



**Travelers Casualty and Surety Company of America**  
Hartford, Connecticut

**IMPORTANT NOTE:** This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

**NEW YORK DEFENSE EXPENSES NOTICE:** If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, payment of defense expenses may reduce the professional liability coverage limits up to 50%. If this policy contains an insuring agreement that includes a deductible that applies to defense expenses, up to 50% of the deductible amount may be applied to defense expenses.

**Throughout this application "you" and "your" means the entity or individual applying for this insurance.**

1.  New Business - Effective Date requested: \_\_\_\_\_  Renewal - Renewal of Policy Number: \_\_\_\_\_

**APPLICANT INFORMATION**

2. Date Established (mm/dd/yyyy) \_\_\_\_\_

3. Your Full Legal Name \_\_\_\_\_

4. Your "trade name" or "doing business as" name \_\_\_\_\_

5. Your address

a. Street

City	State	Zip code	County
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b. Mailing (if different)

City	State	Zip code	County
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6. Your primary contact

Name		Title
Phone	Fax	Email

7. Your Website Address \_\_\_\_\_

8. Your legal status:  Individual  General Partnership  Professional Corporation or Association  
 Limited Liability Partnership (LLP)  Limited Liability Company (LLC)  Other (please describe): \_\_\_\_\_

New Applicants: Please attach a copy of your brochure.

**GENERAL INFORMATION**

9. What is the total number of your staff?

- a. Full-Time..... \_\_\_\_\_  
b. Part-Time..... \_\_\_\_\_

10. How many registered architects, landscape architects, land surveyors, and licensed engineers do you employ? ..... \_\_\_\_\_

11. Please advise your annual gross billings, not including direct reimbursables, for the past three fiscal years:

	Year	Billings
a. Last Year .....	_____	\$ _____
b. One Year Prior .....	_____	\$ _____
c. Two Years Prior .....	_____	\$ _____

12. Please advise your projected gross billings for the current and next fiscal years:

	Year	Billings
a. Current Year .....	_____	\$ _____
b. Next Year .....	_____	\$ _____

13. Please complete the following chart for your five largest projects based on construction value over the past three years:

Project Name	Location	Services Rendered	Project Type	Construction Value	Your Fees

14. Please complete the following chart based on your annual gross billings from the past fiscal year (11a.) attributable to the following disciplines provided by you, excluding subconsultants. Please complete the Environmental Supplement for those services indicated by \*.

Discipline	% of Annual Gross Billings	Discipline	% of Annual Gross Billings
Acoustical Consulting	%	Irrigation Engineering	%
Agricultural Engineering	%	Kitchen Consulting	%
Air Balancing	%	Laboratory Testing	%
Audio/Visual Consulting	%	Lighting Designers	%
Commissioning Consulting	%	Management Consulting	%
Construction Management	%	Mining Engineering	%
Drafting Services	%	Modelers/Renderers	%
Elevator Consulting	%	Non-Destructive Testing	%
Energy Efficiency Consulting	%	Photogrammetry	%
Environmental Engineering*	%	Roof Consulting	%
Facilities/Operations Management Consulting	%	Soils Engineering	%
Forensic Consulting	%	Sprinkler Design	%
Geology	%	Telecommunication/Communication Engineering	%
Graphic/Signage Consulting	%	Transportation Consulting	%
Hydrology	%	Urban/rural Planning	%
Interior Design	%	Other: _____	%

15. Please complete the following chart based on your annual gross billings from the past fiscal year (11a.) derived from each project type or category:

Please complete the Environmental Supplement for those services indicated by \* and for which annual gross billings derived are greater than 2%.

New applicants: Please complete the Condominium Supplement for those services indicated by \*\*.

Project Type or Category	% of Annual Gross Billings	Project Type or Category	% of Annual Gross Billings
Air Emission Control Systems*	%	Jails/Prisons	%
Airports	%	Landfills*	%
Air/Water Quality Testing	%	Low Rise Commercial/Office/Retail	%
Amusement Parks/Zoos	%	Machinery/Equipment Design	%
Apartments	%	Military Facilities	%
Asbestos Abatement*	%	Mines/Quarries	%
Banks	%	Museums	%
Bridges/Tunnels/Dams	%	Mold Abatement*	%
Condominiums – Residential**	%	Parking Garages	%
Condominiums – Commercial**	%	Parks/Golf Courses	%
Educational	%	Refinery/Petro Chemical*	%
Environmental Consultants	%	Religious	%
Environmental Permitting/Monitoring	%	Research & Development Laboratories	%
Façade Restoration/Maintenance	%	Residential Subdivisions	%
Foundation, Sheeting, and Shoring Design	%	Sewer/Water Systems	%
Ground Testing	%	Single Family Homes	%
Harbors/Piers/Ports	%	Stadiums/Arenas/Convention Centers	%
Hazardous Waste Sites	%	Superfund Sites*	%
High Rise Commercial/Office Building (>15 stories)	%	Swimming Pools	%
Highways/Roads	%	Townhouses	%
Hospitals/Assisted Living Facilities	%	Toxic/Hazardous Waste Sites*	%
Hotels/Motels	%	Underground Storage Tanks*	%
Industrial Processing/Monitoring	%	Wastewater Treatment Plants/Systems - Municipal	%
Inspections of Commercial Properties for Prospective Buyers and Lenders	%	Wastewater Treatment Plants/Systems – Industrial	%
Inspections of Homes for Prospective Buyers and Lenders	%	Other: _____	%

