



Pro-II - Professional Liability Division of  
**Insurance Innovators Agency of New England, Inc.**  
4 Charlesview Place \* Hopedale, MA 01747  
Tel: 888.881.6363 . Fax: 774.396.0067

## **Construction Managers, Owners Representatives & Consultants**

Construction Managers, Owners Representatives and Consultants can work for the owner of a particular project and/or design professionals from the initial project design phase until project completion.

There are many services that the professional provides and they can be held to a standard of care for each. Some of those services include:

- Acting as the owner's representative or agent
- Constructability reviews / Value Engineering
- Developing Schedules / Establishing Preliminary and Working Budgets
- Consulting on Design, Utility and Building costs
- Reviewing Contractor Qualifications
- Monitoring Contractor and Design Team Performance
- Construction Claims Management / Litigation Support

### **Eligible: Agency and At-Risk CM**

#### **What is "Agency" CM?**

"Agency" CM (also called Pure CM or CM - advisor) is when the owner selects a construction manager to assist in all phases of project delivery from pre-design to final construction. As the owner's eyes and ears on the project, the construction manager oversees and advises on such areas as constructability, control of the scope of work, cost control, scheduling, project management, and optimum use of design and construction firms' skills and talents, and avoidance of delays, changes and disputes. In the above case, the CM is effectively functioning as an independent professional consultant and is not performing construction work with their own staff nor subcontracting to trade contractors.

#### **What is "At-risk" CM?**

"At-risk" CM is a delivery method where the construction manager assists with all the pre-construction services, represents the owner's interest in managing the project, but also takes responsibility for the performance of the work, including contracting with all the trade contractors that will perform the construction on the project.

In the above case the CM at risk is effectively functioning as a General Contractor during the construction process. Their role prior to construction commencing may more closely mirror traditional CM duties such as value engineering, constructability reviews, cost estimation, design consultation and a wide variety of activities in their scope of services.

PROFESSIONAL LIABILITY INSURANCE

**THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY**

*This Application for Architects and Engineers 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 Firm: \_\_\_\_\_ Date Established: \_\_\_\_\_
- 2. Address: \_\_\_\_\_ County: \_\_\_\_\_
- 3. Branch Office Address(es): \_\_\_\_\_
- 4. Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_
- 5. Firm is:  Corporation  Partnership  Sole Proprietorship  Joint Venture  Other

**PERSONNEL**

6. Specify personnel per categories below:

	Number	Number Registered/Licensed	Full-Time	Part-Time
A. Principals, Partners, Officers & Directors				
B. Architects:				
C. Engineers:				
D. Land Surveyors:				
E. Technical Personnel:				
F. Others: (administrative/clerical)				
G. Total Personnel:				

**GROSS RECEIPTS**

7. Gross receipts to include reimbursable expenses and fees paid to subconsultants. Current fiscal year ends \_\_\_\_\_

Gross receipts attributable to:	Current Fiscal Year Ending ____/20__	Last Fiscal Year Ending ____/20__	Two Years Ago Ending ____/20__	Three Years Ago Ending ____/20__
a. Separately insured projects	\$	\$	\$	\$
b. Permanently abandoned projects	\$	\$	\$	\$
c. All other fees/billings	\$	\$	\$	\$
d. Total Gross Receipts (7a+7b+7c)	\$	\$	\$	\$
e. Estimated Total Gross Receipts for next fiscal year \$				

**PROFESSIONAL DISCIPLINES**

8. Specify as a percentage of the firm's gross receipts. **Total should equal 100%.**

Architecture	%	Landscape Architecture	%	HVAC Engineering	%
Civil Engineering	%	Land Surveying	%	Fire Protection Engineering	%
Mechanical Engineering	%	Construction/Project Management	%	Construction Materials Testing	%
Electrical Engineering	%	Process Engineering	%	Mining Engineering	%
Structural Engineering	%	Chemical Engineering	%	Interior Design	%
Soils Engineering	%	Environmental	%	Land Use Planning	%
Laboratory Testing	%	Hydrogeology/Geology	%	Other	%

