

**ARCHITECTS, ENGINEERS AND SURVEYORS PROFESSIONAL  
LIABILITY INSURANCE APPLICATION**

**The insurance that you are applying for will be written on a claims made and reported basis. Subject to the policy provisions, only claims first made and reported during the policy period will be covered.**

**Bixby Insurance Agency, Inc.  
651 Putnam Pike  
Greenville, RI 02828: 401 949-2120, f5577: www.bixbyinsurance.com**

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1. Name of firm: Include names of all predecessor firms.

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2. Firm Address: Include address of all offices.

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3. Nature of your operations: \_\_\_\_\_

4. Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

5. Form of Business:  Corporation  Partnership  Proprietorship  Other

6. Date first firm was established: \_\_\_\_\_

**7. Principals and Employees.**

- a. Number of licensed principals, partners, officers or directors  
Archs.. \_\_\_\_\_, Engrs. \_\_\_\_\_, Surveyors. \_\_\_\_\_, Others \_\_\_\_\_
- b. No. of other licensed employees:  
Archs. \_\_\_\_\_, Engrs. \_\_\_\_\_, Surveyors: \_\_\_\_\_, Others \_\_\_\_\_
- c. Number of all other employees \_\_\_\_\_
- d. Total number of employees \_\_\_\_\_

8. a. What states are you licensed in

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9. b. % services for out of country projects: (explain)

10. Please provide the following information concerning your firms three, current largest projects.

<u>Name</u>	<u>City/State</u>	<u>Project Type</u>	<u>Services</u>	<u>Total Gross Billings</u>

11. **Billings:** Please provide Gross Billings information as shown below.

Nature of Billings	Most Recently Completed Fiscal Year	Second Most Recently Completed Fiscal Year	Estimated for the Current Fiscal Year
	To	To	To
Projects Insured Under Separate Project Policies			
Feasibility studies, master plans, reports, opinions, non-structural interior design, abandoned projects,			
Fees Paid to Consultants			
Direct Reimbursables			
All Other Billings			
Total			

12. Total gross billings for each of the last five years.

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (most recent)

**13. Contractual Responsibility:** Based on your firms most recently completed fiscal year, indicate the approximate percent of contractual responsibility.

To equal 100%	
Design with observation of construction	%
Design with no observation of construction	%
Observation of construction only	%
Design/Build: You design it and build it or you sublet the build.	%
Construction Management at risk (control of contractors)	%
Construction Management not at risk ( no control of contractors)	%
Other (Describe)	%

**14. Professional Services:** Based on your most recent completed fiscal year, please indicate the approximate percentages of services performed by your firm. Do not include consultants services.

To equal 100%

Architecture	%	Soils Engineering	%
Design/Build	%	Laboratory Testing	%
Interior Design	%	Land Surveying	%
Landscape Architecture	%	HVAC Design	%
Civil Engineering	%	Construction/Project Management	%
Structural Engineering	%	Environmental Engineering	%
Mechanical Engineering	%	Marine Engineering	%
Electrical Engineering	%	Machinery/Equipment Design	%
Mining Engineering	%	Process Engineering	%
Chemical Engineering	%	Other (Specify)	%
Forensic Engineering	%	Other (Specify)	%

15. **Project Type:** Approximate percent of total gross billings for the most recently completed fiscal year attributable to each project type.

Airports:	%	Houses	%	Pools/Playgrounds	%
Amusement Parks	%	Town Houses	%	Potable Water Systems	%
Apartments	%	Waste Treatment	%	Recreation/Sports	%
Bridges	%	Jails/Justice	%	Roads/Highways	%
Churches	%	Landfills	%	Schools/Colleges	%
Condominiums	%	Libraries	%	Shopping Center/Retail	%
Convention Centers	%	Industrial	%	Storm Water Systems	%
Dams	%	Mass Transit	%	Tunnels	%
Harbors/Piers/Ports	%	Nuclear/Atomic	%	Warehouses	%
Hospitals	%	Office Buildings	%	Wastewater Systems	%
Hotels/Motels	%	Parking Structures	%	Wastewater Treat. Plts	%
Other (Specify)	%	Petro/Chemical	%	Other (Specify)	%

16. **Clients:** For the most recently completed fiscal year indicate the approximate percent of total billings derived from each of the following client types.

