



**Architects & Engineers PROtectSM
Professional Liability Insurance
Renewal Application**

IMPORTANT NOTICE

THIS IS AN APPLICATION FOR A POLICY THAT IS WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. THE LIMITS OF LIABILITY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY, COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

APPLICANT'S INFORMATION

Legal Name Of Applicant:

Business Address:

City: State:

Zip Code:

Business Phone: Web Address:

Date Established: Policy Effective Date:

Risk Management Contact:

Sole Proprietor Partnership Corporation Professional Corporation LLC

Other (describe):

FIRM'S PRACTICE

1. In last twelve (12) months, has there been any change in your staff composition? Yes No
If "Yes", please provide following information about your Total Staff (include branch offices):

	Officers, Partners, Owners	Employees
Licensed Architects		
Licensed Engineers		
Technical Staff		
Administrative Staff		
Total Staff		

2. Gross Fees are defined as the exact dollar amount of gross revenue, including fees paid to subconsultants, but not including interest, rental income, or direct recovery of expenses.

	Current Fiscal Year	Projection for Next Fiscal Year
From (mm/yy)		
To (mm/yy)		
Projects insured separately	\$	\$
Fees from abandoned projects	\$	\$
Fees passed through to consultants	\$	\$
Direct Reimbursables	\$	\$
All other professional services	\$	\$
Gross Fees	\$	\$

3. In the last twelve (12) months, has the applicant changed any areas in which services are provided by the Firm? Yes No

If "Yes", please indicate the services provided by the Firm (Note: must total 100%).

	Previous Fiscal Yr	Current Fiscal Yr		Previous Fiscal Yr	Current Fiscal Yr
Master planning	%	%	Commissioning	%	%
Feasibility Studies, Reports & Planning	%	%	Projects utilizing BIM Technology	%	%
Schematic Design	%	%	Models & Renderings	%	%
Design Only with no construction Phase Services	%	%	Projects delivered utilizing multiple prime construction contractors	%	%
Boundary Surveys	%	%	Graphics & Signage	%	%
Design with Construction Responsibility (construction subcontracted)**	%	%	Design with Construction Phase Services**	%	%
Observation of Construction Only*	%	%	Non-Residential Interiors/Fit Out	%	%
Subcontractor to a Design-Build Contractor	%	%	Construction Materials Testing	%	%
Inspection Services	%	%	Construction Stakeout*	%	%
Fast Track Projects	%	%	Other (specify):	%	%

*Complete the Design Build and Construction Management Supplemental Application.

4. In the last twelve (12) months, has the applicant changed any of its areas of practice? Yes No

If "Yes", please indicate the services provided by the Firm (Note: Total must equal 100%).

	Previous Fiscal Yr	Current Fiscal Yr		Previous Fiscal Yr	Current Fiscal Yr
Architectural	%	%	Landscape Architecture	%	%
Energy Consultants	%	%	Mechanical Engineering	%	%
Forensic Consultants	%	%	Structural Engineering	%	%
Planners	%	%	Geotechnical Engineering	%	%
Interior Design	%	%	Hydrological Engineering	%	%
Elevator Consultants	%	%	Aerial Surveying	%	%
Roofing Consultants	%	%	Testing Labs	%	%
Chemical Engineering	%	%	Construction Management	%	%
Process Engineering	%	%	Environmental Consultants	%	%
Civil Engineering	%	%	Acoustical Consultants	%	%
Mining Engineering	%	%	Audio Visual Consultants	%	%
Traffic Engineering	%	%	Sprinkler Design	%	%
Transportation Consultant	%	%	LEED® AP	%	%
Electrical Engineering	%	%	Nuclear	%	%
Lighting Engineering	%	%	Naval/Marine	%	%
Telecommunications Consultants	%	%	Drafting Services/Graphic Consultants	%	%
Land Surveying/Site Development	%	%	Facilities/Operations Management Consultants	%	%
Excavation Contracting	%	%	Modelers/Renderers	%	%
Agricultural Engineering	%	%	Other (specify):	%	%
HVAC	%	%			

5. In the last twelve (12) months, has the Applicant seen any change in type of projects undertaken? Yes No

If "Yes", please indicate the types of projects undertaken (Note: must total 100%).