<b>SERVICES</b>	
<b>Percent Gross Receipts (must total 100%)</b>	
9. a. <b>Design/Studies:</b>	
1. Design <u>with</u> construction observation/review	_____
2. Design <u>without</u> construction observation/review	_____
3. Studies, planning, permitting	_____
b. <b>Construction Related Services:</b>	
1. Construction Management Services (Agency)	_____
2. Construction Management Services (At risk)	_____
3. Project Management	_____
4. Construction observation/review without design	_____
c. <b>Surveying:</b>	
1. Construction Staking	_____
2. Topographic/Boundary Surveys	_____
3. Other _____	_____
d. <b>Inspections as Stand-Alone Service:</b>	
1. Construction Inspection	_____
2. Real Estate Pre-Acquisition	_____
3. Mold Inspection/Investigation	_____
4. Water Intrusion Inspection	_____
e. <b>Miscellaneous Services:</b>	
1. Forensic/Expert Witness	_____
2. Plan Checking	_____
3. Quantity/cost estimating	_____
4. Drafting (stand alone service without design)	_____
5. Other :	_____

<b>CLIENTS</b>	
<b>Percent of Clients (must total 100%)</b>	
10. a. Government or Public Entities	_____
b. Owners acting as their own builders	_____
c. Design/Build or turnkey contractors	_____
d. Other contractors	_____
e. Developers	_____
f. Financial and lending institutions	_____
g. Other design professionals	_____
h. Insurance Companies/Attorneys	_____
i. Other _____	_____
11. What percentage of Total Gross Receipts in 7d. are derived from repeat clients?	_____

<b>PROJECTS</b>	
<b>As a Percent of Gross Receipts (must total 100%)</b>	
12. a. Schools, colleges	_____
b. Hospitals, retirement or convalescent homes	_____
c. Hotels, motels or resort properties	_____
d. Condominiums/Townhouses	_____
e. Residential subdivisions/Tract Homes	_____
f. Custom single family residential	_____
g. Remodel only - single home	_____
h. Apartments	_____
i. Office/Commercial/Retail	_____
j. Government/Public Buildings	_____
k. Industrial/Process	_____
l. Machine design	_____
m. Sports Stadiums/Amusement Parks	_____
n. Public Utilities/Power Generation	_____
o. Jails/Justice	_____
p. Airports	_____
q. Roads/Highways/Traffic	_____
r. Sewage or waste disposal systems	_____
s. Water systems	_____
t. Wastewater Treatment Plants	_____
u. Pipelines	_____
v. Dams/reservoirs/mines/quarries	_____
w. Harbors, jetties, docks or piers	_____
x. Bridges, trestles or tunnels	_____
y. Parking garages/Theaters/Convention Ctr.	_____
z. Falsework/Shoring/Temporary Structures	_____
Other _____	_____
13. In the past 5 years has your firm, a predecessor firm or any other insured provided any services on residential condominium or townhouse projects? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details and complete the following:	
Total number of Condominium/Townhouse projects?	_____
Approximate total construction value? \$_____	
14a. What percentage of the firm's projects are done on a Fast Track basis?	_____%
14b. What percentage of the firm's projects are outside the U.S. and Canada?	_____%
Which countries? (list) _____	

## CONTRACTS

15. Please specify types of contracts used by the firm. **Must total 100%.**

- |   |        |                    |        |
|---|--------|--------------------|--------|
| a. Standard industry contract<br>(AIA, EJCDC, ASFE, etc.) | _____% | e. Client contract | _____% |
| b. Firm's own standard contract                           | _____% | f. Oral agreement  | _____% |
| c. Letter agreement                                       | _____% | g. Other _____     | _____% |
| d. Purchase order   | _____% | _____              | _____% |

16. What percentage of the firm's contracts contain a Limitation of Liability clause? \_\_\_\_\_%

## FINANCIAL AND OTHER INTERESTS

17. Does the firm have any predecessor firms or related entities?  Yes  No

If yes, list all pre-existing entities, including mergers and their dates of existence (*below and in the grid provided on question 36*).

