

ENGINEERS' PROFESSIONAL LIABILITY INSURANCE APPLICATION

NOTE: PLEASE PRINT IN INK OR TYPE. DO NOT USE CORRECTION FLUID OR GEL PENS. INITIAL AND DATE ANY CHANGES YOU MAKE.

Contact Name		Firm Name (If Applicable)	
Address	City	State	ZIP
Email Address	Phone Number	Fax Number	
Cell Phone Number	May we contact you via text? <input type="radio"/> Yes <input type="radio"/> No		

1. LEGAL ENTITY

A. Legal Entity (check one): Individual Partnership Fully Self-Employed LLP/LLC Professional Corporation Corporation

B. Year Firm Established _____

C. Are you employed anywhere else, other than with the firm seeking coverage? Yes No (If "Yes," please complete the Supplemental Application)

D. This insurance requires that one insured be an ASCE Member and Professional Engineer. Please provide:

Name	ASCE Membership ID (required for acceptance)	Year First Licensed as an Engineer	ASCE Membership Grade			
			Fellow	Member	Associate Member	Affiliate
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. Does a member of your firm hold an ASCE Diplomate designation? Yes No (If "Yes," you may be eligible for a rating credit)

Please provide the Diplomate's name and member number.

Name: _____

Member Number: _____

F. Indicate the size of your staff (count each individual only once)

Principals, Partners, Officers, and Directors _____

Engineers (other than principals) _____

Other Technical Staff (describe position) _____

Clerical _____

TOTAL: _____

2. LIMIT OF LIABILITY/DEDUCTIBLE

A. Limit of liability (check one):

- | | | |
|---|---|---|
| <input type="radio"/> \$100,000 each claim/\$300,000 annual aggregate | <input type="radio"/> \$750,000 each claim/\$750,000 annual aggregate | <input type="radio"/> \$1,000,000 each claim/\$2,000,000 annual aggregate |
| <input type="radio"/> \$250,000 each claim/\$500,000 annual aggregate | <input type="radio"/> \$1,000,000 each claim/\$1,000,000 annual aggregate | <input type="radio"/> \$2,000,000 each claim/\$2,000,000 annual aggregate |
| <input type="radio"/> \$500,000 each claim/\$500,000 annual aggregate | <input type="radio"/> \$1,500,000 each claim/\$1,500,000 annual aggregate | <input type="radio"/> Other _____ |

B. Check if you would like your quote to include an option for an additional limit equal to 50% of the limit selected (not to exceed \$500,000) to apply to defense costs only? Yes No

C. Deductible requested: \$ _____

3. GROSS BILLINGS

A. Please provide the applicant's actual annual gross billings for the past 12 months \$ _____

B. Please provide an estimate of the applicant's annual gross billings for the next 12 months. \$ _____

"Annual gross billings" is defined as all amounts billed for engineering services, including incidental charges and subcontractor billings, **excluding direct reimbursable expenses.**

In the past five years, have your annual gross billings ever exceeded your answer in question 3A by 50% or more? Yes No

If "Yes," please provide your annual gross billings for each of the past five years on a separate sheet and an explanation of what caused the fluctuation in your gross.

4. POLICY EFFECTIVE DATE

Requested effective date: _____

5. IN WHICH OF THE FOLLOWING AREAS DO YOU OR YOUR FIRM PRACTICE?

Please indicate the approximate percentages of your annual gross billings for each area.

AREA OF PRACTICE	% OF ANNUAL GROSS BILLINGS	AREA OF PRACTICE	% OF ANNUAL GROSS BILLINGS	AREA OF PRACTICE	% OF ANNUAL GROSS BILLINGS
Architectural	_____ %	Irrigation & Drainage	_____ %	Urban Transportation	_____ %
Coastal & Ocean	_____ %	Pipeline Engineering	_____ %	Waterways	_____ %
Construction Engineering	_____ %	Port	_____ %	Other (Describe) _____	_____ %
Environmental*	_____ %	Structural Engineering	_____ %		
Geotechnical Engineering*	_____ %	Surveying	_____ %		
Hydraulics	_____ %	Urban Planning & Development	_____ %		
					Total = 100%