	Previous Fiscal Yr	Current Fiscal Yr		Previous Fiscal Yr	Current Fiscal Yr
Agriculture	%	%	Municipal Buildings	%	%
Airports	%	%	Nuclear/Atomic	%	%
Amusement Rides/Parks	%	%	Office Buildings	%	%
Apartments	%	%	Parking Structures	%	%
Arenas/Stadiums	%	%	Petro/Chemical	%	%
Banks	%	%	Pools	%	%
Bridges	%	%	Mines	%	%
Building Façade Restoration	%	%	Private Dwellings (custom)	%	%
Colleges	%	%	Recreation/Playgrounds	%	%
Commercial/Retail	%	%	Condominiums/ Townhouses-Residential	%	%
Condominiums/ Townhouses-Commercial	%	%	Residential Subdivisions	%	%
Religious	%	%	Roads/Highways	%	%
Convention Centers	%	%	Schools K-12	%	%
Dams	%	%	Sewage/Wastewater Treatment Plants	%	%
Harbors/Piers/Ports	%	%	Superfund/Pollution	%	%
Hotels/Motels	%	%	Telecommunications	%	%
Industrial Waste Treatment	%	%	Theaters	%	%
Jails	%	%	Tunnels	%	%
Landfills	%	%	Utilities	%	%
Libraries	%	%	Warehouses	%	%
Manufacturing/Industrial	%	%	Water Systems	%	%
Mass Transit	%	%	Solar/Wind Energy Facilities	%	%
Pre-Engineered Buildings/Structures	%	%	Other (specify):	%	%
Hospitals/Healthcare	%	%			

6. In last twelve (12) months, has the Applicant seen any changes in the client base? Yes No

a. If "Yes", indicate the types of clients (Note: must total 100%).

Commercial	%	Institutional	%	Lending Institutions	%
Contractors	%	Developers	%	Private Owners	%
Design Professionals	%	Industrial	%	Governmental	%
Other (specify):	%	Other (specify):	%	Other (specify):	%

b. Does any client contribute to more than 50% of billings? Yes No

If "Yes", please provide full details.

7. Please provide the following information for the Applicant's three (3) largest projects:

Project Name	Client	Location	Services Rendered	Billing	Construction Value	Completion Date
				\$	\$	
				\$	\$	
				\$	\$	

8. Has the Firm constructed projects outside U.S. in last twelve (12) months? Yes No

If "Yes", please provide full details.

CONFLICT MANAGEMENT

9. In last twelve (12) months, has the Firm provided professional services to clients in which Firm, any Firm member or any related individual served as an officer, director, trustee or partner or owned an equity or financial interest? Yes No

If "Yes", provide the following information:

Client	Type of Business	Annual Fees	Positions Held	Services Rendered	Equity Percentage
		\$			%
		\$			%
		\$			%

RISK MANAGEMENT

10. In last twelve (12) months or next twelve (12) months, has the Applicant or does the Applicant expect to make any significant changes in nature or size of Applicant's Firm? Yes No

If "Yes", please provide full details.

11. In the last twelve (12) months, has the Applicant made any change in the policies and procedures related to quality control, contracts, continuous education program? Yes No

If "Yes", please provide full details.

12. Has the Firm provided professional services within the past twelve (12) months to clients who subsequent entered into bankruptcy or receivership? Yes No

If "Yes", please provide full details.

CYBER AND NETWORK SECURITY

13. a. How many records do you store?

PII	
PHI	

b. In last twelve (12) months, has there been any change in the following:

Practice of distribution of Corporate Security policies? Yes No

Training of employees for use of computer systems, password policies or defense against social engineering & phishing attempts? Yes No

c. In last twelve (12) months, have you made any change in policies for performing backups and re-imaging processes? Yes No

d. In last twelve (12) months, have you made any changes in following systems for technological defense:

Encryption for all records and confidential data? Yes No

Firewalls? Yes No

Anti-virus? Yes No

Intrusion detection? Yes No

Data loss prevention? Yes No

If "Yes" for any of above questions (a,b,c,d), please provide full details.

[Empty text box for details]

CLAIMS HISTORY

14. For last twelve (12) months, does the Firm, predecessors in business or any other person for whom coverage is requested, have knowledge of any actual or alleged act, error, omission or circumstance which may result in a claim or first party event, or inquiry or investigation, being made against them? Yes No

If "Yes", please provide full details.

[Empty text box for details]

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 14 IS EXCLUDED FROM THE PROPOSED INSURANCE.

FRAUD STATEMENT/SIGNATURES

THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.

FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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 conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia

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.

Colorado

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

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.

Maine

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.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey, New Mexico

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.

Ohio

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.

Oklahoma

WARNING: 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.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania

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 conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Pennsylvania (Auto)

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

New York

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 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 five thousand dollars and the stated value of the claim for each such violation.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE

Agent/Broker:

Are you personally familiar with this Applicant's operations?

Yes No

Did your office control this risk in the past year?

Yes No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE