



For All the Commitments You Make®

THE LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED BY THE COST OF DEFENSE. LEGAL DEFENSE COSTS MAY ALSO BE APPLIED AGAINST DEDUCTIBLE, IF APPLICABLE TO THE CLAIM.

DESIGN/BUILD LIABILITY

NEW APPLICATION RENEWAL APPLICATION

IF RENEWAL, ENTER POLICY NUMBER:

SCHINNERER USE ONLY:

INSTRUCTIONS:

PLEASE TYPE OR PRINT CLEARLY

- 1 PLEASE ANSWER ALL QUESTIONS COMPLETELY.
2 IF THERE IS INSUFFICIENT SPACE TO COMPLETE AN ANSWER, PLEASE CONTINUE ON A SEPARATE SHEET OF YOUR FIRM'S LETTERHEAD. INDICATE NUMBER OF QUESTION.
3 THIS FORM MUST BE COMPLETED, SIGNED AND DATED BY A SENIOR MEMBER OF THE FIRM.

NOTE: THE INSURANCE COVERAGE FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS-MADE POLICY AND COVERS ONLY CLAIMS FIRST MADE AGAINST YOU DURING THE POLICY PERIOD, SUBJECT TO POLICY PROVISIONS. "CLAIM" MEANS THE RECEIPT OF A DEMAND FOR MONEY OR SERVICES, OR THE SERVICE OF SUIT OR INSTITUTION OF ARBITRATION PROCEEDINGS NAMING THE "INSURED" AND ALLEGING AN ERROR, OMISSION OR NEGLIGENT ACT. IF YOU HAVE ANY QUESTIONS ABOUT COVERAGE, PLEASE DISCUSS THEM WITH YOUR INSURANCE AGENT.

PLEASE INDICATE AGGREGATE LIMITS OF LIABILITY AND DEDUCTIBLES FOR WHICH QUOTATIONS ARE DESIRED.

Table with 2 columns: LIMITS, DEDUCTIBLES

1 NAME OF FIRM(S)
ADDRESS OF PRINCIPAL OFFICE (LIST ADDRESSES OF ALL BRANCH OFFICES ON A SEPARATE SHEET.)
CORPORATION PARTNERSHIP PROFESSIONAL CORPORATION SOLE PROPRIETORSHIP JOINT VENTURE
DATE FIRM(S) ESTABLISHED OR INCORPORATED TAX ID#

2 INDICATE NUMBER OF STAFF: A PRINCIPALS, PARTNERS, OR OFFICERS:
B REGISTERED ARCHITECTS AND LICENSED PROFESSIONAL ENGINEERS EMPLOYED BY THE FIRM.
C TOTAL STAFF INCLUDING PRINCIPALS.
FULL TIME PART TIME

3 GIVE FULL NAME AND PROFESSIONAL QUALIFICATIONS OF ALL PRINCIPALS, PARTNERS OR OFFICERS OF CURRENT FIRM(S) AND DATES OF EMPLOYMENT. (REGISTRATIONS AND DEGREE, DATE AND PLACE ACQUIRED.) IF PREVIOUSLY A PRINCIPAL, PARTNER OR OFFICER OF ANOTHER FIRM, INDICATE FIRM NAME AND EMPLOYMENT DATES.

4 IS THE FIRM OR ANY SUBSIDIARY, PARENT OR OTHER ORGANIZATION RELATED TO THE FIRM ENGAGED IN:
A ACTUAL CONSTRUCTION FABRICATION OR ERECTION: YES NO
B REAL ESTATE DEVELOPMENT: YES NO
C CONSTRUCTION MANAGEMENT: YES NO
D DESIGN/BUILD: YES NO
E THE MANUFACTURE, SALE OR DISTRIBUTION OF ANY PRODUCT OR PROCESS OR PATENTED PRODUCTION PROCESS: YES NO

5 DESCRIBE THE NATURE OF OPERATIONS. PLEASE ATTACH BROCHURE DESCRIBING FIRM AND SAMPLE CONTRACT(S) AGREEMENT.

⑥ ARE ANY PRINCIPALS, OFFICERS OR EMPLOYEES OF THE FIRM ENGAGED IN ANY ACTIVITIES DESCRIBED IN ANSWER ④ B, OR E? YES NO
 IF YES, PLEASE PROVIDE FULL DETAILS AND RELATIONSHIP OF SUCH PERSONS TO THE FIRM.

⑦ DOES THE FIRM OR ANY PRINCIPAL, OWNER, PARTNER OR OFFICER OF THE FIRM OR THE SPOUSE OF ANY SUCH PERSON HAVE AN EQUITY OR OWNERSHIP INTEREST IN ANY PROJECT FOR WHICH PROFESSIONAL SERVICES ARE BEING OR ARE TO BE RENDERED BY THE FIRM? YES NO
 IF YES, AND IF EQUITY INTEREST COVERAGE IS DESIRED, PLEASE REQUEST AN EQUITY INTEREST APPLICATION.

