E-mail: _____ Web Address: _____

All information requested hereafter pertains to the Applicant applying for insurance unless otherwise stated.

CURRENT POLICY INFORMATION:

Professional Liability: (If Applicant does not currently have Professional Liability coverage, please provide requested term, limits and deductible.)

Insurance Company:

Term: MM / DD / YY to MM / DD / YY

Premium: USD Retroactive Date: MM / DD / YY

Limits: USD **PER CLAIM**

/ USD **AGGREGATE**

Deductible: USD

General Liability:

Insurance Company:

Term: MM / DD / YY

to MM / DD / YY

UNDERWRITING INFORMATION:

Date Established: MM / DD / YY

Number of licensed professionals:

	Gross Fees	Subcontracted Fees	Reimbursables
Current Year	USD	USD	USD
1st Year Prior	USD	USD	USD
2nd Year Prior	USD	USD	USD

Current year represents services rendered from: MM / DD / YY

to MM / DD / YY

Named Insured is: Corporation Partnership Professional Corporation Sole Proprietorship

Other If Other, please specify:

AREAS OF PRACTICE:

Based on the Applicant's gross billings, indicate the type of services performed. **Do not include services performed by others on your behalf.** (Total must equal 100%).

% Acoustical Engineering		% Forensic Engineering		% Naval/Marine
% Architecture		% Geotechnical Engineering		% Nuclear Engineering
% Chemical Engineering		% HVAC Engineering		% Process Engineering
% Civil Engineering		% Hydrological Engineering		% Structural Engineering
% Communication Engineering		% Interior Design		% Testing Labs
% Construction Management		% Land Surveying		% Other
% Electrical Engineering		% Landscape Architecture		
% Environmental Engineering		% Mechanical Engineering		

ACTIVITIES:

Based on the Applicant's gross billings, indicate the type of activities performed. (Total must equal 100%).

% Construction Management	% Feasibility Studies
% Construction with Design Subcontracted	% Observation of Construction Only
% Design with Construction	% Surveying
% Design with Observation	% Other

PROJECT TYPES:

Based on the Applicant's gross billings, indicate their types of projects. (Total must equal 100%)

RESIDENTIAL:

% Apartments	% Custom Homes	% Townhomes
% Condominiums	% Tract Homes	% Other

COMMERCIAL:

% Amusement Rides	% Manufacturing	% Sewage Systems
% Arenas/Stadiums	% Mass Transit	% Shopping Centers
% Bridges	% Municipal Buildings	% Superfund/Pollution
% Churches	% Nuclear Atomics	% Telecommunications
% Convention Centers	% Office Buildings	% Theatres
% Dams	% Parking Structures	% Tunnels
% Harbors/Piers/Ports	% Petrols/Chemicals	% Utilities
% Hospitals/Healthcare	% Pools	% Warehouses
% Hotels/Motels	% Pre-Engineered Building	% Wastewater/Sewage Treatment Plants
% Jails	% Recreation/Playgrounds	% Water Systems
% Landfills	% Roads/Highways	% Other
% Libraries	% Schools/Colleges	



CLAIMS HISTORY:

Attach to this Application currently valued loss runs from prior carriers.

1. Has any claim been made or legal action been brought in the past five years (or made earlier and still pending) against the Applicant? If "yes," please attach completed claims questionnaire. Yes No

2. Are there any circumstances, incidents, situations or accidents during the past five years which may result in claims being made against the Applicant? If "yes," please provide details on a separate sheet.

3. Are there any deficiencies or alleged deficiencies in work where the Applicant performed professional services or are there any deficiencies or alleged deficiencies in work by others for whom the Applicant is legally responsible during the last five years? If "yes," please provide details on a separate sheet.

4. Does the Applicant have knowledge of injury to people or damage to property during the past five years on or at projects where the Applicant has rendered professional services? If "yes," please provide details on a separate sheet.

ADDITIONAL UNDERWRITING INFORMATION:

1. List below the Applicant's five largest projects in the last three years.

Project	Fees	Construction Value
	USD	USD

2. Is the Applicant or any subsidiary, parent or other organization related to the Applicant involved in:

- a. Actual construction, fabrication or erection? Yes No
- b. Development, sale or lease of computer software to others? Yes No
- c. Real estate development? Yes No
- d. Manufacturing, sale, leasing or distribution of any product? Yes No

If any of the above answers are "yes," please provide details on a separate sheet. Include a description of the service performed, any construction value involved and fees received. If yes is answered for a. then we will need the design build supplement completed.

