

**THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY**

*This Application for Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.*

**THIS APPLICATION IS NOT A BINDER**

**SECTION I – GENERAL INFORMATION**

1. Name of Firm: \_\_\_\_\_ County: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Branch Office Address(es): \_\_\_\_\_
4. Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_
5. Firm is:  Corporation       Partnership       Sole Proprietorship       Joint Venture
6. Date Established: \_\_\_\_\_

**PERSONNEL**

|                         | Number | Number Registered/Licensed | Full-Time | Part-Time |
|-------------------------|--------|----------------------------|-----------|-----------|
| 7. a. Architects:       |        |                            |           |           |
| b. Engineers:           |        |                            |           |           |
| c. Other Professionals: |        |                            |           |           |
| d. Technical Personnel: |        |                            |           |           |
| e. All Others:          |        |                            |           |           |
| f. Total Personnel:     |        |                            |           |           |

**ADDITIONAL INFORMATION**

**Please submit the following documents along with this Application and check the appropriate box indicating you have included the item requested.**

8. A. Statement of qualifications and resumes of key professional staff .....
- B. Copy of a typical contract for services with a client .....
- C. Copy of typical contract with professional subconsultants .....
9. Detailed claim history (use RA&MCO Claims Supplement) .....
10. Brochures and promotional literature .....
11. The firm would like a quotation based on the following limit(s) and deductible(s):

Limit

Deductible

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*NOTE: For deductibles of \$50,000 or more, please enclose a copy of the firm's balance sheet and income statement for the most recent fiscal year.*

| CLIENTS                                |   | CONTRACTS  |   |
|--|---|--|---|
|  | Percent of Clients<br>(must total 100%) |  | Percent of Contracts<br>(must total 100%) |
| 12. a. Government or Public Entities   | _____                                   | 13. Please specify types of contracts used by the firm.                                  |   |
| b. Owners acting as their own builders | _____                                   | a. Standard industry contract<br>(AGC, AIA, EJCDC, etc.)                                 | _____%                                    |
| c. Design/Build or turnkey contractors | _____                                   | b. Firm's own standard contract  | _____%                                    |
| d. Other contractors                   | _____                                   | c. Letter agreement  | _____%                                    |
| e. Developers                          | _____                                   | d. Purchase order  | _____%                                    |
| f. Financial and lending institutions  | _____                                   | e. Client contract   | _____%                                    |
| g. Other design professionals          | _____                                   | f. Oral agreement  | _____%                                    |
| h. Other _____                         | _____                                   | (a. through f. must total 100%)  | _____                                     |
| (a. through h. must total 100%)        | _____                                   | 14. What percentage of the firm's contracts<br>contain a Limitation of Liability clause? | _____%                                    |

| PROJECTS   |  |   |        |
|--|--|---|--------|
|  | Percent of Projects<br>(must total 100%) |   |        |
| 15. a. Schools, colleges or public buildings                                   | _____                                    | p. Roads/Highways/Traffic   | _____  |
| b. Hospitals, retirement or<br>convalescent homes                              | _____                                    | q. Sewage or waste disposal systems   | _____  |
| c. Hotels, motels or resort properties   | _____                                    | r. Water systems  | _____  |
| d. Condominiums  | _____                                    | s. Pipelines  | _____  |
| <b>Please provide a list of all current<br/>and past condominium projects.</b> |  | t. Mines and quarries   | _____  |
| e. Single family residential subdivisions                                      | _____                                    | u. Earth dams/reservoirs  | _____  |
| f. Custom single family residential  | _____                                    | v. Structures for offshore use  | _____  |
| g. Apartments and other multi-unit<br>residential                              | _____                                    | w. Harbors, jetties, docks or piers   | _____  |
| h. Office/Commercial/Retail  | _____                                    | x. Bridges, trestles or tunnels   | _____  |
| i. Industrial/Process  | _____                                    | y. Parking garages, theaters or grandstands                                   | _____  |
| j. Machine design  | _____                                    | z. Other _____  | _____  |
| k. Plumbing/Piping, Refrigeration  | _____                                    | (a. through z. must total 100%)   | _____  |
| l. Instrumentation/Controls  | _____                                    | 16. What percentage of the firm's projects<br>are done on a Fast Track basis? | _____% |
| m. Public Utilities/Power Generation   | _____                                    | 17. What percent of the firm's projects<br>are outside the U.S. and Canada?   | _____% |
| n. Jails/Justice   | _____                                    |   |        |
| o. Airports  | _____                                    |   |        |