6. ON WHICH OF THE FOLLOWING TYPES OF PROJECTS DOES YOUR FIRM ENGAGE?

TYPE OF PROJECT	% OF ANNUAL GROSS BILLINGS	TYPE OF PROJECT	% OF ANNUAL GROSS BILLINGS	TYPE OF PROJECT	% OF ANNUAL GROSS BILLINGS
Airports	_____ %	Industrial Waste Treatment	_____ %	Real Estate Development	_____ %
Amusement Rides	_____ %	(including Landfills/Solid Waste Facilities)	_____ %	Recreation/Sports	_____ %
Apartments	_____ %	Investigations/Forensics	_____ %	Roads/Highways	_____ %
Bridges	_____ %	Jails/Justice	_____ %	Safety on Site	_____ %
Churches/Religious	_____ %	Libraries/Museums	_____ %	Schools/Colleges	_____ %
Condos/Co-ops	_____ %	Manufacturing/Industrial	_____ %	Shopping Centers/Retail/Restaurants	_____ %
Convention Centers/Arenas/Stadiums	_____ %	Mass Transit	_____ %	Storm Water Systems	_____ %
Dams	_____ %	Multi-family Residential (excluding Condos)	_____ %	Tunnels	_____ %
Design of Multiple Structures with repetitive design	_____ %	Nuclear/Atomic	_____ %	Warehouses	_____ %
(excluding Multi-Family Residential & Condos)	_____ %	Office Buildings/Banks	_____ %	Water/Sewer Pipelines	_____ %
Environmental Remediation*	_____ %	Parking Structures	_____ %	Water/Wastewater Treatment	_____ %
Harbors/Piers/Ports	_____ %	Parks/Playgrounds/Pools	_____ %	Utilities (Gas, Electric, Steam, etc.)	_____ %
Hospitals/Healthcare	_____ %	Petro/Chemical	_____ %	Other (Describe) _____	_____ %
Hotels/Motels	_____ %	Potable Water Systems	_____ %		
Houses/Single Family Residential	_____ %	Railroads	_____ %		
					Total = 100%

* Please complete the Supplemental Application

7. PERCENTAGE OF YOUR GROSS BILLINGS DERIVED FROM THE FOLLOWING AREAS:

Commercial _____ % Residential _____ % Industrial _____ % Governmental _____ %

8. PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE THREE LARGEST PROJECTS YOU PARTICIPATED IN DURING THE PAST FIVE YEARS:

Project Type	Services Performed	Date Services Performed	Your Total Gross Billings	Estimated Total Construction Costs

Are the projects listed above consistent with the type of projects anticipated for the future? Yes No
 If "No," please explain _____

9. RISK MANAGEMENT

Please check "Yes" or "No" for all risk management practices that you adhere to in your self-employed engineering practice or would adhere to should the situation apply.

Please explain any "No" responses on a separate sheet.

- A. Do you consistently exceed the minimum number of continuing education hours required in your state? _____ Yes No
 - B. Do you use written scope of service letters for all projects exceeding more than \$500 in billable fees? _____ Yes No
 - C. Do you conduct construction phase inspections on plans and designs to ensure intent of use? _____ Yes No
 - D. Do you make use of limitation of liability clauses in your written agreements? _____ Yes No
 - E. Do you use written status memos over the course of the project? _____ Yes No
 - F. Do you investigate the work experience of other professionals and contractors to identify the potential for problems? _____ Yes No
 - G. Do you require that other professionals on the project carry comparable professional liability insurance? _____ Yes No
 - H. Do you maintain written quality control procedures, including secondary design review? (Please explain on a separate sheet) _____ Yes No
- Are all appropriate staff members familiar with them? _____ Yes No

10. PRACTICE DETAILS

Please answer the following questions. If the answer to any question is "Yes," please provide the question number and full details, including percentage of revenues derived from the activity, on a separate sheet of paper.

- A.** Do you perform any services outside the U.S.? _____ Yes No
- B.** Are you involved in actual construction, fabrication, erection, design/build or supplying of construction materials? _____ Yes No
- C.** Are you involved in the development, investment, sale or marketing of real estate? _____ Yes No
- D.** Do you subcontract work to others? _____ Yes No
If "Yes," do you require all subcontractors to carry insurance to cover the services they perform? _____ Yes No
- E.** Do you provide ground testing or geotechnical services? _____ Yes No
If "Yes," please complete section A of the Supplemental Application.
- F.** Do you manufacture, sell, lease or distribute any product or process? _____ Yes No
- G.** Do you have a project selection process or "go/no-go" procedure? If "Yes," please provide a brief description. _____ Yes No
- H.** Do you perform inspections of residential or commercial property in conjunction with the sale, transfer, or financing of the property? _____ Yes No
If "Yes," (i) please provide the average number per year: Commercial _____ Residential _____
(ii) attach a sample inspection report that you typically would prepare.
- I.** Do you perform any services related to underground storage tank design, removal, assessment or remediation? _____ Yes No
If "Yes," please complete section A of the Supplemental Application.
- J.** Do you develop, sell, or lease computer software to others? _____ Yes No
- K.** Are you owned by or do you own any other firm? _____ Yes No
If so, do you render professional services to the firm? _____ Yes No
- L.** How many suits for collection of your professional fees were filed during the past fiscal year? _____ Please provide full details on a separate sheet of paper. _____ Yes No
- M.** Does any single client account for 25% or more of your annual gross income? _____ Yes No

