



**ARCHITECTS, ENGINEERS AND SURVEYORS  
DESIGN & BUILD CONTRACTORS, CONSTRUCTION MANAGERS  
PROFESSIONAL LIABILITY APPLICATION  
(Claims Made and Reported Basis)**

This application form is for coverage that is limited to claims that are first made and reported while the policy is in force. Describe in the following answers the precise nature of your operations. Please also attach a brochure, your letterhead and a list of your ten largest jobs.

1. Name of Applicant including all past and present entities for whom coverage is sought. If more than one entity is shown, please explain their relationship on a separate piece of paper.

2. Address of the head office:

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_

3. Applicant's contact information: Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

4. In what states is the Applicant licensed or registered? Please indicate the percentage of total work in each state:

5. Establishment date of the firm: \_\_\_\_\_

6. firm is a:  Sole Proprietorship  Corporation  Partnership  LLC  Other \_\_\_\_\_

7. Is the firm now, or has it in the past, been controlled owned or associated with any other firm?  
Or in the past 5 years has the name of the firm been changed or has any other business been purchased or any other merger taken place?

Yes  No

If "yes," please give full details.



**ROYAL OAK UNDERWRITERS, INC.**  
 Excess and Surplus Lines Insurance Wholesalers

8417 Patterson Avenue  
 Richmond, Virginia 23229  
 Telephone: (804) 741-7999  
 WATTS: (800) 628-2967  
 Fax: (804) 741-9401  
[www.royaloakunderwriters.com](http://www.royaloakunderwriters.com)

8. PROFESSIONAL personnel on staff and their credentials:

Name, Title, Professional Designations	University/Degree	No of Years with Applicant Firm

9. Total personnel:

- a. Principals, Partners, Officers and Directors \_\_\_\_\_
- b. Architects & Engineers not included in 9.a. \_\_\_\_\_
- c. Land Surveyors \_\_\_\_\_
- d. Other technical staff \_\_\_\_\_
- e. Office staff \_\_\_\_\_
- f. Construction Force, if any \_\_\_\_\_
- TOTAL of all personnel \_\_\_\_\_

10. Percentage of professional disciplines in which the Applicant is engaged (must total 100%):

<b>Architecture</b>	<b>Engineering</b>	<b>Engineering (cont'd)</b>
Buildings _____	Chemical _____	HVAC _____
Interiors _____	Civil _____	Mechanical _____
Landscape _____	Electrical _____	Process** _____
<b>Land Surveying</b>	Environmental _____	Soils** _____
Const. Staking _____	Fire Protection _____	Structural _____
Other LS work _____	Forensic _____	Other** _____

\*\*Please describe services:

11. Do you foresee any significant changes in the response to #10 in the next 12 months?

Yes  No

If yes, please advise full details:



12. Do your professional services ever involve experimental or untested means of construction?

Yes  No

If yes, please give full details on this work:

13. Do your professional services involve the design of products?

Yes  No

If yes, please advise what the products are and if these are designed for one time, specific use or to be sold "off the shelf".

14. Percentage of income derived from the following types of projects (must total 100%)

**A. Commercial**

- i. Banks/Stores \_\_\_\_\_
- ii. Hotels and Motels \_\_\_\_\_
- iii. Office Buildings \_\_\_\_\_
- iv. Restaurants/Clubs \_\_\_\_\_
- v. Stadium/Arenas \_\_\_\_\_
- vi. Wharehouses \_\_\_\_\_
- vii. Other Commercial \_\_\_\_\_

**B. Industrial**

- i. Bulk Storage \_\_\_\_\_
- ii. Heavy Industrial \_\_\_\_\_
- iii. Manufacturing \_\_\_\_\_
- iv. Petrochemical/Refineries \_\_\_\_\_
- v. Pulp/Paper/Lumber \_\_\_\_\_
- vi. Other Industrial \_\_\_\_\_

**C. Residential**

- i. Private Dwellings \_\_\_\_\_
- ii. Multi-unit - lowrise \_\_\_\_\_
- iii. Multi-unit - highrise \_\_\_\_\_
- iv. Condominiums \_\_\_\_\_
- v. Other Residential \_\_\_\_\_

**F. Agricultural**

- i. Farm Buildings \_\_\_\_\_
- ii. Silos/Elevators/Bulk Storage \_\_\_\_\_
- iii. Bulk Storage \_\_\_\_\_
- iv. Other Agricultural \_\_\_\_\_

**G. Municipal & Public Facilities**

- i. Electric & Gas Utilities \_\_\_\_\_
- ii. Municipal Buildings \_\_\_\_\_
- iii. Power Generators \_\_\_\_\_
- iv. Sewage & Water \_\_\_\_\_
- v. Other Municipal \_\_\_\_\_

**H. Transport**

- i. Airport Buildings \_\_\_\_\_
- ii. Airport Runway/Taxiway \_\_\_\_\_
- iii. Highway & Roads \_\_\_\_\_
- iv. Mass Transit \_\_\_\_\_
- v. Parking Substructures \_\_\_\_\_
- vi. Other Transport \_\_\_\_\_

**I. Healthcare/Religious/Schools**

- i. Religious Buildings \_\_\_\_\_
- ii. Hospitals/Healthcare \_\_\_\_\_
- iii. Nursing homes \_\_\_\_\_
- iv. Schools \_\_\_\_\_



