



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

## Contractors Professional / Design Build

RA&MCO Policy Form 3052 (10/04)  
Claims Made & Reported Coverage

Our Professional Liability division is committed to working with you to develop comprehensive solutions to meet the needs of your insured.

Rest assured that your client will be covered by one of the most experienced professional liability insurers and claims managers in the world.

As the benefits become more obvious to project owners, Design/Build is the preferred and fastest growing method of project delivery in the U.S. today.

Our Contractors Professional Liability program offers a comprehensive insurance coverage for the unique professional exposures that a contractor faces from assuming the role of a Design/Builder irrespective of having professional employees on staff or through written subcontracts.

### **MAJOR COVERAGE FEATURES:**

- Provides protection to the Policyholder Contractor for allegations of professional negligence for services rendered by either their own professional staff, or their vicarious liability for services performed by subconsultants they have hired under written contract for design and other professional services.
- Protection is also well suited to Design/Build subcontractor firms such as electrical, mechanical, HVAC, plumbing and fire protection contractors for professional exposures created by their in-house design professionals.
- Definition of Professional Services includes both Construction Management as "owner agent" or "at risk".

## **Contractors Professional /Design Build - Major Features – continued**

- Protects the Policyholder Contractor or Design Build Firm for suits brought against them in the event that the professional liability coverage of their subconsultants is inadequate or non-existent.
- Coverage applies to Bodily Injury, Property Damage and Economic Loss. ***Economic Loss can arise in the absence of BI or PD and is not dependent on an "occurrence"***, an important coverage benefit provided by our Contractors Professional Liability Policy and absent in the coverage provided by the Commercial General Liability (CGL) policy.
- Designed to plug many of the gaps that exist when the only liability coverage in place for the contractor is their CGL policy.
- Easy to read policy form with broad Professional Services worldwide coverage.
- Coverage Part for Pollution Legal Liability arising from professional services.
- Mediation Deductible Credit up to \$12,500
- Coverage for incidents reported during the policy period which ultimately develop into claims.
- Automatic coverage for the Policyholder's legal liability arising from professional services provided by joint ventures.
- Optional Extended Reporting Periods for 12, 24 and 36 month durations are built into the policy form.

**For more information or an application, please contact:**

**Will Houston, Vice President**

**888.881.6363 x240**

**You may also fax or e-mail your submission**

**Fax: 774.396.0067**

**e-mail: [WillH@iiane.com](mailto:WillH@iiane.com)**

● APPLICATION ●  
**CONSTRUCTION INDUSTRY**  
 CONTRACTORS AND CONSULTANTS  
 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	
	<b>Percent of Clients (must total 100%)</b>		<b>Percent of Contracts (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			
	<b>Percent of Projects (must total 100%)</b>	s. Pipelines	_____
15. a. Schools, colleges or public buildings	_____	t. Mines and quarries	_____
b. Hospitals, retirement or convalescent homes	_____	u. Earth dams/reservoirs	_____
c. Hotels, motels or resort properties	_____	v. Structures for offshore use	_____
d. Condominiums/Townhouses	_____	w. Harbors, jetties, docks or piers	_____
e. Single family residential subdivisions	_____	x. Bridges, trestles or tunnels	_____
f. Custom single family residential	_____	y. Parking garages, theaters or grandstands	_____
g. Apartments	_____	z. Other _____	_____
h. Office/Commercial/Retail	_____	_____	_____
i. Industrial/Process	_____	(a. through z. must total 100%)	_____
j. Machine design	_____	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	
k. Plumbing/Piping, Refrigeration	_____	If yes, please provide details and complete the following:	
l. Instrumentation/Controls	_____	Total number of Condominiums/ Townhouse projects?	_____
m. Public Utilities/Power Generation	_____	Approximate total construction value? \$	_____
n. Jails/Justice	_____	17. What percentage of the firm's projects are done on a Fast Track basis?	_____%
o. Airports	_____	18. What percent of the firm's projects are outside the U.S. and Canada?	_____%
p. Roads/Highways/Traffic	_____		
q. Sewage or waste disposal systems	_____		
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?  Yes  No  
*If yes, an Equity Interest Supplemental Application must be submitted.*

**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.*

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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.*

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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.*

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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.*

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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.*

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**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?  Yes  No  
*If yes, please provide details by attachment.*

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