## INSURANCE HISTORY

18. Has any insurer cancelled or refused to renew any similar insurance issued to the firm or any of its members?  
*If yes, please explain in detail.*  Yes  No

19. Please detail Professional Liability insurance for the past five years. Show current policy and prior four years.

| COMPANY | TERM | LIMIT | DEDUCTIBLE | PREMIUM |
|---------|------|-------|------------|---------|
|---------|------|-------|------------|---------|

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Retroactive date on current policy: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

20. a. Please provide current General Liability policy information:

| COMPANY | TERM | LIMIT | DEDUCTIBLE | PREMIUM |
|---------|------|-------|------------|---------|
|---------|------|-------|------------|---------|

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

- b. UMBRELLA Liability Policy

| COMPANY | TERM | LIMIT | DEDUCTIBLE | PREMIUM |
|---------|------|-------|------------|---------|
|---------|------|-------|------------|---------|

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

## FINANCIAL AND OTHER INTERESTS

**For all "yes" responses to questions 21 through 23, please provide details by attachments.**

21. Does the firm have any predecessor firms or related entities?  Yes  No

22. During the past 12 months, has the firm or any principal:

a. Become involved in a real estate development company?  Yes  No

b. Derived more than 50% of last fiscal year's gross receipts from any one client?  Yes  No

c. Designed a building, component or system which might be used on more than one project?  Yes  No

d. Become involved in the manufacture or fabrication of any component, device or system?  Yes  No

e. Developed, sold or leased software products for use by others?  Yes  No

f. Been the subject of disciplinary action by authorities as a result of their professional activities?  Yes  No

23. During the next 12 months does the firm foresee substantial changes in operations?  Yes  No

24. a. Does the firm or any principal have any financial interest in any projects for which it has provided professional services?  Yes  No

b. Is coverage for such Equity Interest desired?  Yes  No

*If yes, a Supplemental Application for Equity Interest Coverage must be submitted.*

## LIABILITY ISSUES

25. In the past **ten years** have any Professional Liability claims been made against the firm or any of its members?  Yes  No

*If yes, complete a Claim/Incident Information Supplement provided with this Application.*

26. Does the firm or any of its members have any knowledge of prior acts, errors or omissions which might reasonably be expected to give rise to a claim under this insurance?  Yes  No

*If yes, please explain in detail.*

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27. In the past ten years, have you reported a claim for bodily injury or property damage under your CGL policy where payments or reserves, including your deductible, exceed \$100,000?  Yes  No

*If yes, please explain in detail.*

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28. Do you have any pending dispute concerning the payment of fees to the firm for services rendered?  Yes  No

*If yes, please explain in detail.*

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29. Do you have any knowledge of any circumstance, incident, situation, accident, condition or unresolved job controversy or other matter which might give rise to a claim under this insurance?  Yes  No

*If yes, please explain in detail.*

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30. Have you given notice to any other Professional Liability underwriter of any actual or alleged act, error, omission, deficiency, property damage or bodily injury, circumstance, incident, situation, accident, unresolved job controversy or fee dispute which could result in a claim?  Yes  No

*If yes, please use the Claim/Incident Information Supplement provided with this Application.*

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**SECTION II - CONTRACTOR SERVICES -**

