



TARGET PROFESSIONAL PROGRAMS

Insurance for Particular Professionals

**RENEWAL APPLICATION FOR
ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD'S**

**THIS APPLICATION IS FOR A
CLAIMS MADE INSURANCE POLICY**

APPLICANT'S INSTRUCTIONS

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET & INDICATE QUESTION NUMBER.
3. PLEASE COMPLETE SUPPLEMENTS WHERE REQUIRED.
4. THIS APPLICATION AND ALL SUPPLEMENT FORMS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

Expiring Policy Number: _____ Expiration Date: _____

1. Name of Applicant: _____

2. Address: _____

City: _____ County: _____

State: _____ Zip: _____

PERSONNEL

3. a. Number of Staff	This year
Total Licensed Professionals	_____

GROSS BILLINGS

Total Gross Billings for professional services (whether collected or not). Do not include interest, rental or other revenues unrelated to professional practice:

4. Estimated Next Fiscal Year \$ _____ Direct Reimbursables \$ _____

Last Fiscal Year \$ _____ Direct Reimbursables \$ _____

Design / Build Fees:

Estimated Next Fiscal Year \$ _____

Last Fiscal Year \$ _____

Total Construction Values:

Estimated Next Fiscal Year \$ _____

Last Fiscal Year \$ _____

5. Please indicate percentage of the Applicant's gross billings derived from projects outside the U.S.A and Canada _____%

6. Were more than 20% of the Applicant's billings during the past fiscal year derived from a single client or contract?

Yes No

PROFESSIONAL DISCIPLINES

7. Please indicate percentages of the Applicant's Gross Billings derived from each of the following.

(Total must equal 100%)

Architecture	%	Landscape Architecture	%
Civil Engineering	%	Land Surveying	%
Mechanical Engineering	%	Construction Management	%
Electrical Engineering	%	Process Engineering	%
Structural Engineering	%	Chemical Engineering	%
Soils Engineering	%	Environmental	%
Laboratory Testing	%	Hydrogeology/Geology	%
HVAC Engineering	%	Interior Design	%
Marine/Coastal Engineering	%	Land Use Planning	%
Nuclear Engineering	%	Design/Build	%
Mining Engineering	%	Project management	%
		Foundation Design	%
		Forensic/Expert witness	%
		Other (please specify)	%

Total:

Please indicate types of projects as a percentage of the Applicant's billings:

	Last Year	This Year		
Hotels/Motels/Convention Centers:		%		%
Office Buildings/Retail Outlets:		%		%
Hospitals:		%		%
Schools/Colleges/Recreational:		%		%
Sports Arenas/Stadiums:		%		%
Condominiums:		%		%
Warehouses:		%		%
Other Residential		%		%
Manufacturing/Industrial facilities:		%		%
Roads/Highways/Runways:		%		%
Parking Structures:		%		%

Bridges/Tunnels/Dams:		%		%
Harbours/Piers/Ports:		%		%
Utilities:		%		%
Petro/Chemical:		%		%
Wastewater:		%		%
Landfills/Industrial Waste:		%		%
Nuclear:		%		%
Other: Please specify:		%		%
Total:	100	%	100	%

8. Please indicate the percentage of the Applicant's billings derived from repeat business _____%

PROJECTS

9. Has there been any Condominium projects in the past 5 years. Yes No

10. Since last year has there been any change in the types of projects undertaken. Yes No

If yes, please explain:

11. Please list 3 largest projects.

CONTRACTS

12. Please confirm written contracts always used. Yes No

13. Please confirm back to back contract with subcontractors. Yes No

CLIENTS

14. Confirm no changes from last years from last years application form. Yes No

If yes, please explain:

15. Has the Applicant entered into any Joint Ventures?
Is Joint Venture coverage required? Yes No
If yes, please explain:

16. Does the Applicant or any principal have any financial interest in any projects for which it has provided professional services? Yes No
Is coverage for Equity interest required? Yes No
If yes, please explain:

17. Has the name of the Applicant changed or has any other firm or been merged organisation amalgamated with or into the Applicant, or is any such change pending? Yes No

18. Have there been any changes to the ownership or control of Assured. Yes No
If yes, please explain:

LOSS HISTORY

19. a. Provide details of any changes and developments of all previously reported claims and/or circumstances. Please attach claim supplement in addition and after enquiry. Yes No
If yes. Supplement must be submitted.

- b. After enquiry, are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against the Applicant? Yes No
If yes, Supplement must be submitted.

c. Has the Applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities?

Yes No

If yes, please give details by attachment.

20. Please state coverage Limits and Deductibles required:

A. Coverage Limits of Liability \$ _____ B. Self Insured Retention \$ _____

21. Please confirm General Liability coverage is in place to equal your E&O Limits.

Yes No

The Applicant declares that, after enquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true, and no material facts have been suppressed, omitted, or mis-stated.

Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this renewal application, if subsequent to the date of this renewal application, but prior to the inception of such policy, there are any material alterations to the information contained herein.

Completion of this renewal application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

This renewal application is signed on behalf of all Owners, Principals, Partners, Shareholders, Directors and Employees.

.....
Must be signed by Owner, Partner or Officer:

AUTHORISED SIGNATURE OF APPLICANT

Date

TITLE

**SUBMIT THIS APPLICATION TO:
EandO@TargetProIns.com or Fax to 866-720-5003**



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APPLICATION FOR
ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD'S

CLAIM SUPPLEMENT

APPLICANT'S INSTRUCTIONS

- 1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST FIVE YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 17A OR 17B. PLEASE COMPLETE ONE FORM FOR EACH CLAIM.
- 2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PLEASE USE SEPARATE SHEET.
- 3. PLEASE LEAVE NO BLANKS.

1. Full Name of individual(s) and name of firm involved in the claim:

- a) _____
- b) _____
- c) _____

2. Additional Defendants:

- a) _____
- b) _____
- c) _____

3. Full name of claimant: _____

4. Date of alleged error: _____

5. To what insurance company was this claim reported? _____

6. Date reported to insurance company: _____

7. Present status of claim (circle one): Open In Suit Closed

8. If pending, please indicate:

- a) Amount asked in summons: \$ _____
- b) Claimants Settlement demand: \$ _____
- c) Defendant's offer for settlement: \$ _____
- d) Total amount paid in defense costs to date: \$ _____
- e) Total damages paid/outstanding: \$ _____

9. If closed, please indicated amounts paid in:

Indemnity \$ _____ Costs \$ _____

10. Description of claim - including likelihood of settlement if pending: (Please provide enough information to allow an evaluation). DO NOT ATTACH SUMMONS AND COMPLAINT.

a) Allegation upon which Claimant bases claim:

b) Description of events:

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

AUTHORISED SIGNATURE OF APPLICANT

TITLE

Date

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EandO@TargetProIns.com or Fax to 866-720-5003**