⑧ IS THE FIRM CONTROLLED, OWNED BY OR ASSOCIATED WITH, OR DOES THE FIRM CONTROL OR OWN ANY OTHER FIRM, CORPORATION OR COMPANY? YES NO
 IF YES, PLEASE PROVIDE FULL DETAILS.

⑨ DOES THE APPLICANT CARRY COMPREHENSIVE GENERAL LIABILITY AND UMBRELLA LIABILITY INSURANCE? YES NO
 IF YES, PROVIDE PARTICULARS RELATIVE TO CURRENT POLICIES.

PARTICULARS	GENERAL LIABILITY	UMBRELLA LIABILITY	PARTICULARS	GENERAL LIABILITY	UMBRELLA LIABILITY
<input type="checkbox"/> A INSURER			<input type="checkbox"/> D INCEPTION DATE (MONTH, DAY, YEAR) / /		
<input type="checkbox"/> B POLICY NUMBER			<input type="checkbox"/> E EXPIRATION DATE (MONTH, DAY, YEAR) / /		
<input type="checkbox"/> C LIMITS ① Bodily Injury ② Property Damage			<input type="checkbox"/> F IS THERE AN EXCLUSION FOR THE APPLICANT'S PROFESSIONAL SERVICES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> G DOES THE APPLICANT PURCHASE BUILDERS RISK OR DIFFERENCE IN CONDITIONS INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, PROVIDE FOLLOWING RELATIVE TO COVERAGE PURCHASED BY APPLICANT:		
			<input type="checkbox"/> YES <input type="checkbox"/> NO "ALL RISK"	<input type="checkbox"/> YES <input type="checkbox"/> NO EXCLUSION FOR FAULTY WORKMANSHIP OR MATERIALS	
			<input type="checkbox"/> YES <input type="checkbox"/> NO COLLAPSE EXCLUSION	<input type="checkbox"/> YES <input type="checkbox"/> NO EXCLUSION FOR DESIGN ERROR	

⑩ CONSTRUCTION VALUES AND PROFESSIONAL FEES (WHERE APPLICABLE)

DATES OF REPORTING PERIOD	PAST 12 MONTHS				ESTIMATE FOR NEXT 12 MONTHS			
	/	/	TO	/ /	/	/	TO	/ /
	CONSTRUCTION VALUES		PROFESSIONAL FEES		CONSTRUCTION VALUES		PROFESSIONAL FEES	
<input type="checkbox"/> A DESIGN AND CONSTRUCTION	\$			N.A.	\$			N.A.
<input type="checkbox"/> B DESIGN WITHOUT CONSTRUCTION	\$		\$		\$		\$	
<input type="checkbox"/> C CONSTRUCTION ONLY—NO DESIGN	\$			N.A.	\$			N.A.
<input type="checkbox"/> D CONSTRUCTION MANAGEMENT	\$		\$		\$		\$	
<input type="checkbox"/> E OTHER—DESCRIBE IN ATTACHMENT	\$		\$		\$		\$	
<input type="checkbox"/> F TOTAL—ALL OPERATIONS	\$		\$		\$		\$	

⑪ INDICATE THE PERCENTAGE OF TOTAL FEES IN ITEM ⑩ B AND ⑩ E DERIVED FROM PROFESSIONAL SERVICE CONTRACTS FOR FEASIBILITY STUDIES, MASTER PLANNING, INTERIOR DESIGN, REPORTS, OPINIONS, OR ENVIRONMENTAL IMPACT STUDIES. %

⑫ INDICATE THE APPROXIMATE PERCENTAGE, IF ANY, OF THE TOTAL PROFESSIONAL SERVICES RENDERED BY YOUR FIRM FOR EACH OF THE FOLLOWING.

ARCHITECTURE	%	ELECTRICAL ENGINEERING	%	CONSTRUCTION MANAGEMENT	%
LANDSCAPE ARCHITECTURE	%	MARINE ENGINEERING	%	MATERIALS TESTING	%
STRUCTURAL ENGINEERING	%	MINING ENGINEERING	%	PRODUCT, EQUIPMENT, OR MACHINERY DESIGN	%
CIVIL ENGINEERING	%	PROCESS ENGINEERING	%	INSPECTION/OBSERVATION OF CONSTRUCTION WHERE NOT INVOLVED IN DESIGN	%
LAND SURVEYING	%	NUCLEAR ENGINEERING	%	WORK OUTSIDE U.S., ITS TERRITORIES OR CANADA	%
SOILS ENGINEERING	%	OIL OR GAS WELL ENGINEERING	%	WORK IN COMMUNIST BLOC COUNTRIES	%
MECHANICAL ENGINEERING	%	CHEMICAL ENGINEERING	%	OTHER	%

⑬ INDICATE THE APPROXIMATE PERCENTAGE OF TOTAL CONSTRUCTION VALUES FOR PAST 12 MONTHS BY PROJECT TYPE.