**For all "yes" responses to question 18, please provide details by attachment.**

18. During the past 12 months has the firm or any principal:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Engaged in actual construction or hired a construction contractor to perform construction work?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Become involved with or have ownership interest in a construction or real estate development company?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Been employed by or an officer of any other firm, organization or political body?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Derived more than 50% of last fiscal year's gross receipts from any one client?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Designed a building, component or system which might be used on more than one project?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Become involved in the manufacture or fabrication of any component, device or system?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Provided electronic data processing services for others or sold software components?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Been the subject of disciplinary action by authorities as a result of professional or business activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

19. a. Has the firm entered into any Joint Ventures?  Yes  No

b. Does the firm's Joint Venture agreement provide for allocation of liabilities?  Yes  No

c. Does the firm require evidence of professional liability insurance from all Joint Venture members?  Yes  No

20. a. Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have an ownership interest in any entity or project for which professional services have been or are to be rendered?  Yes  No

b. Other than for third party claims, does your firm seek coverage for these projects?  
*If yes, an Equity Interest Supplemental Application must be submitted.*  Yes  No

21. Does the firm have any Abandoned Projects to be excluded from coverage?  
*If yes, an Abandoned Projects Questionnaire must be submitted.*  Yes  No

## SUBCONTRACTORS / SUBCONSULTANTS

22. a. Please provide, as a percentage of the Total Gross Receipts reported in Question 7d., the fees paid to the firm's subconsultants in the following disciplines (*Should not total 100%*)

Architecture _____%	Soils _____%
Civil _____%	Structural _____%
Mechanical _____%	HVAC _____%
Electrical _____%	Other _____%

b. Describe the firm's subcontractor and subconsultant selection process: \_\_\_\_\_  
 \_\_\_\_\_

c. Do you hire subcontractors to perform construction?  Yes  No

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

d. Are all subcontractors and subconsultants hired under a written contract?  Yes  No

e. Does the firm obtain certificates of insurance from all subcontractors and subconsultants?  Yes  No

## QA / QC ISSUES

23. Does the firm have an Ownership of Documents clause in each contract of hire?  Yes  No

If no, what does the firm do to protect itself against reuse of its plans and specifications without knowledge or authorization? \_\_\_\_\_  
 \_\_\_\_\_

24. Does the firm have a written Quality Assurance/Quality Control Program?  Yes  No

25. Does a principal check all plans before they are sent to the field?  Yes  No

26. Does the firm have an in-house program of continuing education for professional employees?  Yes  No

27. Has the firm participated in an Organizational Peer Review in the past five years?  Yes  No

28. Please list all professional societies or associations to which the firm or members of the firm belong:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## LIABILITY ISSUES

29. a. Has the firm made adjustments or goodwill payments in any disputes involving its services?  Yes  No  
*If yes, please explain in detail.*
- 
- 
- 
- b. Have any Professional Liability claims been made against the firm or any of its members?  Yes  No  
*If yes, please use the Claim/Incident Information Supplement provided with this Application.*
- c. Does the firm or any of its members have any knowledge of prior acts, errors or omissions which might reasonably be expected to give rise to a claim under this insurance?  Yes  No  
*If yes, please explain in detail.*
- 
- 
- 
- d. Does the firm or any of its members have knowledge of any deficiencies, property damage or bodily injury, whether actual or alleged, in connection with projects for which the firm has performed professional services?  Yes  No  
*If yes, please explain in detail.*
- 
- 
- 
- e. Does the firm have any pending dispute concerning the payment of fees to the firm for services rendered?  Yes  No  
*If yes, please explain in detail.*
- 
- 
- 
- f. Does the firm or any of its members have any knowledge of any circumstance, incident, situation, accident condition or unresolved job controversy or other matter which might give rise to a claim under this insurance?  Yes  No  
*If yes, please explain in detail.*
- 
- 
- 
- g. Has the firm or any of its members testified, provided expert testimony or given a deposition or statement in any disputes or proceedings where claim has been made or suit filed against any party to the work or project where the firm provided professional services?  Yes  No  
*If yes, please explain in detail.*
- 
- 
- 
- h. Has the firm or any of its members given notice to any other Professional Liability underwriter of any actual or alleged act, error, omission, deficiency, property damage or bodily injury, circumstance, incident, situation, accident, unresolved job controversy or fee dispute which could result in a claim?  Yes  No  
*If yes, please use the Claim/Incident Information Supplement provided with this Application.*

