



ZURICH®

Architects and Engineers Professional and Pollution Liability Application

Claims-Made and Reported Coverage Annual Fees less than \$1,000,000

Instructions

1. Answer all questions. If any section does not apply, please indicate with "N/A" for "not applicable".
2. If space is insufficient, please provide additional information on a separate sheet and attach to the Application.
3. Have the Application signed and dated by an authorized owner, partner, risk manager or director of the Applicant. For purposes of the Application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for insurance. For more detail, see definition of "insured" in specimen policy.

Note: In applying for coverage, the Applicant understands that the insurance coverage the Applicant is applying for is written on a claims-made and reported basis. Only claims which are first made against the Applicant and reported to the Company during the policy period are covered subject to the policy provisions. The Limits of Liability stated in the policy are reduced by claim expenses. Claim expenses may also be applied against the deductible. If the Applicant has any questions about the coverage, please discuss them with the Applicant's insurance broker.

I. Applicant Information

1. Applicant: _____
(Please attach a list of other entities, if any, to be covered under this policy, their relationship to the Applicant, and their dates of existence. Entities not listed shall not be considered for coverage under this policy.)
2. Physical address: _____
City: _____ State: _____ Zip code: _____
3. Mailing address (if different than above): _____
City: _____ State: _____ Zip code: _____
4. Telephone : _____ Fax number: _____ Web address : _____
5. Contact name: _____ Title: _____ Email: _____
6. Date established: _____ / _____ / _____
mm dd yy
7. Applicant is:
 Corporation Limited Liability Corporation Partnership Professional Corporation
 S-Corporation Sole Proprietorship Other: _____
8. Has the Applicant ever changed, or been party to any acquisition, consolidation, dissolution or merger? _____
If "Yes", please detail changes on a separate sheet in chronological order
 Yes No
9. Total staff:

	Total	Number Registered/Licensed Professionals
Total Personnel		

If you want to learn more about the compensation Zurich pays agents and brokers visit:
<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192.
This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.

II. Accounting Data

10. Provide Gross Billings derived from Professional Services and Covered Operations for the past three fiscal years (12 months) starting with the most current, whether or not collected. (Newly established firms should provide in the first row an estimate for the upcoming year.)

Fiscal Year Ended	Gross Billings	Subcontracted Fees	Direct Reimbursables
	\$	\$	\$
	\$		
	\$		
Projection	\$		

11. Please indicate the types of services subcontracted: _____

12. Has the Applicant been involved in any international projects for countries outside the United States of America, its territories and possessions, and Puerto Rico?
If "Yes", please complete the Foreign and/or Abandoned Projects Supplemental Application.

Yes No

III. Professional Services, Covered Operations, Activities and Projects

13. Based on the Applicant's Gross Billings, indicate the percentage of the types of services performed. Do not include subcontracted services. (The overall total of Professional Services and Covered Operations must equal 100%).

Professional Services

Acoustical Engineering	%	Interior Design / Space Planning	%
Architecture	%	Land Planning	%
Chemical Engineering	%	Land Surveying	%
Civil Engineering	%	Landscape Architecture	%
Construction / Project Management	%	Mechanical Engineering	%
Data and Communications	%	Structural Engineering	%
Drafting	%	Naval / Marine Engineering	%
Electrical Engineering	%	Nuclear Engineering	%
Environmental Engineering	%	Process Engineering	%
Fire Protection / Alarm	%	Scientist (Explain on a separate sheet)	%
Forensic	%	Testing Lab	%
Geotechnical / Soil Engineering	%	Transportation Engineering	%
HVAC Engineering	%	Telecommunications	%
Hydrological Engineering	%	Other (Explain on separate sheet)	%
		Sub-Total Professional Services	%

Covered Operations

Air, Water, Soil Testing / Monitoring	%	Lead Abatement	%
Air, Water, Soil Remediation	%	Mold Abatement	%
Asbestos Abatement	%	Operations and Facilities Management	%
Construction Material Testing	%	UST Installation, Removal, Cleaning	%
Drilling	%	Other (Explain on separate sheet)	%
Hazardous Waste Permitting /Monitoring	%	Sub-Total Covered Operations	%
		Total	100%

14. Based on the Applicant's Gross Billings, indicate the percentage of any Other Services in which the Applicant is involved. The total of Other Services need not equal 100%. Please provide details on a separate sheet.