Federal Government	%	Lending Institutions	%	Design Professionals	%
State Government	%	Industrial	%	Private Entities	%
Local Government	%	Contractors	%	Other	%
Institutional	%	Real Estate Developers	%	Other	%

17. For your most recently completed fiscal year were more than 50% of your billings attributed to one client or project. If so please describe.  Y  N

18.

- A. Approximately what % of your billings were derived from repeat clients? \_\_\_\_\_%
- B. Do you subcontract services to others? If yes, what services are sublet.  Y  N
- C. What % of your consultants have Professional Liability Insurance? \_\_\_\_\_%
- D. Do you obtain certificates of insurance from all of your consultants.  Y  N

**LOSS PREVENTION**

19. Do you have and follow a written, in-house quality control program?  Y  N

20. What % of the time do you use limitation of liability clauses in your contracts?  
\_\_\_\_\_%

21. Does your firm have an in-house program for continuing education for professional employees?  Y  N

22. What % of the time does your firm use standard written contracts such as AIA or EJCDC contracts? \_\_\_\_\_%.

23. If you use non-standard contracts are they reviewed by legal counsel familiar with design firm contracts?  Y  N

**24. Professional Society Memberships:**

AIA  NSPE  ASCE  ACSM  ACEC  Other (describe)

**BUSINESS INFORMATION:**

25. Does your firm, any related firm, or any principal, officer, employee, director or officer of your firm manage, control or have ownership in any firm engaged in (please explain)

A. Construction:  Y  N

B. Development, sale or lease of computer software for or to others:  Y  N

C. Real estate Development:  Y  N

D. Manufacture distribution, lease or sale of any product.  Y  N

26. Does your firm or any one in your firm have ownership interest in or manage any project that your firm is providing professional services for. (Please explain)  Y  N

27. Is your firm owned, controlled by or associated with any other entity or vice versa.  
 Y  N

28. Please list any predecessor firms including dates of beginning and ending.

**CLAIMS INFORMATION:**

29. In the last ten years, have any claims been made against your firm, any predecessor firm or any past or present employee, principal, partner, officer, director or shareholder of the firm..

Y  N If yes, please complete the following for each claim.

A. Date of claim

B. Name of Claimant or plaintiff

C. Assertions:

D. Claim Amount

E. Insurance Company Reserve:

F. Total amount paid for defense cost and indemnity including your deductible.

30. Are you or anyone in your firm aware of any circumstances that could lead to a claim under the proposed insurance policy?  Y  N If yes, please explain.

**NOTE:** The insurance policy that you are applying for will not apply to any claim or circumstance reported or that should have been reported in questions 29 or 30 above.

31. Has any insurer cancelled, declined to renew or quote professional liability insurance for your firm or predecessor firm?  Y  N If yes, please explain.

32. Does your firm or any predecessor firm owe any deductibles to insurers?  Y  N

**INSURANCE INFORMATION:**

33. Please list your current professional liability insurance as follows.

Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Limit of Liability: \_\_\_\_\_

Deductible: \_\_\_\_\_

Inception Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Premium: \_\_\_\_\_

Retroactive Date: \_\_\_\_\_

First \$ defense coverage:  Y  N

34. Are you insured on any project specific policies?  Y  N. If yes, please give details.

35. Does your policy have any endorsements providing specific additional limits for any projects. If so, please give details.  Y  N

This application is meant to capture most of the underwriting information necessary for various insurers to provide a quote. Any quote will be subject to review of each insurer's own completed application.

Name of Principal, Partner or Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_