11. HAZARDOUS MATERIALS

- A.** Has the applicant, or an independent contractor hired by the applicant, accepted jobs involving known hazardous materials? ** _____ Yes No
- B.** Do you contemplate accepting known hazardous material jobs in the future? ** _____ Yes No

** Engineering services that could involve hazardous materials or pollutants include but are not limited to: underground storage tank removal, assessment or remediation; sanitary landfill design; closure of existing sanitary landfills; asbestos sampling, testing, or abatement; chemical piping and process design; preparation of environmental site assessments or audits, including Phase I and Phase II assessments/investigations; groundwater testing/remediation; laboratory testing/analysis for pollutants; air emission control systems designed solely for controlling pollutants; site selection evaluation for pollution-related projects; hazardous or toxic waste site design or remediation; lead paint sampling, testing, or abatement; site selection evaluation for pollution-related projects; air quality assessments/testing; environmental education; water pollution control; or nuclear-related projects.

If you answered "Yes" to either question, please provide a narrative description including the date (year) of service, nature of hazardous material, type of project, fees earned and nature of services provided. Include a sample copy of an engagement letter/scope of service letter or contract used for these types of jobs.

12. LICENSING AND CLAIMS

- A.** Has any application or policy of yours or your firm's for professional liability insurance ever been declined, cancelled or refused renewal? _____ Yes No
Please provide details on a separate sheet of paper.
- B.** Have you or members of your firm had your license revoked or received suspension from a governmental or judicial body or professional society during the past five years? _____ Yes No
- C.** Have any claims been made or legal actions been brought against you or your firm in the past five years? _____ Yes No
If "Yes", complete the Claim Information Supplement form for each claim, and provide currently valued carrier loss runs for the past five years of coverage.
- D.** After inquiry of firm members, is anyone aware of any circumstances which may result in a claim being made against the firm or any individual? _____ Yes No
If "Yes", complete the Claim Information Supplement form for each circumstance, and provide currently valued carrier loss runs for the past five years of coverage.

13. PROFESSIONAL LIABILITY COVERAGE HISTORY

- A.** List engineers' professional liability insurance carried by you or your firm for the past two years. If none, state none.

Inception from Mo-Day-Yr	Expiration to Mo-Day-Yr	Insurance Company	Premium	Limit of Liability	Deductible

- B.** Please provide your policy's current retroactive date: _____ (If none, state none)
- C.** What was the date that you/your firm first purchased claims-made professional liability coverage and have continuously maintained the coverage since: _____ / _____ / _____
If not applicable, please check: N/A
(mm) (dd) (yy)
- D.** If currently insured, please submit a copy of your current declarations page with your completed application.

14. FIRM MARKETING

Please provide your website address, a copy of your current résumé, letterhead, and typical advertising/sales/marketing brochures used by you or your firm.

15. A RISK MANAGEMENT CREDIT IS AVAILABLE

Have you attended an ASCE risk management seminar in the last 12 months? Yes No (If "Yes," please attach a copy of your certificate of completion.)

16. NOTICE TO APPLICANT

I/We hereby declare that the above statements and particulars are true to the best of our knowledge 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, and shall be attached thereto. I/We hereby authorize the release of claim information from any prior insurer to the Underwriters.

I understand and accept that the policy applied for provides coverage on a "claims-made" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AND REPORTED TO THE UNDERWRITERS DURING THE POLICY PERIOD FOR ACTS THAT OCCUR AFTER THE POLICY'S RETROACTIVE DATE AND PRIOR TO THE EXPIRATION DATE OF THE POLICY.

Signature of Owner, Officer, or Partner* (title) X _____ | **Date** _____

SIGN, DATE, AND MAIL YOUR APPLICATION TO: ASCE PLAN ADMINISTRATOR, 1200 E. GLEN AVE., PEORIA HEIGHTS, IL, 61616

*Signing this form and tendering premium does not bind the applicant or the Underwriters to complete the insurance. Application must be currently signed and dated to be considered for quotation.

NOTICE: Failure to report any: 1) claim made against you during your current policy term, or 2) facts, circumstances, or events which may give rise to a claim to your current insurance company BEFORE policy expiration may result in a lack of coverage.