16. What percentage of your annual gross billings from the past fiscal year (11a.) were derived from feasibility studies, master planning, reports, and opinions?..... %

17. Please complete the following chart for your annual gross billings from the past fiscal year (11a.) for the following categories of project owners:

Categories of Project Owners	% of Annual Gross Billings	Categories of Project Owners	% of Annual Gross Billings
Federal Government	%	Private	%
State or Local Government	%	Other: _____	%
Institutional	%	Total must equal 100%	100%

18. Please complete the following chart for your annual gross billings from the past fiscal year (11a.) derived from the following clients:

Client	% of Annual Gross Billings	Client	% of Annual Gross Billings
Contractors	%	Developers	%
Owners	%	Other: _____	%
Design Firms	%	Total must equal 100%	100%

19. What percentage of your annual gross billings from the past fiscal year (11a.) were derived from repeat clients? ..... %

20. Is more than 50% of your annual gross billings from the past fiscal year (11a.) derived from one client? .....  Yes  No  
 If yes, please provide details: \_\_\_\_\_

21. What percentage of your annual gross billings from the past fiscal year (11a.) were derived from projects located outside the U.S., its territories and possessions, and Canada? ..... %

Project Name	Location	Services Rendered	Project Type	Construction Value	Your Fees

22. Do you or any of your principals, partners, members, officers, directors, shareholders or immediate family members have an ownership interest in any entity for whom professional services are being rendered? .....  Yes  No  
 If yes:

a. Please provide details: \_\_\_\_\_

b. Is the combined ownership interest greater than 49%? .....  Yes  No

23. Are you or any parent, subsidiary or other related organization engaged in any of the following:
- a. Actual construction, fabrication, installation, or erection? .....  Yes  No
  - b. Computer software development for, or sales to, others? .....  Yes  No
  - c. Real estate development? .....  Yes  No
  - d. Designing, manufacturing, selling, leasing, or distributing any product, process or patented design? .....  Yes  No

If yes to any of the above, please provide details, including relationships, description of the services performed, construction values, fees received, and sample contracts: \_\_\_\_\_

24. Do you or any parent, subsidiary or other related organization ever have single-point responsibility for both the design and construction of a project? .....  Yes  No  
 If yes, please complete the Design/Build Supplement.

25. Do you currently have a general liability policy? .....  Yes  No  
 If yes, please complete the information below:

Carrier: \_\_\_\_\_ Policy Term: \_\_\_\_\_ to \_\_\_\_\_ Limits of Liability: \_\_\_\_\_

26. Have you or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy under Chapter 7 or 11? .....  Yes  No  
 If yes, please provide details: \_\_\_\_\_

27. Is there an endorsement on your current policy that provides an additional limit for a specific project, client, or contract? .....  Yes  No

*If yes, please complete the Specified Client, Contract, or Project Additional Limit Supplement.*

28. Please list all professional or trade associations for which you or any principal holds membership:

\_\_\_\_\_

\_\_\_\_\_

29. Please describe the nature of your operations, and attach a resume and brochure describing your services:

\_\_\_\_\_

\_\_\_\_\_

**RISK MANAGEMENT**

30. Please complete the following chart for your annual gross billings from the past fiscal year (11a.) for each contract type listed:

Type of Contract	% of Annual Gross Billings	Type of Contract	% of Annual Gross Billings
Professional Association Contract	%	Letter of Agreement	%
Client Drafted Contract	%	Verbal Agreement	%
Purchase Order	%	Other: _____	%
Your Standard Contract	%	Total must equal 100%	100%

31. Do you incorporate a limitation of liability provision in your agreements? .....  Yes  No

*If yes, what percentage of your contracts contain a limitation of liability clause which is less than or equal to \$250,000 (or the amount of the fee, if greater)? ..... %*

32. Please describe the situations when you use verbal agreements: \_\_\_\_\_

\_\_\_\_\_

33. Are you willing to use some form of written agreement for all projects? .....  Yes  No

34. Please complete the following chart of your annual gross billings from the past fiscal year (11a.) that were paid to subconsultants:

