



Architects, Engineers, and Construction Managers Professional Liability Insurance Application

SUPPLEMENTAL APPLICATION

Applicant Information

Name of Applicant (attach a separate sheet, if necessary):

Please note: For purposes of this application, “you/your” includes the Applicant and any other persons or entities seeking coverage under this insurance on whose behalf the Applicant is authorized to submit the following information. Loss and Claim have the meanings as defined in the policy form. If you do not have a copy of the policy form, please obtain from one your insurance advisor.

Organizational Structure

Please specify your total number of employees below (full and part-time employees, including registered, licensed design professionals):

1. Total number of your employees:

	Estimate of Employees	Registered/Licensed
Principals		
Licensed Design Professionals		
Other Technical Consultants		
Other (please specify):		

2. Please provide the following information about the applicant’s key employees:

Name in full of ALL partners/ principals/key employees	Professional qualifications	Date qualified	How long in practice?	How long as partner/ principal?
a.				
b.				
c.				

Revenue Information

Please complete the revenue information requested below:

		Last Completed Year	Prior Two Years	Upcoming Year Projection
Gross Fees				
1.	Professional Billings	\$	\$	\$
2.	Direct Reimbursables	\$	\$	\$
3.	Other Professional or Technical Fees (please specify):	\$	\$	\$

Professional Services Areas

1. Please describe the percentages of the following professional services the applicant provides or intends to provide:

Services	Last Completed Year	Services	Last Completed Year
Aerospace engineering	%	Land surveying	%
Architecture	%	Landscape architecture	%

Chemical engineering	%	Machine, equipment, and/or manufacturing	%
Civil engineering	%	Marine engineering	%
Construction management (agency)	%	Mechanical engineering	%
Construction management (at risk)	%	Nuclear engineering	%
Electrical engineering	%	Process engineering	%
Environmental engineering	%	Soil engineering	%
General contracting	%	Structural engineering	%
HVAC engineering	%	Other (please specify):	%

Project Information

1. Please provide us with a breakdown of your projects by type:

Project Type	%	Project Type	%	Project Type	%
Airports	%	Manufacturing/industrial	%	Retail structures	%
Amusement rides	%	Mass transit	%	Schools/colleges	%
Apartments	%	Mines	%	Sewage systems	%
Arenas/stadiums	%	Municipal buildings	%	Sewage plants	%
Bridges	%	Nuclear/atomic	%	Superfund/pollution	%
Condos/townhouses	%	Office buildings	%	Telecommunications	%
Convention centers	%	Parking structures	%	Theatres	%
Dams	%	Petro/chemical	%	Tract homes/ subdivisions	%
Harbors/piers	%	Pools	%	Tunnels	%
Hospitals/healthcare	%	Playgrounds	%	Underground storage tanks	%
Hotels/motels	%	Pre-engineered structures	%	Utilities	%
Industrial waste treatment	%	Private dwellings	%	Warehouses	%
Jails	%	Recreation	%	Wastewater treatment plants	%
Landfills	%	Roads/highways	%	Water systems	%
Libraries	%	Renovations (all including condo)	%		
Other (please specify):	%				

Claims Details

1. Does any person or entity to be insured have knowledge or information of any act, error, or omission which might reasonably be expected to give rise to a claim or potential claim against him/her or the entity? Yes No

If yes, please explain:

2. After inquiry, have any claims been made against any proposed Insured(s) during the past ten (10) years? Yes No

If yes, please explain:

If yes to any of the above claims details questions, please specify details below and/or submit additional information.

Details of Claim: Please include the date of claim, parties to the claim, and current status of the claim, in addition to the details of the claim.

Please note: It is agreed that if such knowledge or information exists, any claim based on, arising from, or in any way related to such error, misstatement, misleading statement, act, omission, neglect, or breach of duty of which there is knowledge or information will be excluded from coverage under insurance being applied for.

NOTICES:

Completion of this application will in no way be considered a binder of coverage, and Hiscox does not guarantee that a policy will actually be issued upon receipt of a completed application. Whoever fills out this application must be a principal, partner, director, officer, senior manager (or equivalent positions) authorized to do so and should make all the proper inquiries to answer the questions. The application should be completed for the applicant inclusive of every subsidiary or other affiliated company seeking coverage under the policy.

If a policy is issued, it will provide coverage only for claims that are first made against you, or any first party events discovered by you, and properly reported to us during the policy period, or any extended reporting period, if applicable. This application is for insurance in which the policy limits available to pay judgments or settlements shall be reduced by defense costs. Further note that defense costs shall be applied against the retention amount.

You must read, complete, sign, and date the entire application form. If you are unable to fully complete, sign, and date, please submit additional details so that you may still be considered for coverage.

APPLICATION DISCLOSURES:

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing. In such case, we have the right to cancel, withdraw, or modify any outstanding quote for insurance coverage or any policy that may have been issued.

Your submission of this Application does not obligate us to issue, or require you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials provided to us in conjunction with this Application are incorporated into this Application and made a part of it.

The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this Application are true, accurate, and complete. The undersigned agrees that we will rely on this Application in issuing any insurance policy providing the requested coverage, and that this Application will form the basis of any such insurance policy.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

You may choose to sign this form electronically by inserting your typed name or a digital or imaged signature in the space below. If you elect to do so, you hereby consent and agree that such action constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Once completed, please forward the form to your agent or broker via email. If you choose to otherwise sign the form, please print the completed form and then sign and forward the document to your broker by email or mail.

Applicant Information

Applicant Name:

By (Authorized Signature):

Name/Title:

Date: