RA&MCO
INSURANCE SERVICES
Professionals insuring Professionals®

• APPLICATION •

CONSTRUCTION INDUSTRY

CONTRACTORS AND CONSULTANTS

PROFESSIONAL LIABILITY INSURANCE

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY

This Application for Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.

THIS APPLICATION IS NOT A BINDER

SECTION I – GENERAL INFORMATION

1. Name of Firm: _____ County: _____
2. Address: _____
   _____
3. Branch Office Address(es): _____
4. Phone: (____) _____ Fax: (____) _____
   E-Mail: _____ Website: _____
5. Firm is: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Joint Venture
6. Date Established: _____ Gross receipts for last fiscal year $ _____

PERSONNEL

	Number	Number Registered/Licensed	Full-Time	Part-Time
7. a. Architects:				
b. Engineers:				
c. Other Professionals:				
d. Project/Construction Managers:				
e. Others:(Construction Personnel/Administrative/Clerical)				
f. Total Personnel:				

ADDITIONAL INFORMATION

Please submit the following documents along with this Application and check the appropriate box indicating you have included the item requested.

8. A. Statement of qualifications and resumes of key professional staff ☐
   B. Copy of a typical contract for services with a client (including scope of services) ☐
   C. Copy of typical contract with professional subconsultants ☐
9. Detailed claim history (use RA&MCO Claims Supplement) ☐
10. Brochures, promotional literature, and recent project list ☐
11. The firm would like a quotation based on the following limit(s) and deductible(s):

Limit	Deductible
_____	_____
_____	_____

NOTE: For deductibles of $50,000 or more, please enclose a copy of the firm's balance sheet and income statement for the most recent fiscal year.

CLIENTS

Percent of Clients (must total 100%)

12. a. Government or Public Entities _____
    b. Owners acting as their own builders _____
    c. Design/Build or turnkey contractors _____
    d. Other contractors _____
    e. Developers _____
    f. Financial and lending institutions _____
    g. Other design professionals _____
    h. Other _____ _____
    (a. through h. must total 100%) _____

CONTRACTS

Percent of Contracts (must total 100%)

13. Please specify types of contracts used by the firm.
    a. Standard industry contract (AGC, AIA, EJCDC, etc.) _____%
    b. Firm's own standard contract _____%
    c. Letter agreement _____%
    d. Purchase order _____%
    e. Client contract _____%
    f. Oral agreement _____%
    (a. through f. must total 100%) _____

14. What percentage of the firm's contracts contain a Limitation of Liability clause? _____%

PROJECTS

Percent of Projects (must total 100%)

15. a. Schools, colleges or public buildings _____
    b. Hospitals, retirement or convalescent homes _____
    c. Hotels, motels or resort properties _____
    d. Condominiums/Townhouses _____
    e. Single family residential subdivisions _____
    f. Custom single family residential _____
    g. Apartments _____
    h. Office/Commercial/Retail _____
    i. Industrial/Process _____
    j. Machine design _____
    k. Plumbing/Piping, Refrigeration _____
    l. Instrumentation/Controls _____
    m. Public Utilities/Power Generation _____
    n. Jails/Justice _____
    o. Airports _____
    p. Roads/Highways/Traffic _____
    q. Sewage or waste disposal systems _____
    r. Water systems _____
    s. Pipelines _____
    t. Mines and quarries _____
    u. Earth dams/reservoirs _____
    v. Structures for offshore use _____
    w. Harbors, jetties, docks or piers _____
    x. Bridges, trestles or tunnels _____
    y. Parking garages, theaters or grandstands _____
    z. Other _____ _____
    _____ _____
    _____ _____
    (a. through z. must total 100%) _____

16. In the past 5 years has your firm, a predecessor firm or any other insured provided any services on residential condominium or townhouse projects? ☐ Yes ☐ No

    If yes, please provide details and complete the following:

    Total number of Condominiums/ Townhouse projects? _____

    Approximate total construction value? $ _____

17. What percentage of the firm's projects are done on a Fast Track basis? _____%

18. What percent of the firm's projects are outside the U.S. and Canada? _____%

INSURANCE HISTORY

19. Has any insurer cancelled or refused to renew any similar insurance issued to the firm or any of its members? ☐ Yes ☐ No
If yes, please explain in detail.

20. Please detail Professional Liability insurance for the past five years. Show current policy and prior four years.

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM

Retroactive date on current policy: _____/_____/_____
MONTH DAY YEAR

21. a. Please provide current General Liability policy information:

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM

b. Does your General Liability policy contain a mold coverage exclusion or limitation?

☐ Yes ☐ No If yes, please provide a copy of such exclusion or limitation.

c. UMBRELLA Liability Policy

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM

FINANCIAL AND OTHER INTERESTS

For all "yes" responses to questions 21 through 23, please provide details by attachments.

22. Does the firm have any predecessor firms or related entities? ☐ Yes ☐ No

23. During the past 12 months, has the firm or any principal:

a. Become involved in a real estate development company? ☐ Yes ☐ No

b. Derived more than 50% of last fiscal year's gross receipts from any one client? ☐ Yes ☐ No

c. Designed a building, component or system which might be used on more that one project? ☐ Yes ☐ No

d. Become involved in the manufacture or fabrication of any component, device or system? ☐ Yes ☐ No

e. Developed, sold or leased software products for use by others? ☐ Yes ☐ No

f. Been the subject of disciplinary action by authorities as a result of their professional activities? ☐ Yes ☐ No

24. During the next 12 months does the firm foresee substantial changes in operations? ☐ Yes ☐ No

25. a. Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have an ownership interest in any entity or project for which professional services have been or are to be rendered? ☐ Yes ☐ No

b. Other than for third party claims, does your firm seek coverage for these projects? ☐ Yes ☐ No
If yes, an Equity Interest Supplemental Application must be submitted.