## INSURANCE HISTORY

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

31. Are you currently insured under a Professional Liability Policy?  Yes  No  
*If yes, please detail Professional Liability insurance for the past five years. Show current policy and prior four years.*

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Retroactive date on current policy: \_\_\_\_\_

32. Please provide current General Liability policy information:

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM
_____	_____	_____	_____	_____

33. Is your firm currently insured under a separate, Project Specific professional liability policy?  Yes  No

*If yes, provide a copy of the Declarations and answer the following:*

Project Name	Fees	Insurer	Limit/Deductible	Policy Term	Ext. Reporting Period (months)

## REQUIRED ADDITIONAL INFORMATION (must be submitted)

34. Please submit the following information along with this application:

- Current Claims history/Insurance Company loss summary for the past five years.
- Résumés of key licensed design professionals on staff.
- List of ten largest projects over the past three years or current Form 254.
- Firm's Brochure

35. The firm would like a quotation based on the following limit(s) and deductible(s):

**Limit**

**Deductible**

_____	_____
_____	_____
_____	_____

**NOTE:** For deductibles of \$50,000 or more, please enclose a copy of the firm's balance sheet and income statement for the most recent fiscal year.

## ADDITIONAL FIRM INFORMATION

36. List all predecessor Firms:

Name of Former Firm	Dates of Existence	Reason for Change

37. Please provide any additional information regarding the firm and its services that you wish us to consider:

---



---



---



---



---

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 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 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 29, or any other question 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

PROFESSIONAL LIABILITY INSURANCE

**THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY**

*This Application for 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**

**SECTION I - GENERAL INFORMATION**

- 1. Name of Firm: \_\_\_\_\_ County: \_\_\_\_\_
- 2. Address: \_\_\_\_\_
- 3. Branch Office Address(es): \_\_\_\_\_
- 4. Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_
- 5. Firm is:  Corporation       Partnership       Sole Proprietorship       Joint Venture
- 6. Date Established: \_\_\_\_\_ Gross receipts for last fiscal year \$ \_\_\_\_\_

**PERSONNEL**

	Number	Number Registered/Licensed	Full-Time	Part-Time
7. a. Architects:				
b. Engineers:				
c. Other Professionals:				
d. Project/Construction Managers:				
e. Others:(Construction Personnel/Administrative/Clerical)				
f. Total Personnel:				

**ADDITIONAL INFORMATION**

**Please submit the following documents along with this Application and check the appropriate box indicating you have included the item requested.**

- 8. A. Statement of qualifications and resumes of key professional staff .....
- B. Copy of a typical contract for services with a client (including scope of services) .....
- C. Copy of typical contract with professional subconsultants .....
- 9. Detailed claim history (use RA&MCO Claims Supplement) .....
- 10. Brochures, promotional literature, and recent project list .....
- 11. The firm would like a quotation based on the following limit(s) and deductible(s):

Limit	Deductible
_____	_____
_____	_____

*NOTE: For deductibles of \$50,000 or more, please enclose a copy of the firm's balance sheet and income statement for the most recent fiscal year.*

CLIENTS		CONTRACTS	
		Percent of Contracts (must total 100%)	
<b>Percent of Clients (must total 100%)</b>			
12. a. Government or Public Entities	_____	13. Please specify types of contracts used by the firm.	
b. Owners acting as their own builders	_____	a. Standard industry contract (AGC, AIA, EJCDC, etc.)	_____%
c. Design/Build or turnkey contractors	_____	b. Firm's own standard contract	_____%
d. Other contractors	_____	c. Letter agreement	_____%
e. Developers	_____	d. Purchase order	_____%
f. Financial and lending institutions	_____	e. Client contract	_____%
g. Other design professionals	_____	f. Oral agreement	_____%
h. Other _____	_____	(a. through f. must total 100%)	_____
(a. through h. must total 100%)	_____	14. What percentage of the firm's contracts contain a Limitation of Liability clause?	_____%

