



Hartford Fire Insurance Co.
**The Hartford Design Professionals Liability Policy
 Renewal Application**

NOTICE: LIABILITY COVERAGE PARTS PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE RETENTION. PAYMENTS OF DEFENSE COSTS ARE SUBJECT TO, AND REDUCE, THE AVAILABLE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Expiring Policy Number: _____

1. **Name of Applicant Company:** _____

2. **Has the Applicant's address changed in past policy term?** No Change

If yes, provide updated address: _____

3. **Primary Contact:** _____ **E-Mail Address:** _____

4. **Staff and Ownership Changes:**

a. How many professional employees have left the Applicant in the past policy term? _____

b. How many professional employees have joined the Applicant in the past policy term? _____

c. Has the Applicant experienced any senior management changes, ownership changes, mergers or acquisitions during the expiring policy term? Yes* No

d. Have any principals, partners, directors or officers ever been subject to disciplinary action as a result of their professional activities? Yes* No

*If yes, please attach additional details.

5. **Provide the Applicant's annual billings for the time periods below:**

	Most Recently Completed 12 Month Period		Second Most Recently Completed 12 Month Period		Projected for the Next 12 Month Period	
	From	To	From	To	From	To
	(MM/YY)		(MM/YY)		(MM/YY)	
Direct Reimbursable Expenses:*	\$		\$		\$	
Fees Passed through to Subconsultants:	\$		\$		\$	
All Other Billings:	\$		\$		\$	
Total Billings:	\$		\$		\$	

*Direct reimbursable expenses are non-professional expenses that are contractually reimbursed, e.g. travel and administrative costs.

a. What percentage of the Applicant's subconsultants are insured for professional liability? _____ %

6. **Provide the percentage of the Applicants's annual billings derived from the following:**

- a. Feasibility Studies, Master Plans, Reports, Opinions: _____ %
- b. Abandoned Projects: _____ %

7. **Has the Applicant undergone any substantial change in services offered in the past term, or do you anticipate any significant changes in the next 12 months?** Yes No

If yes, provide the percentage of your annual billings derived from the following areas of practice performed by your firm (should total 100%):

Architects/Engineers

%	Architect	%	Interior Designer - Non-Structural
%	Civil Engineer	%	Interior Designer - Structural
%	Construction Manager - Agency/Owner's Representative	%	Land Surveyor
%	Construction Manager - At Risk	%	Landscape Architect
%	Electrical Engineer	%	Mechanical Engineer
%	Environmental Consultant*	%	Process Engineer
%	Forensic Engineer	%	Structural Engineer
%	Geotechnical Engineer	%	Other - Describe:

Construction/Design Consultants

%	Acoustical Consulting	%	Food Handling/Kitchen Consulting
%	Agricultural Engineering	%	Signage Design
%	Audio Visual Consulting	%	Instrumentation/Controls Engineering
%	Biological Consulting	%	Irrigation Design
%	Commissioning	%	Lighting Design
%	Construction and Site Safety Consulting	%	Phase I & II Environmental Site Assessment*
%	Drafting Services	%	Photogrammetry
%	Elevator Consulting	%	Telecommunications/Communications Consulting
%	Environmental Laboratory Services*	%	Traffic/Transportation Engineering
%	Facilities Operations Management	%	Urban Planning
%	Fire Prevention Consulting	%	Other - Describe:

*Please Complete Environmental Questionnaire.

8. **Provide the percentage of the Applicant's annual billings that were derived from each of the following project types (should total 100%):**

%	Airports	%	Office Buildings/Banks
%	Amusement Park Rides	%	Oil Refineries/Oil and Gas Pipelines
%	Apartments - Rental	%	Parking Structures
%	Arenas/Stadiums	%	Pharmaceutical/Chemical Plants
%	Bridges ≤ 500 ft.	%	Playgrounds/Parks
%	Bridges > 500 ft.	%	Potable Water Systems
%	Colleges/Universities	%	Power Generation Plants
%	Condominiums - Commercial*	%	Recreation Facilities
%	Condominiums - Residential*	%	Religious Facilities
%	Convention Centers	%	Retail/Shopping Centers/Restaurants
%	Cooperatives - Residential*	%	Roads/Highways
%	Dams/Tunnels/Levees	%	Schools (Grades K – 12)
%	Harbors/Piers/Ports	%	Single Family Homes
%	Hospitals/Assisted Living Facilities	%	Site Development - Non-Residential
%	Hotels/Motels	%	Site Development - Residential

%	Jails/Prisons/Courthouses	%	Storm Water/Sewer Systems
%	Laboratories/Clean Rooms	%	Swimming Pools
%	Landfills	%	Townhouses/Subdivisions
%	Libraries/Museums	%	Underground Storage Tanks
%	Manufacturing and Production Facilities	%	Utilities
%	Military Facilities	%	Warehouses
%	Mines/Quarries	%	Wastewater Systems - Industrial
%	Nuclear/Atomic Facilities	%	Wastewater Systems - Municipal
		%	Other - Describe:

* Please Complete Condominium Questionnaire.