3. Are any of the principals, partners, officers, directors or employees of the Applicant involved in any activities described in question #2 above? If "yes," please provide details on a separate sheet. Include a description of the service performed, any construction value involved and fees received.

Yes No

4. Is the Applicant controlled, owned or associated with any other firm, corporation or company, or does the Applicant own or control any other entity? If "yes," please provide details on a separate sheet.

Yes No

5. Does the Applicant render services on behalf of any entity in which any principal, partner, officer, director or employee of the Applicant, or an immediate family member of such persons is a principal, partner, officer, director or employee? If "yes," please provide details on a separate sheet.

Yes No

6. Has the Applicant ever been subject to disciplinary action by authorities as a result of their professional activities? If "yes," please provide details on a separate sheet.

Yes No

SIGNATURE SECTION:

APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any changes in the facts or statements shown above or in any supplementary application.

COMPLETION OF THE FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT.) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

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 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: 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.



I/We hereby declare that the above statements and particulars are true and I/we agree that this application shall be the basis of the contract with the insurance company.

Signature:

Date: MM / DD / YY

Title:

Producer Information:

Producer Code:

Producer:

Contact:

Address:

City:

State: Zip Code:

Contact:

Telephone:

Fax:

E-mail:

Pantheon Specialty Application for Architects and Engineers Professional Liability Insurance

Design/Build Coverage

This Supplement to the Application for Architects and Engineers Professional Liability Insurance is to be completed by firms providing professional services using the Design/Build method of project delivery.

Please indicate Gross Billings attributable to each of the following.

CONSTRUCTION VALUES/PROFESSIONAL FEES:

1.	Last Fiscal Year		Projected Current Fiscal Year	
	20_____		20_____	
	Construction Values	Professional Fees	Construction Values	Professional Fees
Design and Construction	\$	\$	\$	\$
Design Only - No Construction	\$	\$	\$	\$
Construction Only - No Design	\$	\$	\$	\$
Construction Management	\$	\$	\$	\$
Other(please specify)	\$	\$	\$	\$
 Total - All Operations	 \$		 \$	 \$

DESIGN/BUILD SERVICES:

2. Please describe relationship between the design firm and construction firm:
3. Please describe construction observation services performed by design firm:
4. Please list by attachment the 5 largest Design/Build projects in the past 5 years. Indicate names, locations, types of structures, services performed, construction values and completion dates.



5. What is the Applicant's current bonding capacity? \$

6. Has a surety company ever declined to offer a bond? Yes No
If yes, please provide details by attachment

LIABILITY ISSUES:

For all "yes" responses to questions 7 - 10, please provide details by attachment. Include project name and indicate if circumstance has been reported to insurance carrier.

7. Is the Applicant aware of any actual or alleged faulty or defective workmanship or faulty or malfunctioning equipment? Yes No

8. Is the Applicant aware of any unresolved construction dispute including an unexcused delay, a budget overrun, or a change order which exceeds \$10,000? Yes No

9. Has the Applicant or any subcontractor ever defaulted, failed to complete a contract, or had liquidated damages or similar penalties assessed against them? Yes No

10. Has the Applicant or any subcontractor made a claim or lien against any party because of compensation due, or alleged to be due, which exceeds \$10,000? Yes No

11. Please provide the following details with respect to the Applicant's Commercial General Liability and Umbrella Liability coverages:

CGL

Umbrella

Company

Term

Limit

Deductible

12. Please detail by attachment the Applicant's Commercial General Liability loss history for the past year.

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

Must be signed by Owner, Partner or Officer

Authorised Signature of Applicant

Title

Date



PANTHEON
SPECIALTY

Pantheon Specialty Application for Architects and Engineers Professional Liability Insurance:
5 Largest Projects

	Name & Location	Client/Owner:	Project Type:	Professional Services:	Fees:	Construction Values:	Completion Date
1.							
2.							
3.							
4.							
5.							

Must be signed by Owner, Partner or Officer

Authorised Signature of Applicant

Title

Date