PROJECTS			
		Percent of Contracts (must total 100%)	
<b>Percent of Projects (must total 100%)</b>			
15. a. Schools, colleges or public buildings	_____	s. Pipelines	_____
b. Hospitals, retirement or convalescent homes	_____	t. Mines and quarries	_____
c. Hotels, motels or resort properties	_____	u. Earth dams/reservoirs	_____
d. Condominiums/Townhouses	_____	v. Structures for offshore use	_____
e. Single family residential subdivisions	_____	w. Harbors, jetties, docks or piers	_____
f. Custom single family residential	_____	x. Bridges, trestles or tunnels	_____
g. Apartments	_____	y. Parking garages, theaters or grandstands	_____
h. Office/Commercial/Retail	_____	z. Other _____	_____
i. Industrial/Process	_____	_____	_____
j. Machine design	_____	_____	_____
k. Plumbing/Piping, Refrigeration	_____	(a. through z. must total 100%)	_____
l. Instrumentation/Controls	_____	16. In the past 5 years has your firm, a predecessor firm or any other insured provided any services on residential condominium or townhouse projects? <input type="checkbox"/> Yes <input type="checkbox"/> No	
m. Public Utilities/Power Generation	_____	If yes, please provide details and complete the following:	
n. Jails/Justice	_____	Total number of Condominiums/Townhouse projects?	_____
o. Airports	_____	Approximate total construction value? \$	_____
p. Roads/Highways/Traffic	_____	17. What percentage of the firm's projects are done on a Fast Track basis?	_____%
q. Sewage or waste disposal systems	_____	18. What percent of the firm's projects are outside the U.S. and Canada?	_____%
r. Water systems	_____		

## INSURANCE HISTORY

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

20. Please detail Professional Liability insurance for the past five years. Show current policy and prior four years.

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM

Retroactive date on current policy: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

21. a. Please provide current General Liability policy information:

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM

- b. Does your General Liability policy contain a mold coverage exclusion or limitation?

Yes  No *If yes, please provide a copy of such exclusion or limitation.*

- c. UMBRELLA Liability Policy

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM

## FINANCIAL AND OTHER INTERESTS

**For all "yes" responses to questions 21 through 23, please provide details by attachments.**

22. Does the firm have any predecessor firms or related entities?  Yes  No
23. During the past 12 months, has the firm or any principal:
- a. Become involved in a real estate development company?  Yes  No
  - b. Derived more than 50% of last fiscal year's gross receipts from any one client?  Yes  No
  - c. Designed a building, component or system which might be used on more than one project?  Yes  No
  - d. Become involved in the manufacture or fabrication of any component, device or system?  Yes  No
  - e. Developed, sold or leased software products for use by others?  Yes  No
  - f. Been the subject of disciplinary action by authorities as a result of their professional activities?  Yes  No
24. During the next 12 months does the firm foresee substantial changes in operations?  Yes  No
25. a. Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have an ownership interest in any entity or project for which professional services have been or are to be rendered?  Yes  No
- b. Other than for third party claims, does your firm seek coverage for these projects?  
*If yes, an Equity Interest Supplemental Application must be submitted.*  Yes  No

## LIABILITY ISSUES

26. In the past **ten years** have any Professional Liability claims been made against the firm or any of its members?  Yes  No

*If yes, complete a Claim/Incident Information Supplement provided with this Application.*

27. Does the firm or any of its members have any knowledge of prior acts, errors or omissions which might reasonably be expected to give rise to a claim under this insurance?  Yes  No

*If yes, please explain in detail.*

---

---

---

---

28. In the past ten years, have you reported a claim for bodily injury or property damage under your CGL policy where payments or reserves, including your deductible, exceed \$100,000?  Yes  No