**DESIGN/BUILD • CONTRACTORS PROFESSIONAL • CONSTRUCTION MANAGEMENT**

|  | CURRENT FISCAL YEAR<br>_____/_____<br>MONTH YEAR | IMMEDIATE PAST YEAR<br>_____/_____<br>MONTH YEAR | TWO YEARS AGO<br>_____/_____<br>MONTH YEAR |
|--|--|--|--|
| 31a. Firm's gross contractual revenues                           | \$ _____   | \$ _____   | \$ _____                                   |
| b. Estimated gross contractual revenues for the next fiscal year | \$ _____   |  |  |

| 32. Of the firm's total gross revenues above, please break down as follows:                                   | CURRENT FISCAL YEAR |                   | IMMEDIATE PAST YEAR |                   | TWO YEARS AGO       |                   |
|---|---------------------|-------------------|---------------------|-------------------|---------------------|-------------------|
|   | CONSTRUCTION VALUES | PROFESSIONAL FEES | CONSTRUCTION VALUES | PROFESSIONAL FEES | CONSTRUCTION VALUES | PROFESSIONAL FEES |
| • Construction Contracting Only<br>(No responsibility for design services by the firm or its subconsultants). |                     | N/A               |                     | N/A               |                     | N/A               |
| • Design/Build<br>(Responsibility for both design documents and construction services).                       |                     |                   |                     |                   |                     |                   |
| • Construction Management Services<br>- Agency<br>- At Risk   |                     |                   |                     |                   |                     |                   |

33. Please estimate the percentage by discipline of the professional services rendered above by the following categories:  
**(Total should equal 100%.)**

|                        |   |                         |   |                             |   |
|------------------------|---|-------------------------|---|-----------------------------|---|
| Architecture           | % | Landscape Architecture  | % | HVAC Engineering            | % |
| Civil Engineering      | % | Land Surveying          | % | Fire Protection Engineering | % |
| Mechanical Engineering | % | Construction Management | % | Materials Testing           | % |
| Electrical Engineering | % | Process Engineering     | % | Mining Engineering          | % |
| Structural Engineering | % | Chemical Engineering    | % | Interior Design             | % |
| Soils Engineering      | % | Environmental           | % | Other _____                 | % |
| Project Management     | % | Construction Inspection | % | Other _____                 | % |

34. Please specify exact amounts paid to subconsultants:

|   | Current Year (Proj.) | Immediate Past Year | 2 Years Ago |
|---|----------------------|---------------------|-------------|
| Fees to Professional Subconsultant              | \$ _____             | \$ _____            | \$ _____    |
| Construction Values Design/Build Subcontractors | \$ _____             | \$ _____            | \$ _____    |

35. Has a surety company ever declined to offer a bond?  Yes  No  
*If yes, please provide details by attachment.*

36. Is the firm aware of any unresolved construction disputes including an unexcused delay, a budget overrun, or a change order which exceeds \$10,000?  Yes  No

37. Has the firm ever defaulted, failed to complete a contract, or had liquidated damages assessed against them?  Yes  No

If any of the above questions are answered yes, please provide an explanation (use attachment if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION III – DETAILS OF SUBCONTRACTED PROFESSIONAL SERVICES/ADDITIONAL INFORMATION**

If, under Section II, the firm hires design firms or professional subconsultants, please list the four most frequently used firms or provide certificates of insurance evidencing professional liability coverage of these firms.

Please be specific regarding the design or consulting discipline to be rendered, i.e., Civil, Structural, HVAC, Construction Management, Value Engineering, etc.

| Name and Address           | Discipline              | Total Professional Fees | Professional Liability Coverage                     |
|----------------------------|-------------------------|-------------------------|---|
| A. _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____ | Company: _____<br>Limit: _____<br>Deductible: _____ |
| B. _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____ | Company: _____<br>Limit: _____<br>Deductible: _____ |
| C. _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____ | Company: _____<br>Limit: _____<br>Deductible: _____ |
| D. _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____ | Company: _____<br>Limit: _____<br>Deductible: _____ |

38. Please provide any additional information regarding the firm and its services that you wish us to consider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to questions 25-30 of this Application, such information shall be revealed immediately in writing to the Underwriter.

Must be signed by Owner, Partner, or Officer.

\_\_\_\_\_  
Print or Type Your Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



2300 Clayton Road, Suite 600 • Concord, CA 94520-2142 • 925 685-1600 • FAX 925 685-1750  
Lic. 0716339 • <http://www.ramco-ins.com> • 800 684-7475