Destructive Material Testing	%	Product Design	%
Fast Track, Turnkey or Prototype Projects	%	Renovation	%
Foundations, Sheeting and Shoring Design	%	Services Provided for Real Estate Transfers	%
Graphic Design / Signage	%	Software Development / Sales	%
Inspection Services	%	Underground Utility Locating	%
Instrumentation / Controls	%	Website Maintenance	%
Machine / Equipment Design	%	Other (Explain on separate sheet)	%

15. Based on the Applicant's Gross Billings, indicate the percentage of the types of Activities performed. (The total must equal 100%).

Boundary Surveying	%	Design Only	%
Construction Staking	%	Observation of Construction	%
Feasibility Studies	%	Design / Build	%
Master Studies	%	Construction Management	%
Design with Observation	%	Other (Explain on separate sheet)	%
		Total	100%

16. Based on the Applicant's Gross Billings, indicate the percentage of the types of Projects. (The overall total of Residential and Commercial/Municipal must equal 100%).

Residential

Apartments	%	Townhouses	%
Condominiums – Mixed Use	%	Tract Houses	%
Condominiums – Residential	%	Other (Explain on separate sheet)	%
Private Dwellings	%	Sub-Total Residential	%

Commercial/Municipal

Airport Runways / Aprons	%	Jails	%	Roads / Highways	%
Airport Terminals	%	Landfills	%	Schools / Colleges	%
Amusement Rides	%	Libraries	%	Site Development	%
Arenas / Stadiums	%	Manufacturing / Industrial	%	Sewage Systems	%
Assisted Living Facilities	%	Mass Transit	%	Sewage Treatment Plants	%
Bridges	%	Military Facilities	%	Shopping Centers / Retail	%
Clean Rooms / Labs	%	Mines	%	Superfund / Pollution	%
Churches	%	Municipal Buildings	%	Telecommunications	%
Commercial Condominiums	%	Nuclear / Atomic	%	Theaters	%
Convention Centers	%	Office Buildings	%	Tunnels	%
Courthouses	%	Parking Structures	%	Utilities	%
Dams	%	Petro / Chemical	%	Warehouses	%
Dormitories / Student Housing	%	Pools / Playgrounds	%	Wastewater Treatment Plants	%
Harbors / Piers/ Ports	%	Pre-engineered Buildings / Structures	%	Water Systems	%
Hospitals / Healthcare	%	Parks / Recreational	%	Other (Explain on separate sheet)	%
Hotels / Motels	%	Pipelines	%	Sub-Total Commercial/Municipal	%
Industrial Waste Treatment	%	Restaurants	%	Total All Projects	100%

17. Provide a listing of the Applicant's five largest current Projects:

Project	Services Performed	Location	Gross Billings	Construction Values
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Project Specific Policy Information

18. Is the Applicant currently insured under a separate Project Specific Professional Liability Policy? Yes No
If "Yes", please explain on a separate sheet.

IV. Business Information

19. What percentage of the Applicant's business is from repeat clients? _____ %

20. Is the Applicant or any subsidiary, parent or other organization related to the Applicant involved in:

- A. Actual construction, installation, fabrication, or erection? Yes No
- B. Development, sale, or lease of computer software to others? Yes No
- C. Real estate development? Yes No
- D. Manufacturing, sale, leasing, or distribution of any product? Yes No

If any of the above answers are "Yes", please provide details on a separate sheet. Include a description of the Service Performed, any Construction Value involved and Gross Billings received.

21. Are any of the principals, partners, officers, directors or employees of the Applicant involved in any activities described in question 20 above? Yes No

If "Yes", please provide details on a separate sheet. Include a description of the Service Performed, any Construction Value involved and Gross Billings received.

22. A. Is the Applicant controlled, owned or associated with any other firm, corporation, or company, or does the Applicant own or control any other entity? Yes No
If "Yes", please provide details on a separate sheet.

B. Does the Applicant render services on behalf of any entity in which any principal, partner, officer, director, or employee of the Applicant, or an immediate family member of such persons is a principal, partner, officer, director, or employee? Yes No
If "Yes", provide details on a separate sheet.

23. Does the Applicant or any principal, partner, officer, director, member or stockholder of the Applicant or an immediate family member of any such person have an ownership interest in any Project where professional services are being or are rendered by the Applicant? Yes No
If "Yes", please complete an Equity Interest Supplemental Application for each of these projects.