14. Continued

**D. Leisure**

- i. Amusement/Theme Buildings \_\_\_\_\_
- ii. Amusement/Theme Rides \_\_\_\_\_
- iii. Golf Courses \_\_\_\_\_
- iv. Health/Sports Club \_\_\_\_\_
- v. Parks/Playgrounds \_\_\_\_\_
- vi. Ski Resorts \_\_\_\_\_
- vii. Swimming Pools \_\_\_\_\_
- viii. Water/Skateboard Parks \_\_\_\_\_
- ix. Other Leisure \_\_\_\_\_

**J. Marine/Bridges/Tunnels/Dams**

- i. Bridges under 150 feet \_\_\_\_\_
- ii. Bridges over 150 feet \_\_\_\_\_
- iii. Dams \_\_\_\_\_
- iv. Harbours, Jetties, Docks \_\_\_\_\_
- v. Offshore Structures \_\_\_\_\_
- vi. Other Marine \_\_\_\_\_

**K. Other (Please Indicate)**

\_\_\_\_\_

**E. Nuclear & Atomic**

- i. Non-Nuclear Buildings \_\_\_\_\_
- ii. Nuclear/Atomic Facilities \_\_\_\_\_

**TOTAL (all Question 14 must = 100%)** \_\_\_\_\_

15. Do you foresee any significant changes in the response to #14 in the next twelve months?  Yes  No

If yes, please provide full details:

16. Architects, Engineers and Surveyors- Gross billings and construction values:

	Past 12 Months	Current 12 Months	Future 12 Months
a. Construction Values	_____	_____	_____
b. Design fees	_____	_____	_____
c. Land Surveying	_____	_____	_____
d. Construction Management & Project Management	_____	_____	_____
e. Feasibility Studies	_____	_____	_____
f. Joint Ventures (Your own income ONLY)	_____	_____	_____
g. Other Incomes	_____	_____	_____

Please describe "other" income:



17. Design and Build Contractors- PLEASE ONLY SHOW CONSTRUCTION VALUES:

**ONLY COMPLETE THIS SECTION IF YOUR FIRM IS DOING DESIGN AND BUILD WORK**

	Past 12 Months	Current 12 Months	Future 12 Months
a. Design without Construction	_____	_____	_____
b. In-House Design & Construction	_____	_____	_____
c. Contingent Design & Construction	_____	_____	_____
d. Construction Management <b>"AS AGENT"</b>	_____	_____	_____
e. Construction Management <b>"AT RISK"</b>	_____	_____	_____
f. Construction ONLY	_____	_____	_____

18. Do you, or have you ever engaged in overseas projects?  Yes  No

If "yes," please advise the nature of this work, its location and the percentage of #16/#17 applicable:

19. Is more than 50% of your professional services for any one client?  Yes  No

If "yes," please advise the nature of this relationship and the percentage of total work involved:

20. (a) On what percentage of your jobs do you use written contracts? \_\_\_\_\_

If the response is less than 75%, please advise why written contracts are not used more frequently.

(b) On what percentage of your jobs do you use standard contracts such as AIA, EJDC or similar? \_\_\_\_\_

21. Do you sublet or subcontract any professional services to others?  Yes  No

(a) If "yes," please advise percentage of fees/ construction values sublet: \_\_\_\_\_

(b) If "yes," do you always obtain Professional Liability Certificates from the sub?  Yes  No

22. Do you or any of your principals, directors or officers individually or collectively maintain a financial interest in any project or client for which you have rendered professional services?  Yes  No

If "yes," please advise the nature of this relationship, the percentage of ownership and the percentage of #14 applicable to this work



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23. Is Professional liability insurance currently carried by the Applicant?  Yes  No

If yes, please advise the following information for each of the last three years

Insurer	Limit	Deductible	Premium	Dates	Retro Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

24. Has any insurer ever canceled, declined, non-renewed or refused insurance to you, or your predecessors in business?  Yes  No

If yes, please give full details:

25. CLAIMS HISTORY

(a) Has any claim ever been made against the applicant or any entity named in Question #1 or against its predecessors in business, or against any past or present principal, partner, director, officer or employee?  Yes  No

(b) Is the applicant aware of any circumstances that may result in a claim against it or any entity named in Question #1, or against its predecessors in business, or against any past or present principal, partner, director, officer of employee?  Yes  No

26. If the response to #25A or #25B is yes, please provide full details:

ADDITIONAL REMARKS:

I/WE (APPLICANT) DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT NO FACTS HAVE BEEN SUPPRESSED OR MIS-STATED AND AGREE THAT THIS APPLICATION FORM SHALL BE THE BASIS OF ANY POLICY OF INSURANCE WHICH MAY BE ISSUED BY UNDERWRITERS AND SHALL BE DEEMED APART THEREOF. IN ADDITION, APPLICANT AGREES AND ACKNOWLEDGES THAT IF APPLICANT, SUBSEQUENT TO THE COMPLETION OF THIS PROPOSAL BECOMES AWARE OF ANY CHANGES IN THE STATEMENTS AND PARTICULARS CONTAINED HEREIN, THAT PROPOSER SHALL IMMEDIATELY ADVISE UNDERWRITERS OF SUCH CHANGES. IT IS FURTHER AGREED THAT THE SIGNATURE TO THIS FORM DOES NOT BIND THE UNDERWRITERS NOR THE APPLICANT TO COMPLETE THIS INSURANCE.

Dated: \_\_\_\_\_

Applicant: \_\_\_\_\_

BY: \_\_\_\_\_

*Signature of principal, partner, director, or officer ONLY*