

Requested information for a Premium Indication Quotation

It will be necessary to complete the quoting insurer's application form, prior to the payment of premium and binding of coverage
Complete Instructions at End of Form

(This is a Claims-Made Policy type Application)

Firm Information						
1. Name of Firm(s) Address of Principal Office (List address of all branch Offices on a separate sheet)						
County:	Telephone:				Fax:	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Other - Identify				
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	Tax ID #	Year Firm Established -			
2. Number of Employees						
	Architects	Engineers	Land Surveyors	Landscape Architects	All Others	Total
A. Principals, Partners, Officers & Directors						
B. Staff						
3. Please check the limits which you would like us to quote: (\$250,000 each claim/\$500,000 annual aggregate)						
<input type="checkbox"/> \$250,000/\$500,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> Other Limits Desired:						
Please check claim deductible(s): <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> Other \$						
4. Date of Reporting Period From: To:						
Total Gross Billings			Total Gross Billings (Include billings attributable to consultants)		Approximate Construction Values (Prorate in proportion to billings for multi-year projects)	
A. *Projects insured under separate Project Policies:			*\$		N/A	
B. *Projects which have been permanently abandoned:			*\$		\$	
C. Feasibility studies, master plans, reports, opinions or interior design. NOTE: Interior design refers to interior non-structural services such as space planning and the selection of furniture, fixtures and finishes. It does not include services associated with renovations (other than space planning):			\$		\$	
D. Landscape Architecture:			\$		\$	
E. Land Surveying:			\$		\$	
F. Direct reimbursables by contract (i.e., travel, per diem, billings for reproduction, etc.) DO NOT include fees paid to consultants			\$		\$	
G. All other billings			\$		\$	
H. TOTAL PAST ACCOUNTING YEAR (A+B+D+E+F+G):			\$		\$	
I. Estimates for your firm's next 12 months			\$		\$	
*For A, please provide project name, location insurance carrier and Limit of Liability and for B, above, provide the name, location and current status of each project on a separate sheet.						

5. Approximately what percentage of your billings in 4H is derived from repeat clients: %

6. Were more than 50% of all your total gross billings in item 4H derived from a single client or contract?
 If yes, specify client projects, contracts forms(s), describe all services rendered and indicate how long you expect this relationship to continue in the space provided. Yes No

7. Please provide total gross billings for the prior three (3) years (starting with the most recent)

Year	20	20	20
Amount	\$	\$	\$

8. Please provide the APPROXIMATE percentage of your total gross billings in Item 4H derived from each project type.

Airports	%	Houses/Townhouses	%	Pool/Playgrounds	%
Amusement Rides	%	Industrial Waste Treatment	%	Potable Water Systems	%
Apartments	%	Jails/Justice	%	Recreation/Sports	%
Bridges	%	Landfills	%	Roads/Highways	%
Churches	%	Libraries	%	Schools/Colleges	%
Condominiums	%	Manufacturing/Industrial	%	Shopping Center/Retail	%
Convention Centers	%	Mass Transit	%	Storm Water Systems	%
Dams	%	Nuclear/Atomic	%	Tunnels	%
Harbors/Piers/Ports	%	Office Buildings	%	Warehouses	%
Hospitals	%	Parking Structure	%	Wastewater Systems	%
Hotels/Motels	%	Petro/Chemical	%	Wastewater Treatment Plants	%

THIS SHOULD EQUAL 100%

9A. Has your firm performed or subcontracted to others in the past 12 months (or expect to perform or subcontract in the next 12 months) services in connection with:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Industrial piping/processes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Underground storage tanks
<input type="checkbox"/> Yes <input type="checkbox"/> No	Air emission control systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Solid waste sites
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous/toxic disposal sites	<input type="checkbox"/> Yes <input type="checkbox"/> No	Landfills
<input type="checkbox"/> Yes <input type="checkbox"/> No	Superfund sites	<input type="checkbox"/> Yes <input type="checkbox"/> No	Permitting/monitoring related to hazardous waste

B. Has any claim been made or legal action been brought for a pollution or environmental injury or damage in the past ten years (or made earlier and still pending) against your firm, its predecessors, or employees? Yes No

C. Are any of the principals, partners, officers, directors, stockholders, or employees aware of any error, omission, unresolved job dispute or accident involving the discharge, dispersal, seepage, migration, or release of a pollutant(s) or contamination which may be the basis for a claim under this policy? If yes, attach an explanation Yes No

10. As the APPROXIMATE percentage of your firm's net billings (total gross billings, less billings for consultants), please indicate which of the following services were performed by YOUR firm during your firm's past accounting year.

Architecture	%	Civil Engineering	%
Mechanical Engineering	%	Electrical Engineering	%
Structural Engineering	%	Soils Engineering	%
Laboratory Testing	%	Landscape Architecture	%
Land Surveying	%	Construction/Project Management	%
Process Engineering	%	Chemical Engineering	%
Environmental Abatement	%	Marine Engineering	%
Nuclear Engineering	%	Mining Engineering	%
Machinery/Equipment Design	%	Oil/Gas Well Engineering	%
HVAC Engineering	%		

11. Does your firm have any subsidiary, parent or other organization related to your firm, or any principal, partner, officer, director or employee have a percentage ownership interest management, or control of a company engaged in:

- | | | |
|--|------------------------------|-----------------------------|
| A. Actual construction, installation, fabrication or erection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Design/Build | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Development, sale or lease of computer software to others | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Real Estate Development | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Manufacture, Sale, Leasing or Distribution of any product, process or patented production process | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If answer A, B, C, D or E is yes, please provide full details on a separate sheet, including a description of the services performed, construction values involved and fees filled. Also enclose sample contract(s).

12. Have any claims been made or legal action been brought in the past ten years (or made earlier and still pending) against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee? (Use separate sheet if necessary) Yes No

If yes, provide the following information for each claim on a separate sheet.

- | | |
|------------------------------|---|
| A. Date of Claim | E. Insurance Company reserve, if any |
| B. Claimant or plaintiff | F. Defense attorney's or insurance company's evaluation or exposure/potential liability |
| C. Allegations | G. If closed, total amount paid for indemnity and defense costs |
| D. Demand or amount of claim | H. Deductible applicable |

13 A. Has any insurer declined, canceled or refused to renew any similar insurance for your firm or any predecessor firm? (N/A in Missouri). If yes, please give details Yes No

B. Do you or any subsidiary or predecessor firm have any CURRENT outstanding professional liability deductible obligations? If yes, please give exact amount owed to insurance company and if payment schedule is in place, the amount and dates of repayments on a separate sheet. Yes No

C. Has any similar insurance been issued to any of the firms named in Question 1 or persons named in Question 2? If yes, please complete the following for at least the LAST FIVE years.

Company	Policy #	Limit	Deductible	Dates	Premiums
1.					
2.					
3.					
4.					
5.					

D. Retroactive coverage date in current policy:

E. Do you have first dollar defense coverage? Yes No

Form Prepared by:

Name:		City:		State:		Zip:	
Address:		Fax:					
Phone:							

Name of Principal, Partner or Officer

Title: _____

Signature: _____

Date: _____

(Principal, Partner or Officer)

Producing Agent:

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Instructions: (MS Word Users) Use a mouse, TAB or SPACE key to navigate filling out all applicable areas. (Adobe Acrobat Users) Print out form and fill in applicable areas. (ALL USERS) Fax, mail or e-mail this form to the address above marking it attention to: Wm. Hugh Holley. Attach additional pages as necessary.

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