BUILDING OR INDUSTRIAL CONSTRUCTION				MISCELLANEOUS CONSTRUCTION				
AIRPORTS		%	MATERIAL HANDLING SYSTEMS		%	SEWER PROJECTS		%
OFFICE BUILDINGS		%	ELEVATORS, SILOS, BULK STORAGE FACILITIES		%	NUCLEAR POWER		%
SHOPPING CENTERS		%	REFINERIES, PETROCHEMICAL, AMMONIA, UREA		%	FOSSIL POWER		%
SPORTS OR CONVENTION CENTERS		%	MANUFACTURING AND ASSEMBLY PLANTS		%	UTILITIES		%
HOTEL, MOTEL		%	WAREHOUSES		%	PIPELINES		%
SCHOOLS, COLLEGES		%	RESIDENTIAL CONSTRUCTION		%	DAMS		%
HOSPITAL, HEALTH CARE		%	SINGLE FAMILY		%	BRIDGES		%
RELIGIOUS		%	LOW RISE MULTIPLE FAMILY, TOWNHOUSES		%	TUNNELS		%
HAZARDOUS/TOXIC WASTE		%	HIGH RISE MULTIPLE FAMILY		%	STREETS, HIGHWAYS		%
OTHER SPECIFY		%	OTHER SPECIFY		%	MARINE FACILITIES		%

⑭ A PLEASE INDICATE THE PERCENTAGE OF SERVICES RENDERED FOR EACH OF THE FOLLOWING CATEGORIES OF CLIENTS. BASE RESPONSES ON THE PERCENTAGE OF THE APPLICANT'S GROSS VOLUME DERIVED FROM EACH CATEGORY:

COMMERCIAL/INDUSTRIAL		%	FEDERAL GOVERNMENT		%	REAL ESTATE DEVELOPERS		%
CONTRACTORS		%	STATE GOVERNMENTS		%	OWNERS WHO ACT AS THEIR OWN BUILDERS		%
DESIGN PROFESSIONALS		%	LOCAL GOVERNMENTS		%	OTHER (SPECIFY)		%

B WERE MORE THAN 50% OF THE BILLINGS FOR THE PAST 12 MONTHS DERIVED FROM A SINGLE CLIENT OR CONTRACT? IF YES, PLEASE SPECIFY CLIENT OR THE CONTRACT AND DESCRIBE ALL SERVICES RENDERED. YES NO

⑮ A DOES THE APPLICANT'S PRACTICE INVOLVE ANY SUBCONTRACTING OF SERVICES TO OTHERS? IF YES, SPECIFY THE SERVICES SUBCONTRACTED AND THE APPROXIMATE PERCENTAGE OF APPLICANT'S OVERALL VOLUME. YES NO

⑯ A HAS THE APPLICANT EVER BUILT USING A STOCK SET OF PLANS AND SPECIFICATIONS OR HAS APPLICANT EVER BUILT MORE THAN ONE UNIT USING THE SAME SET OF PLANS AND SPECIFICATIONS? IF YES, PLEASE PROVIDE FULL PARTICULARS: YES NO

B HAS THE APPLICANT EVER HELD OR DOES HE NOW HOLD A FRANCHISE FROM A METAL BUILDING MANUFACTURER? IF YES, PLEASE PROVIDE FULL PARTICULARS AND INDICATE APPLICANT'S APPROXIMATE VOLUME OF WORK RELATIVE TO PRE-ENGINEERED STRUCTURES: YES NO

C HAS THE APPLICANT EVER HELD OR DOES HE NOW HOLD A PATENT FOR ANY PRODUCT OR PROCESS? IF YES, PROVIDE FULL PARTICULARS: YES NO

D HAS THE APPLICANT EVER BEEN INVOLVED IN EXPERIMENTAL OR UNTESTED METHODS OF CONSTRUCTION? IF YES, PLEASE PROVIDE FULL PARTICULARS: YES NO

⑰ PLEASE INDICATE PROFESSIONAL SOCIETY MEMBERSHIP: (PLEASE CHECK APPROPRIATE BOX)

AMERICAN INSTITUTE OF ARCHITECTS	<input type="checkbox"/>	NATIONAL SOCIETY OF PROFESSIONAL SURVEYORS (ACSM)	<input type="checkbox"/>
NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS	<input type="checkbox"/>		

