

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY

This Application for Professional Liability Insurance for Project Specific Coverage 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

1. **Name of applicant:** _____ Phone: (____) _____
(Usually Prime Professional) _____ FAX (____) _____
2. **Address:** _____ E-Mail: _____
_____ Website: _____
3. Indicate applicant's Professional Liability insurance currently in force:
- | COMPANY | TERM | LIMIT | DEDUCTIBLE |
|---------|-------|-------|------------|
| _____ | _____ | _____ | _____ |
4. Indicate applicant's General Liability insurance currently in force:
- | COMPANY | TERM | LIMIT | DEDUCTIBLE |
|---------|-------|-------|------------|
| _____ | _____ | _____ | _____ |

PROJECT INFORMATION

5. Name and/or designation of project: _____
6. Location of project: _____
7. Description of project/services to be performed by the professional firms: _____
8. Name and address of prime design professional on project (if same as applicant, please indicate): _____
9. Name and address of project owner: _____
10. How is the project being financed? _____

11. Name and address of applicant's client (for whom professional services are being rendered):

12. Has the applicant worked with the client in the past? If yes, please explain. Yes No

13. Has the owner of the project or the applicant's client made any claims against design professionals or construction managers in the last five years? Yes No

If yes, please explain _____

14. What prior experience does the applicant have with similar projects? _____

15. a) Name of Contractor/General Contractor:

b) How will Contractor/General Contractor be selected?

Competitive Bid Prequalification "Short List" Owner Preference Other

c) Is a Performance Bond required to be obtained by the contractor for the project? Yes No

If yes, what amount? \$ _____

d) What prior experience does the Contractor/General Contractor have with similar projects?

e) Has the applicant worked with the Contractor/General Contractor on any prior projects? Yes No

16. a) Please identify the Construction Management Firm, if any: _____

b) Who hired the Construction Management Firm? _____

c) Will the Construction Management Firm hire the design team or the Construction Contractors? Yes No

If yes, please explain the contractual relationship between the parties:

d) Is coverage sought for the Construction Manager under this policy? Yes No

If yes, please include firm's fee information in Q#19 and Q#21.

e) Total estimated professional fees to be paid to Construction Manager: \$ _____

PROFESSIONAL FEES/CONSTRUCTION BUDGET

17. Total estimated project construction value: \$ _____
18. What percentage of the construction budget is allocated for contingencies? _____
19. Total estimated professional fees to be paid to Design/Professional Team: \$ _____
- 20 a) Give estimated beginning and completion dates for all design and construction phases, indicating gross fees for each phase:

	Beginning Dates	Completion Dates	Gross Fees
Schematic Design Phase:	_____	_____	_____
Design Development Phase:	_____	_____	_____
Construction Document Phase:	_____	_____	_____
Bidding/Negotiation Phase:	_____	_____	_____
Construction Administration Phase:	_____	_____	_____

- b) Has construction begun on the project? Yes No If yes, please advise the status of the project and percentage completed: _____
- _____
- _____

DESIGN TEAM/PROFESSIONAL FIRM INFORMATION

21. Indicate specific architectural/engineering discipline to be rendered (i.e., Civil, Structural, HVAC, etc.).
NOTE: Sum of Percent of Total Professional Fees should equal 100% of fees shown in Question 19 above.

	Prime Professional Firm	Discipline	Percent of Total Professional Fees	Firm's Current Professional Liability Coverage
A)	_____	_____	_____	Company: _____
	_____	_____	_____	Limit: _____
	_____	_____	_____	Deductible: _____
	Check if hired by applicant _____			

	Name of Firm	Discipline	% Fees	Who Hired?
B)	_____	_____	%	_____
	_____	_____	%	_____
	_____	_____	%	_____
	_____	_____	%	_____
	_____	_____	%	_____
	_____	_____	%	_____
	_____	_____	%	_____
	_____	_____	%	_____

Please list additional consultants by attachment.

For all "yes" answers to any of the following, please provide complete details by attachment.

22. Does the applicant or any member of the Design/Professional Team (including partners, officers, employees, parent or subsidiary firms):
- a) Have any equity interest in the project? Yes No
 - b) Plan to act as a General Contractor on the project? Yes No
 - c) Plan to engage in any actual construction on the project? Yes No
 - d) Plan to manufacture, fabricate or supply any materials to be used on the project? Yes No
 - e) Plan to participate in a joint venture for any activity on the project? Yes No
 - f) Plan to hire a geotechnical consultant or perform geotechnical engineering? Yes No
 - g) Plan to arrange or procure financing for the project? Yes No
 - h) Plan to provide equipment or products from manufactures who are related to or have related ownership to any of the applicant firms? Yes No
23. Is this a "Design/Build" Project? Yes No
24. Will applicant's client act as a contractor on the project? Yes No
25. Will the project consist of any of the following? If yes, please explain in the space below.
- | | | |
|---------------------------|------------------------------|-----------------------------|
| fast track construction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| design/build | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| environmental remediation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| product design | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| equipment procurement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| construction management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-
-

CLAIMS AWARENESS

26. a) Has the applicant any knowledge of prior acts, errors or omissions which could reasonably be anticipated to be a basis for a claim against any member of the Design Team or any other professional firms on this project? Yes No
- b) Have there been any significant issues or concerns raised by any of the key parties on the project regarding errors or omissions in the plans or delays on the project to date? Yes No
- c) Has the owner or contractor raised any concerns to date regarding the adequacy or timeliness of the professional services provided by the applicant, design team or construction manager on the project? Yes No
- d) Is the project on schedule and budget? Yes No

If you have answered "yes" to any of the questions above please explain in detail below or by attachment.

27. Please provide any additional information in the space below that you feel will help the underwriter evaluate the risk or positive attributes associated with this project:
-
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ADDITIONAL INFORMATION

28. Please attach a copy of the following:

- a) **Prime Professional Contract** Attached Will be sent on ___/___/___
- b) **Scope of services provided by the Design Team/Prof. Firm** Attached Will be sent on ___/___/___
- c) **Site plan or diagram of the proposed project** Attached Will be sent on ___/___/___
- d) **Claim history for each Design Team member** Attached Will be sent on ___/___/___
- e) **Geotechnical report summary (Boring logs not required)** Attached Will be sent on ___/___/___

29. The applicant would like a quotation based upon the following Professional Liability limit and deductible:

Limit	Deductible
_____	_____
_____	_____

DEDUCTIBLE DISCLOSURE/RESPONSIBILITY

30. Normally the policyholder (prime professional) is responsible for the deductible on the project policy.

If another entity will be responsible to pay the deductible, please identify:

- Applicant Prime Design Firm Owner Design/Build Contractor Shared Arrangement Other

NOTE: If the deductible exceeds \$50,000, please enclose a copy of the responsible party's balance sheet and income statement for the most recent fiscal year.

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 Question 26 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/Company

Signature of Applicant

Date



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