



Specific Project/Client Excess Professional Liability Insurance

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY

This Application for Specific Project/Client Excess Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.

THIS APPLICATION IS NOT A BINDER

1. Name of Applicant _____ Phone (____) _____

2. Address _____ Fax (____) _____

_____ E-mail _____

_____ Website _____

3. Is the applicant the prime design firm on the project? Yes No

4. Indicate applicant's Professional Liability insurance currently in force

COMPANY	TERM	LIMIT	DEDUCTIBLE

PROJECT INFORMATION

5. Name and location of project _____

6. Project description and services the applicant is to perform _____

7. Name of owner _____

8. Name of client (if not the owner) _____

GROSS RECEIPTS

9. Total estimated construction value of the project \$ _____

10. Total estimated gross receipts from project to all design professionals \$ _____

11. Total estimated gross receipts from project to applicant \$ _____

12. Total estimated gross receipts from project received by applicant to date \$ _____

13. Total estimated gross receipts from project to applicant in next 12 months \$ _____

14. Give estimated beginning and completion dates for all design and construction phases, indicating gross receipts for each phase

	Beginning Dates	Completion Dates	Gross Receipts
Schematic Design Phase	_____	_____	_____
Design Development Phase	_____	_____	_____
Construction Document Phase	_____	_____	_____
Bidding/Negotiation Phase	_____	_____	_____
Construction Administrative Phase	_____	_____	_____

DESIGN TEAM INFORMATION

For all "yes" answers to any of the following, please provide complete details by attachment.

15. Does the applicant or any member of the design team (including partners, officers, employees, parent or subsidiary firms):

- a. Have any equity interest in the project? Yes No
- b. Plan to act as a general contractor on the job? Yes No
- c. Plan to engage in any actual construction on the project? Yes No
- d. Plan to manufacture, fabricate or supply any materials to be used on the project? Yes No
- e. Plan to participate in a joint venture for any activity on the project? Yes No
- f. Plan to hire a geotechnical consultant? Yes No
- g. Plan to arrange or procure financing for the project? Yes No

16. Does the project owner plan to act as his own contractor on the project? Yes No

17. Will the applicant's client act as a contractor on the project? Yes No

18. Does the applicant obtain certificates of insurance from all subcontractors and subconsultants? Yes No

19. Indicate specific architectural/engineering discipline to be rendered (i.e. Civil, Structural, HVAC, etc.).

NOTE: Sum of Percent of Total Professional Fees should equal 100% of fees shown in Question 10.

	Name and Address	Discipline	Percent of Total Professional Fees	Firm's Current Professional Liability Coverage
A.	_____	_____	_____	Company _____
	<i>Prime Professional</i>			Limit _____
	_____	_____	_____	Deductible _____

	Check if hired by applicant _____			
B.	_____	_____	_____	Company _____
	_____	_____	_____	Limit _____
	_____	_____	_____	Deductible _____

	Check if hired by applicant _____			
C.	_____	_____	_____	Company _____
	_____	_____	_____	Limit _____
	_____	_____	_____	Deductible _____

	Check if hired by applicant _____			

Please list additional consultants by attachment.

20. a. Has the applicant any knowledge of prior acts, errors or omissions which could reasonably be anticipated to be a basis for a claim against them or any other professional firms on this project? Yes No
- b. Have there been any significant issues or concerns raised by any of the key parties on the project regarding errors or omissions in the plans or delays on the project to date? Yes No
- c. Has the owner or contractor raised any concerns to date regarding the adequacy or timeliness of the professional services provided by the applicant, design team or construction manager on this project? Yes No
- d. Is the project on schedule and budget? Yes No
- e. Has the applicant any knowledge of prior acts, errors or omissions on any project which could Reasonably be anticipated to be a basis for a claim against them during this policy term? Yes No
If yes, please explain in detail.

21. Please indicate Excess Limit requested

_____ XS _____

_____ XS _____

22. Please advise the reason Specific Project/Client Excess Coverage is requested

23. Has construction begun on the project? Yes No
If yes, please advise the status of construction and percentage completed.

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of the applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability Insurance risk have been revealed. It is understood and agreed that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to Question 20 of this Application, such information shall be revealed immediately in writing to the Underwriter.

Must be signed by Owner, Partner, or Officer.

Print or Type Your Name

Title

Signature of Applicant

Date

SC 002 10/12