⑱ ARE APPLICANT'S CONTRACTS REVIEWED BY LEGAL COUNSEL FOR LIABILITY IMPLICATIONS PRIOR TO SIGNING? YES NO

⑲ DOES THE FIRM EVER ENTER INTO CONTRACTS WHICH CONTAIN INDEMNIFICATION OR "HOLD HARMLESS" AGREEMENTS? IF YES, PLEASE ATTACH A COPY OF THE INDEMNIFICATION CLAUSE(S). YES NO

THE FOLLOWING QUESTIONS 20 THROUGH 25 APPLY TO NEW APPLICANTS ONLY

20 HAS THE NAME OF THE FIRM EVER CHANGED OR HAS THERE EVER BEEN ANY ACQUISITION, CONSOLIDATION, DISSOLUTION, MERGER OR CHANGE IN BUSINESS ORGANIZATION? IF YES, PLEASE PROVIDE FULL PARTICULARS LISTING EACH FIRM NAME IN CHRONOLOGICAL ORDER AND SPECIFY THE DATE THAT THE NAME OR BUSINESS ORGANIZATION CHANGED. YES NO

21 HAVE ANY CLAIMS, SUITS OR DEMANDS FOR ARBITRATION BEEN MADE AGAINST THE FIRM, ITS PREDECESSOR(S) OR ANY PAST OR PRESENT PRINCIPAL, PARTNER, OFFICER OR DIRECTOR? IF YES, GIVE DETAILS ON A SEPARATE SHEET, INCLUDING NAME OF CLAIMANT AND PROJECT, DEMAND AMOUNT, DATE OF CLAIM OR SUIT, NAME OF INSURANCE COMPANY, IF ANY, TO WHOM REPORTED AND FINAL DISPOSITION INCLUDING AMOUNTS PAID OR DEFENSE ATTORNEY'S CURRENT ANALYSIS OF THE APPLICANT'S LIABILITY INCLUDING CASE RESERVE. YES NO

22 DO ANY OF THE PRINCIPALS, PARTNERS, OFFICERS, EMPLOYEES OR DIRECTORS OR ANY PREDECESSOR(S) HAVE KNOWLEDGE OF ANY ERROR, OMISSION, UNRESOLVED JOB DISPUTE (INCLUDING OWNER-CONTRACTOR DISPUTES), ACCIDENT OR ANY OTHER CIRCUMSTANCE THAT IS OR COULD BE A BASIS FOR A CLAIM UNDER THE PROPOSED INSURANCE? IF YES, GIVE DETAILS ON A SEPARATE SHEET FOR EACH SITUATION, INCLUDING NAME OF PROJECT, CLAIMANT, DATES, NATURE OF SITUATION AND AMOUNT OF DAMAGES. YES NO

23 HAS ANY INSURER DECLINED, CANCELLED OR REFUSED TO RENEW ANY SIMILAR INSURANCE ISSUED TO THE FIRM OR ANY OTHER PERSONS NAMED IN QUESTION 3 ON THE APPLICATION? IF YES, GIVE DETAILS. YES NO

24 HAS ANY SIMILAR INSURANCE BEEN ISSUED TO ANY OF THE FIRMS NAMED IN QUESTION 1 OR PERSONS NAMED IN QUESTION 3 ON THE APPLICATION? IF YES, COMPLETE THE FOLLOWING: YES NO

COMPANY	POLICY NUMBER	LIMITS	DEDUCTIBLE	DATES	PREMIUM

PLEASE INDICATE EXTENT OF PRIOR ACTS COVERAGE BEING AFFORDED: FULL LIMITED IF LIMITED, RETROACTIVE COVERAGE DATE: _____

25 ON A SEPARATE SHEET, LIST YOUR TEN LARGEST DESIGN/BUILD PROJECTS. PLEASE GIVE NAME OF PROJECTS, LOCATION, DESCRIPTION, OWNER, NATURE OF SERVICES RENDERED, AND STATUS (COMPLETED, UNDER CONSTRUCTION, IN DESIGN, PROPOSED, ETC.).

FRAUD PREVENTION — NEW YORK WARNING: 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 \$5,000.00 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

FRAUD PREVENTION — OHIO WARNING: 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.

FRAUD PREVENTION — FLORIDA WARNING: 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 IN THE THIRD DEGREE.

FRAUD PREVENTION — COLORADO WARNING: 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 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.

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT WITH THE COMPANY. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO SELL NOR THE APPLICANT TO PURCHASE THE INSURANCE.

NAME	SIGNATURE (PRINCIPAL)	TITLE	DATE

AGENT MUST COMPLETE THE FOLLOWING

AGENT	STATUS	YES	NO	LICENSE NUMBER
ADDRESS	LICENSED CNA AGENT (CASUALTY LINES)			
	LICENSED BROKER			
PHONE NO.	LICENSED CASUALTY AGENT W/CO. OTHER THAN CNA			