



MISCELLANEOUS PROFESSIONAL LIABILITY AND ARCHITECTS & ENGINEERS INSURANCE APPLICATION APP011724

Administrator: Norman-Spencer, Inc., 150 E. 22nd St., Lombard, IL 60148, gretchen@normanspencer.com, 800-842-3653, X223, Fax: 630-705-1056

How to apply: Complete application and return along with all attachments to the Administrator.
COVERAGE IS NOT BOUND UNTIL CONFIRMED IN WRITING.

1. Business Name: _____
 Address: _____

_____ Proprietorship Partnership Corporation Other
 Telephone/Fax: _____ E-Mail: _____

2. Number of Offices: ____ (Provide addresses on branches.) 3. Date Established: _____

4. Number of Staff: Last Year: _____ This Year: _____
 Principals/Partners/Directors: _____
 Other Licensed Professionals: _____
 Other Staff: _____
 Total Licensed Professionals: _____

5. Annual Staff Turnover: _____

6. Name all principals, partners, directors and employed professionals. (**Attach** extra sheet if needed.)

Full Name	Year Hired	Date Licensed/Designations	Professional Memberships

7. Yes (**attach details**) No Has/does the applicant plan to change name/merge with another firm?

8. Indicate the four states and the percentages where highest total billings occurred for the last year.

State	%	State	%	State	%	State	%

9. Indicate total gross billings (collected or not) excluding revenues unrelated to professional services, such as interest and rental. NOTE: Roofing contractor firms without specific professional services billings, enter gross roofing billings (for use in calculation). New firms enter estimated total billings for next year.

Next Year \$	Current Year \$	Past Year \$	<input type="checkbox"/> Check if roofing billings

10. Enter the following services performed during the past 12 months. Should equal 100%.

%	Architecture	%	Interior Design
%	Civil Engineering	%	Landscape Architecture
%	Construction Management	%	Land Surveying
%	Electrical Engineering	%	Mechanical Engineering
%	Environmental Permitting	%	Structural Engineering
%	Forensic Engineering	%	Transportation Engineering
%	HVAC Engineering	%	Other (describe below*)

*Describe Other _____

11. What services does the Applicant wish to have covered by the Professional Liability Insurance?

12. Provide the following on the 3 largest projects for the past five years.

Name/Location	Client/Owners	Project Type	Professional Fees	Contract Price	Completed

13. Indicate types of projects as a percentage of Applicant's billings:

	Last Year	This Year		Last Year	This Year
Hotels/Motels/Convention Centers	%	%	Warehouses	%	%
Office Buildings/Retail Outlets	%	%	Other Residential	%	%
Hospitals	%	%	Manufacturing/Industrial Facilities	%	%
Schools/Colleges/Recreational	%	%	Other (describe below)	%	%
Sports Arenas/Stadiums	%	%	Total	100 %	100 %
Condominiums	%	%	Describe:		

14. Client Profile: Indicate percentage of billings derived from each of the following categories.

Contractors	%	Real Estate Developers	%	Local Governments	%
Other Design Professionals	%	Lending Institutions	%	Other	%
Commercial	%	Federal Governments	%	Other	%
Owners/Corporations	%	State Governments	%	Total	100 %

15. Yes No Were more than 20% of Applicant's billings during the past fiscal year derived from a single client or contract? If yes, **attach details** including client, project(s) services rendered.

16. Is Applicant or any subsidiary, parent or other organization related thereto, engaged in:

- a. Yes No Actual construction, fabrication or erection.
- b. Yes No Development, sale or leasing of computer software.
- c. Yes No Real Estate development
- d. Yes No Manufacture, sale, leasing or distribution of any product or process.

17. Yes No Does Applicant, subsidiary, parent or other organization related thereto, provide professional services as a partner in any joint venture projects established during last two complete fiscal years? If yes, **attach details** including project name, description, contract price, professional services performed by Applicant and other joint venture parties and the status of the project.

18. List all professional services subcontracted by Applicant and percentage of total billings for each.

	%		%		%
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19. Yes No Do you maintain current consultant certificates of insurance for professional liability?

20. Yes No Has Applicant or any director, officer, employee or partner of Applicant been subject to disciplinary action as a result of professional activities provided for Applicant? If yes, **attach details**.

21. _____% Indicate fees % of professional services rendered under AIA/EJCDC standard forms.

22. Yes No Does Applicant use written contracts on every project? If no, **attach details**.

23. Yes No If non-standard or modified AIA/EJCDC contracts or "letter" agreements are used, are they reviewed by Applicant's legal counsel for liability implications prior to signing?

24. Indicate yes or no on the following. If any of the answers are yes, **attach details**.

- a. Yes No After inquiry, have any claims or suits been made against Applicant, including all projects in the last five years?
- b. Yes No After inquiry, is Applicant or any director, officer, employee or partner aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against Applicant?
- c. Yes No Has insurance of this type for which Applicant is now applying ever been declined, cancelled or had the renewal thereof refused to the proposed insured in the last five years?

25. Indicate past two years professional liability insurance including predecessor firm coverage.

Carrier	Policy No.	Limits	Deductible	Premium	Effective

26. _____ Indicate retroactive coverage date in current policy.

27. Coverage Limits of Liability required:

\$ _____ any one claim*	\$ _____ self-insured retention ("deductible") each and every claim, including claim expenses.
\$ _____ annual aggregate* (*includes claim expenses)	

28. **Attach copies of your company's brochure and your standard written contract.**

Warranty: I HEREBY DECLARE THAT, after inquiry of involved staff, the above statements and particulars are true. I have not suppressed or misstated any material fact and I agree that this shall become part of the policy issued by the Company.

Authorized Signature		Date	
Printed Name		Title	