LIABILITY ISSUES

26. In the past **ten years** have any Professional Liability claims been made against the firm or any of its members? ☐ Yes ☐ No

If yes, complete a Claim/Incident Information Supplement provided with this Application.

27. Does the firm or any of its members have any knowledge of prior acts, errors or omissions which might reasonably be expected to give rise to a claim under this insurance? ☐ Yes ☐ No

If yes, please explain in detail.

28. In the past ten years, have you reported a claim for bodily injury or property damage under your CGL policy where payments or reserves, including your deductible, exceed $100,000? ☐ Yes ☐ No

If yes, please explain in detail.

29. Do you have any pending dispute concerning the payment of fees to the firm for services rendered? ☐ Yes ☐ No

If yes, please explain in detail.

30. Do you have any knowledge of any circumstance, incident, situation, accident, condition or unresolved job controversy or other matter which might give rise to a claim under this insurance? ☐ Yes ☐ No

If yes, please explain in detail.

31. Have you given notice to any other Professional Liability underwriter of any actual or alleged act, error, omission, deficiency, property damage or bodily injury, circumstance, incident, situation, accident, unresolved job controversy or fee dispute which could result in a claim? ☐ Yes ☐ No

If yes, please use the Claim/Incident Information Supplement provided with this Application.

SECTION II – CONTRACTOR SERVICES –
DESIGN/BUILD • CONTRACTORS PROFESSIONAL • CONSTRUCTION MANAGEMENT

	CURRENT FISCAL YEAR ___/___ MONTH / YEAR	IMMEDIATE PAST YEAR ___/___ MONTH / YEAR	TWO YEARS AGO ___/___ MONTH / YEAR
32a. Firm's gross receipts	$	$	$
b. Estimated gross receipts for the next fiscal year		$ _____	

33. Of the firm's total gross receipts above, please break down as follows:	CURRENT FISCAL YEAR		IMMEDIATE PAST YEAR		TWO YEARS AGO	
	CONSTRUCTION VALUES	PROFESSIONAL FEES	CONSTRUCTION VALUES	PROFESSIONAL FEES	CONSTRUCTION VALUES	PROFESSIONAL FEES
• Construction Contracting Only (No responsibility for design services by the firm or its subconsultants).		N/A		N/A		N/A
• Design/Build (Responsibility for both design documents and construction services).						
• Construction Management Services – Agency						
– At Risk						

34. Please estimate the percentage by discipline of the professional services rendered above by the following categories: ***(Total should equal 100%.)***

Architecture	%	Landscape Architecture	%	HVAC Engineering	%
Civil Engineering	%	Land Surveying	%	Fire Protection Engineering	%
Mechanical Engineering	%	Construction Management	%	Materials Testing	%
Electrical Engineering	%	Process Engineering	%	Mining Engineering	%
Structural Engineering	%	Chemical Engineering	%	Interior Design	%
Soils Engineering	%	Environmental	%	Other _____	%
Project Management	%	Construction Inspection	%	Other _____	%

35. Please specify exact amounts paid to subconsultants:

	Current Year (Proj.)	Immediate Past Year	2 Years Ago
Fees to Professional Subconsultant	$ _____	$ _____	$ _____
Construction Values to Design/Build Subcontractors	$ _____	$ _____	$ _____

36. Has a surety company ever declined to offer a bond? ☐ Yes ☐ No
If yes, please provide details by attachment.

37. Is the firm aware of any unresolved construction disputes including an unexcused delay, a budget overrun, or a change order which exceeds $10,000? ☐ Yes ☐ No

38. Has the firm ever defaulted, failed to complete a contract, or had liquidated damages assessed against them? ☐ Yes ☐ No

If any of the above questions are answered yes, please provide an explanation (use attachment if necessary):

_____

_____

_____

SECTION III – DETAILS OF SUBCONTRACTED PROFESSIONAL SERVICES/ADDITIONAL INFORMATION

If, under Section II, the firm hires design firms or professional subconsultants, please list the four most frequently used firms or provide certificates of insurance evidencing professional liability coverage of these firms.

Please be specific regarding the design or consulting discipline to be rendered, i.e., Civil, Structural, HVAC, Construction Management, Value Engineering, etc.

	Name and Address	Discipline	Total Professional Fees	Professional Liability Coverage
A.	_____	_____	_____	Company: _____
	_____	_____	_____	Limit: _____
	_____	_____	_____	Deductible: _____
B.	_____	_____	_____	Company: _____
	_____	_____	_____	Limit: _____
	_____	_____	_____	Deductible: _____
C.	_____	_____	_____	Company: _____
	_____	_____	_____	Limit: _____
	_____	_____	_____	Deductible: _____
D.	_____	_____	_____	Company: _____
	_____	_____	_____	Limit: _____
	_____	_____	_____	Deductible: _____

39. Please provide any additional information regarding the firm and its services that you wish us to consider:

_____

_____

_____

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to questions 26-31 of this Application, such information shall be revealed immediately in writing to the Underwriter.

Must be signed by Owner, Partner, or Officer.

_____ _____

Print or Type Your Name | Title

_____ _____

Signature of Applicant | Date

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