9. Provide the percentage of the Applicant's annual billings, if any, that were derived from each of the following categories:

- a. Asbestos Remediation/Lead Abatement and/or Related Services: _____ %
- b. Building Envelope/Roof Consulting: _____ %
- c. Falsework/Temporary Construction/Underpinning/ Shoring: _____ %
- d. Foundations/Substructures: _____ %
- e. Ground Testing/Soils/Surveys of Subsurface Conditions: _____ %
- f. Machinery/Equipment/Product Design: _____ %
- g. Phase III/Environmental Remediation Services: _____ %
- h. Pre-purchase Property Inspections: _____ %
- i. Software Development/Sales: _____ %

10. Provide the percentage of the applicant's annual billings that were derived from each of the following client types (should total 100%):

%	Contractors	%	Institutional Entities
%	Design Professionals	%	Private Owners
%	Developers	%	State and Local Government
%	Federal Government	%	Other - Describe:

11. What percentage of the Applicant's annual billings was derived from repeat clients? _____ %

12. Does a single client represent more than 50% of the Applicant's annual billings? Yes No

If yes, please explain: _____

13. Provide the percentage of each type of agreement used on projects in the past 12 months (should total 100%):

%	Professional Association Contract	%	Letter Agreement
%	Client Drafted Contract	%	Purchase Order
%	Your Standard Contract	%	Verbal Agreement
%	Other - Describe:		

- a. If non-standard agreements are used, are they reviewed by the Applicant's legal counsel for liability implications prior to signing? Yes No
- b. Does the Applicant successfully implemented the use of a limitation of liability provision in contracts limiting liability to less than \$250,000? Yes No

If yes, please indicate the percentage of contracts containing this provision: _____ %

14. Do you currently have any unresolved fee disputes? Yes No

If yes, please attach details

15. Does the Applicant follow written in-house quality control procedures? Yes No

If yes, when were they last updated? _____

16. Does the Applicant have a client and/or project selection process? Yes No

If yes, please describe: _____

17. Do the Applicants's risk management practices include the following:

- a. A pre-project planning process? Yes No
- b. A documented constructability review process during project design? Yes No
- c. Internal or external peer review of deliverables prior to delivery? Yes No
- d. Construction administration services? Yes No
- e. Risk management, continuing education and training programs for your personnel? Yes No

18. What percentage of the Applicant's annual billings, if any, was derived from projects located outside the United States, its territories or Canada? _____ %

List Countries: _____

19. What percentage of the Applicant's annual billings was derived from projects utilizing Building Information Modeling (BIM) or Virtual Design and Construction? _____ %

20. What percentage of the Applicant's annual billings was attributable to the design of projects that meet the United States Green Building Counsel's LEED certification? _____ %

21. What percentage of the Applicant's total billings was derived from the following project delivery methods?

- a. Design-Bid-Build: _____ %
- b. Design-Build – Contractor Led: _____ %
- c. Design-Build – Designer Led: _____ %
- d. Fast Track/Turnkey: _____ %

22. In the past policy term, has the Applicant, any principal or related entity:

- a. Engaged in actual construction, installation, fabrication or erection: Yes* No
- b. Hired a contractor to perform construction work: Yes* No
- c. Acted as a Real Estate Developer: Yes No
- d. Designed, manufactured, sold, leased or distributed any product, process or patented design: Yes No

*Please Complete Design-Build Questionnaire.

23. Does the Applicant currently have general liability insurance? Yes No

Carrier	Policy Term	Limits of Liability

24. Does the Applicant maintain any policies with The Hartford other than professional liability? Yes No

25. Provide the Applicant's three largest projects in the past year:

Project Name and Type	Location	Services	Project Billings

All Applicants: Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or

misstated. Applicant acknowledges a continuing obligation to report to the Insurer as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Insurer shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Insurer will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Insurer in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Insurer during the policy period. Claims expenses are within and reduce the limit of liability.

AGENT OR BROKER INFORMATION

PRODUCED BY (Insurance Agent or Broker contact):		AGENCY OR BROKERAGE NAME:	
AGENCY OR BROKERAGE FEDERAL TAXPAYER ID		AGENT OR BROKER LICENSE NUMBER/EXPIRATION DATE	
ADDRESS (No., Street, City, State, and Zip):			
E-MAIL ADDRESS:		PHONE NUMBER:	FAX NUMBER:
LICENSED AGENT/BROKER SIGNATURE			

Maryland Applicants Only - A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

FRAUD WARNING STATEMENTS

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ATTENTION 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

ATTENTION 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.

ATTENTION KANSAS APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. A "FRAUDULENT INSURANCE ACT" MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO. IN THE STATE OF KANSAS, COVERAGE FOR LOSS RESULTING FROM ILLEGAL ACTIVITY IS SUBJECT TO KANSAS LAW (AND SUBJECT TO FEDERAL LAW, WHERE APPLICABLE). COVERAGE MAY THEREFORE BE LIMITED TO DEFENSE COSTS RELATED THERETO.

ATTENTION KENTUCKY AND 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.

ATTENTION LOUISIANA, 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.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION TO THE BEST OF HER/HIS KNOWLEDGE ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

ATTENTION 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.

ATTENTION 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.

ATTENTION OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN

APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

ATTENTION TEXAS 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES AND ACKNOWLEDGES THAT:

- THE POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AND MAY EXHAUST IT COMPLETELY AND SHOULD THAT OCCUR, THE INSURED SHALL BE LIABLE FOR ANY FURTHER LOSS, INCLUDING DEFENSE COSTS. IN ADDITION, DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION.
- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE¹. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE². THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY³. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

1- In New Hampshire the truth and completeness shall be to the best of her/his knowledge.

2- In Maine this sentence ends at the word "quotations."

3- The application shall actually attach in the following states: North Carolina

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, PRESIDENT OR BOARD CHAIRMAN.

ATTENTION 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.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

Additionally required of applicants in Florida, Iowa & New Hampshire

Name of Agent _____ Agent License #: _____
(Required: Florida, Iowa & New Hampshire only) (Required: Florida only)

Print Name: _____ Name of Agency: _____

Address: _____

Date: _____ Agent Signature: _____
(Required: Florida & New Hampshire only)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

*One Penn Plaza
New York, New York 10119
860-547-5000*