



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-585-2853 • Fax 877-585-2854

**ARCHITECTS, ENGINEERS,  
& CONSTRUCTION  
MANAGERS  
PROFESSIONAL LIABILITY**

**1. General Information**

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

**Other Locations Used:**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Is this a new business?  Yes  No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**2. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

Has any insurer cancelled or refused to renew any similar insurance issued to the firm or any of its members?  Yes  No If yes, please explain in detail: \_\_\_\_\_



11. Fees and contract values where Applicant is involved (show separately for A&E Services, Construction Managers Services, and Construction-Only services where applicable.)

	Past 12 Months	Present 12 Months	Estimate for Next Year
Domestic Operations:			
Construction or Contract Values:			
Gross Billings/Fees, whether collected or not:			
Overseas Operations:			
Construction or Contract Values:			
Gross Billings/Fees, whether collected or not:			

12. What percentage of the Applicant's practice involves any of the following:  
 Subletting of work to others: \_\_\_\_\_% Please describe what is sublet: \_\_\_\_\_  
 Professional services on projects for owners who act as their own builder: \_\_\_\_\_%  
 Professional services on projects for packages or "Turnkey" contractors: \_\_\_\_\_%

13. On projects where the Applicant renders Construction Management Services, does the Applicant use the American Institute of Architects or the Associated General Contractors Standard form of Agreement between Owner and Construction Manager?  Yes  No  
 If any other form is used, please submit a copy of the standard form used.

14. Does any one contract or client represent more than 50% of annual work?  Yes  No  
 If yes, please give details: \_\_\_\_\_

15. Does the Applicant or any subsidiary parent or otherwise related entity engage in actual construction, manufacturing fabrication, or real estate development?  Yes  No

16. Are any of the individuals listed on the employee schedule Owners, Officers, or Employees of firms engaged in such work?  Yes  No  
 If yes, give details concerning the extent of such work and in the case of individuals listed on the employee schedule the exact relationship of the individuals to the firm engaged in actual construction, manufacturing, fabrication, or real estate development. \_\_\_\_\_

17. Is the Applicant controlled, owned, or associated with any other firm, Corporation, or Company, other than as stated previously?  Yes  No  
 If yes, please give details: \_\_\_\_\_

18. If coverage for all pas completed Joint Venture projects is required, please provide a list of all these joint ventures for the last five years, giving the same information as per below:  
 Names and Addresses of other Members: \_\_\_\_\_  
 Type of project and location: \_\_\_\_\_  
 Nature of work to be performed: \_\_\_\_\_  
 Total construction value of Joint Venture Project: \_\_\_\_\_  
 Gross Receipts from Joint Venture for all Members: \_\_\_\_\_  
 Gross Receipts for Applicant's share: \_\_\_\_\_  
 Gross receipts for Applicant's share during next 12 months: \_\_\_\_\_  
 Duration of the Joint Venture project including approx. dates both design and construction will begin and end: \_\_\_\_\_  
 Has the Applicant's portion of the Joint Venture been insured thus far?  Yes  No  
 Do the other members carry insurance oh the Joint Venture?  Yes  No  
 If yes, give details: \_\_\_\_\_

19. Has the Applicant been involved during the past five years in any disputes with respect to fees or other compensation (in excess of \$10,000) which may be due him for professional services rendered which have not been resolved?  Yes  No  
 If yes, please give details: \_\_\_\_\_

20. Is the Applicant aware of any deficiencies in work where he has performed professional services or deficiencies in work by others for whom the Applicant is legally responsible and which exceed \$10,000?  Yes  No
21. Has the Applicant testified in or provided expert testimony in any disputes, proceedings where claims has been made or suit filed against any party to the work or project where the Applicant provided professional services during the last five years for sums in excess of \$10,000?  Yes  No
22. Has the Applicant rendered any professional service at a project wherein one or more of the following events or circumstances have occurred during the last five years:  
Insolvency of any contractor, subcontractor, supplier, or other party?  Yes  No  
Abandonment of any project at any state after completion of working drawings and prior to substantial completion of project?  Yes  No
23. If any of the above is answered yes, please give full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name