



TARGET PROFESSIONAL PROGRAMS

Insurance for Particular Professionals

ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY QUESTIONNAIRE

Please complete the following questionnaire to receive a NON-BINDING INDICATION of the anticipated annual cost of Architects & Engineers Professional Liability coverage. After reviewing the indication, if you would like to receive a binding quotation, you must submit a full application. Upon review and acceptance of the full application, a quotation will be provided.

1. Name of firm: _____ State : _____
2. Current expiration date: _____ Current Retrodate: _____
 Current limits: _____ Current Deductible: _____ Current Premium: _____
3. Requested limit of liability: _____ Requested deductible: _____
4. Number of Employees: _____ Total Licensed Professionals: _____ Total all Others: _____
5. Professional Fee Income: This Year: _____ Last Year: _____

Have you reported any claims or incidents that might lead to claims in the last ten (10) years? Or are you aware of any claims or circumstances that has not yet been reported to your insurance company? **Yes No**

6. Indicate Percentage of this year "Total Gross Billings" derived from: (OVERALL TOTAL MUST EQUAL 100%)

Architecture:	_____ %	Construction Management:	_____ %
Civil Engineering:	_____ %	HVAC:	_____ %
Structural Engineering:	_____ %	Environmental / Soil / Geo:	_____ %
Mechanical Engineering:	_____ %	Interior Design:	_____ %
Electrical Engineering:	_____ %	Design / Build:	_____ %
Acoustical Engineering	_____ %	Other:	_____ %
		TOTAL	100% %

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7. Please indicate types projects as a percentage of the applicant's billings.

Project Types	Percentages
Hotels/Motels/Convention Centers:	_____ %
Office Buildings/Retail Outlets:	_____ %
Hospitals:	_____ %
Schools/Colleges/Recreational:	_____ %
Sports Arenas/Stadiums:	_____ %
Condominiums:	_____ %
Warehouses:	_____ %
Other Residential:	_____ %

Project Types	Percentages
Petro/Chemical:	_____ %
Wastewater:	_____ %
Landfills/Industrial Waste:	_____ %
Nuclear:	_____ %
Other: Please specify	_____ %

Manufacturing/Industrial facilities:	_____ %
Roads/Highways/Runways:	_____ %
Parking Structures:	_____ %
Bridges/Tunnels/Dams:	_____ %
Harbours/Piers/Ports:	_____ %
Utilities:	_____ %

Total: _____ %
(Must equal 100%)

Agency Name: _____ **Agent/broker:** _____

Agency Address: _____ **City** _____ **State** _____ **Zip:** _____

Phone Number: _____ **FAX Number:** _____

E-mail address: _____ **Website:** _____

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