*If yes, please explain in detail.*

---

---

---

---

29. Do you have any pending dispute concerning the payment of fees to the firm for services rendered?  Yes  No

*If yes, please explain in detail.*

---

---

---

---

30. Do you have any knowledge of any circumstance, incident, situation, accident, condition or unresolved job controversy or other matter which might give rise to a claim under this insurance?  Yes  No

*If yes, please explain in detail.*

---

---

---

---

31. Have you given notice to any other Professional Liability underwriter of any actual or alleged act, error, omission, deficiency, property damage or bodily injury, circumstance, incident, situation, accident, unresolved job controversy or fee dispute which could result in a claim?  Yes  No

*If yes, please use the Claim/Incident Information Supplement provided with this Application.*

---

---

---

---

**SECTION II - CONTRACTOR SERVICES -  
DESIGN/BUILD • CONTRACTORS PROFESSIONAL • CONSTRUCTION MANAGEMENT**

	CURRENT FISCAL YEAR MONTH / YEAR	IMMEDIATE PAST YEAR MONTH / YEAR	TWO YEARS AGO MONTH / YEAR
32a. Firm's gross receipts	\$ _____	\$ _____	\$ _____
b. Estimated gross receipts for the next fiscal year	\$ _____		

33. Of the firm's total gross receipts above, please break down as follows:	CURRENT FISCAL YEAR		IMMEDIATE PAST YEAR		TWO YEARS AGO	
	CONSTRUCTION VALUES	PROFESSIONAL FEES	CONSTRUCTION VALUES	PROFESSIONAL FEES	CONSTRUCTION VALUES	PROFESSIONAL FEES
• Construction Contracting Only (No responsibility for design services by the firm or its subconsultants).		N/A		N/A		N/A
• Design/Build (Responsibility for both design documents and construction services).						
• Construction Management Services - Agency - At Risk						

34. Please estimate the percentage by discipline of the professional services rendered above by the following categories:  
**(Total should equal 100%)**

Architecture	%	Landscape Architecture	%	HVAC Engineering	%
Civil Engineering	%	Land Surveying	%	Fire Protection Engineering	%
Mechanical Engineering	%	Construction Management	%	Materials Testing	%
Electrical Engineering	%	Process Engineering	%	Mining Engineering	%
Structural Engineering	%	Chemical Engineering	%	Interior Design	%
Soils Engineering	%	Environmental	%	Other _____	%
Project Management	%	Construction Inspection	%	Other _____	%

35. Please specify exact amounts paid to subconsultants:

	Current Year (Proj.)	Immediate Past Year	2 Years Ago
Fees to Professional Subconsultant	\$ _____	\$ _____	\$ _____
Construction Values to Design/Build Subcontractors	\$ _____	\$ _____	\$ _____

36. Has a surety company ever declined to offer a bond?  
*If yes, please provide details by attachment.*  Yes  No
37. Is the firm aware of any unresolved construction disputes including an unexcused delay, a budget overrun, or a change order which exceeds \$10,000?  Yes  No
38. Has the firm ever defaulted, failed to complete a contract, or had liquidated damages assessed against them?  Yes  No

If any of the above questions are answered yes, please provide an explanation (use attachment if necessary):

---



---



---

**SECTION III – DETAILS OF SUBCONTRACTED PROFESSIONAL SERVICES/ADDITIONAL INFORMATION**

If, under Section II, the firm hires design firms or professional subconsultants, please list the four most frequently used firms or provide certificates of insurance evidencing professional liability coverage of these firms.

Please be specific regarding the design or consulting discipline to be rendered, i.e., Civil, Structural, HVAC, Construction Management, Value Engineering, etc.

	<b>Name and Address</b>	<b>Discipline</b>	<b>Total Professional Fees</b>	<b>Professional Liability Coverage</b>
A.	_____	_____	_____	Company: _____ Limit: _____ Deductible: _____
B.	_____	_____	_____	Company: _____ Limit: _____ Deductible: _____
C.	_____	_____	_____	Company: _____ Limit: _____ Deductible: _____
D.	_____	_____	_____	Company: _____ Limit: _____ Deductible: _____

39. Please provide any additional information regarding the firm and its services that you wish us to consider:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 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 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 questions 26-31 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