V. Contracts

24. Indicate the percentage of the types of contracts used by the Applicant. Total must equal 100%.

Standard Industry Contract (AIA, EJCDC, etc.)	%	Client Contract	%
Applicant's Standard Contract	%	Oral Agreement	%
Letter Agreement	%	Other (Explain on separate sheet)	%
Purchase Order	%	Total	100%

25. If modified Standard Industry Contracts, Letter Agreements, Purchase Orders, Client Contracts or Other types of contracts are used, are they reviewed by the Applicant's legal counsel for liability implications prior to signing? Yes No

VI. Risk Management / Loss Prevention

26. Has the Applicant ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No
If "Yes", please provide details on a separate sheet.

27. Does the Applicant have a program of continuing education for professional employees? Yes No

28. Has the Applicant ever been canceled or non-renewed for Architects and Engineers Professional and Pollution Liability Coverage? Yes No
If "Yes", please give details. _____

29. Please identify the Applicant's current General Liability Insurance Coverage.

Insurance company: _____ Term: / /
mm dd yy to mm dd yy

Limits: _____ Deductible: _____

VII. Coverage Options Requested

30. Indicate which options the Applicant would like to be quoted for their Architects and Engineers Professional and Pollution Liability Policy.

Limit Options

1,000,000 / 1,000,000 2,000,000 / 2,000,000
 1,000,000 / 2,000,000 Other:

Deductible Options

2,500 10,000
 5,000 Other:

As Expiring (if Renewal Account)

New Applicants Only

VIII. Architects and Engineers Professional and Pollution Liability Insurance History

31. A. Please identify the Applicant's current Architects and Engineers Professional and Pollution Liability Coverage.

Insurance company: _____ Term: / /
mm dd yy to mm dd yy

Limits: \$ _____ / \$ _____

Deductible: \$ _____ First Dollar Defense: Yes No

Retroactive Date: _____ Premium: \$ _____

B. Does the current policy have Additional Limits of Liability for any Projects? Yes No
If "Yes", please complete the Additional Limits of Liability for Projects Supplemental Application.

IX. Claims History

32. A. Have any Professional Liability or Pollution Liability Claims been made, incidents reported, or legal action brought in the past five years or made earlier and still pending against the Applicant, its predecessors, or any past or present principal, partner, director, officer, insurance manager, or risk manager of the Applicant? Yes No
If "Yes", please attach completed Claim or Circumstance Questionnaire and provide five years of prior carrier loss runs.

B. Does any Applicant, principal, partner, director, officer, insurance manager, or risk manager of the Applicant have knowledge of any act, error, omission, unresolved job dispute, accident, or any other circumstance that is or could be the basis for a claim under the proposed Architects and Engineers Professional and Pollution Liability insurance policy. Yes No
If "Yes", please attach completed Claim or Circumstance Questionnaire and provide five years of prior carrier loss runs.

Fraud Notice – Where applicable under the law of the applicant's state

Notice to Arkansas, Louisiana, New Mexico and West Virginia applicants :

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Notice to Maine, Tennessee, Virginia and Washington applicants :

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.”

Notice to Colorado applicants :

“It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.”

Notice to District of Columbia applicants :

“WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

Notice to Florida applicants :

“Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

Notice to Kentucky applicants :

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.”

Notice to New Jersey applicants :

“Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

Notice to New York applicants :

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”

Notice to Ohio applicants :

“Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

Notice to Oklahoma applicants :

“**Warning:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

Notice to Pennsylvania applicants :

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

Signature Section

Applicant represents that the statements and facts in this Application are true and that no material facts have been suppressed or misstated.

Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any changes in the facts or statements shown above or in any Supplemental Application.

Completion of this Application does not bind coverage. Applicant's acceptance of the Company's quotation is required prior to binding coverage. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached to and become part of the policy.

Applicant hereby declares that the above statements and particulars are true and agrees that this Application shall be the basis of the contract with the Company.

Name: _____ Title: _____

Signature: _____ Date: _____ / /
Principal, Partner, Officer, Director mm dd yy

Producer Information

Producer: The Curtis Agency

Address: 5609 Medical Circle, L10

City: Madison State: WI Zip code: 53719

Licensed broker name: Martin Burns License number: WI - 2441652 NY - BR-1045887

Contact name: Martin Burns E-mail: Martin@TheCurtisAgency.com

Telephone: 608-250-2501 or 888-653-3824 Fax: 800-930-4895