Subconsultant	Insured for Professional Liability	Not Insured for Professional Liability
Architecture	%	%
Civil Engineering	%	%
Electrical Engineering	%	%
Environmental Engineering	%	%
Geotechnical Engineering	%	%
Mechanical Engineering	%	%
Structural Engineering	%	%
Other: _____	%	%

35. Do you use written agreements with all subconsultants? .....  Yes  No

*If no, please explain when verbal agreements are used: \_\_\_\_\_*

\_\_\_\_\_

36. Do you have a client selection process? .....  Yes  No

*If yes, please describe the client selection process: \_\_\_\_\_*

\_\_\_\_\_

37. Do you have a project selection process? .....  Yes  No  
 If yes, please describe the client selection process: \_\_\_\_\_  
 \_\_\_\_\_  
 If no, please explain: \_\_\_\_\_
38. Do you have:  
 a. non-standard contracts reviewed by legal counsel for liability implications prior to signing? .....  Yes  No  
 b. a procedure for monitoring or collecting outstanding fees?.....  Yes  No
39. In the past three years, have you brought suit against any client to collect fees?.....  Yes  No  
 If yes, please provide details including date, circumstances and amount of fees: \_\_\_\_\_  
 \_\_\_\_\_
40. Do you currently have any unresolved fee disputes? .....  Yes  No  
 If yes, please provide details including date, circumstances and amount of fees: \_\_\_\_\_  
 \_\_\_\_\_

**FIRM HISTORY**

41. How many employees have left your firm in the past 12 months?  
 a. Management..... \_\_\_\_\_  
 b. Licensed professionals ..... \_\_\_\_\_  
 c. Other staff ..... \_\_\_\_\_
42. How many employees have joined your firm in the past 12 months?  
 a. Management..... \_\_\_\_\_  
 b. Licensed professionals ..... \_\_\_\_\_  
 c. Other staff ..... \_\_\_\_\_

**PRIOR INSURANCE AND CLAIM HISTORY – NEW APPLICANTS ONLY**

**Important Note For New Applicants:** You must report any known claim or suit, or incident, act, error, or omission that may in the future give rise to a claim or suit, to your current professional liability carrier before the claim-reporting period under that policy expires. Any claim or suit resulting from any incident, act, error, or omission known before the effective date of any insurance policy issued by Travelers in response to this application may be excluded from coverage under any such policy whether or not such knowledge is disclosed in this application.

43. Has any professional liability claim or suit been made or brought against any of the following during the past five years (ten years for firm's with gross annual billings greater than \$5 million), or earlier if still pending:  
 a. You, your firm, or any member of your firm?.....  Yes  No  
 b. Any predecessor firm? .....  Yes  No  
 c. Any former member of your firm or predecessor firm for professional services while a member of such firm? .....  Yes  No  
 If yes, please complete the Claim, Suit, or Incident Supplement for each claim or suit.
44. Do you or any person or entity seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission that is or could be the basis of a professional liability claim? .....  Yes  No  
 If yes, please complete a Claim, Suit, or Incident Supplement for each incident, act, error, or omission.

45. Complete the following chart for professional liability insurance coverage carried by your firm during the past three years. If currently uninsured, please check here:

	Carrier	Policy Period From and To		Limit of Liability	Deductible	Premium	Retroactive Date	Reporting Period Purchased?
Current Year			to					<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Year 1			to					<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Year 2			to					<input type="checkbox"/> Yes <input type="checkbox"/> No

46. Have you or any person or entity seeking coverage under this proposed policy ever been declined professional liability insurance or had such insurance nonrenewed or cancelled, other than for nonpayment of premium? (Missouri applicants: Do not complete.) .....  Yes  No  
 If yes, please provide details: \_\_\_\_\_

**COMPENSATION NOTICE**

**Important Notice Regarding Compensation Disclosure**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

**FRAUD WARNINGS**

**Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH**

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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.)

**Attention: Insureds in FL**

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 felony of the 3<sup>rd</sup> degree, and may also be subject to a civil penalty.

**Attention: Insureds in ME, TN, VA, and WA**

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

**Attention: Insureds in PA**

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 AND AUTHORIZATION**

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature* (Partner, Member, Officer, Shareholder)	Date
Name (print)	Title

\*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

**Electronic Signature and Acceptance**

**Important Note:** This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

***INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:***

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Submitting Insurance Name: \_\_\_\_\_  Direct  Sub-produced

Address (City, State, Zip Code): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Licensed producer name: \_\_\_\_\_ License number: \_\_\_\_\_

***ADDITIONAL INFORMATION:***

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In the section below you may provide additional information to any of the questions in this application (please reference the question number).