



For All the Commitments You Make®

Victor O. Schinnerer & Company, Inc.

# CONTRACTORS PROFESSIONAL AND POLLUTION LIABILITY PROGRAM

### NOTE:

The insurance coverage for which you are applying is written on a CLAIMS-MADE policy. Only claims which are first made against you during the policy period are covered, subject to policy provisions. "Claim" means the receipt of a demand for money or services, naming "you" and alleging a "wrongful act" or "pollution incident."

The limits of liability stated in the policy are reduced by the cost of defense. Legal defense costs also may be applied against your self-insured retention (SIR), if applicable to the claim. If you have any questions about the coverage, please discuss them with your insurance agent.

### IMPORTANT INSTRUCTIONS:

Please:

1. Answer all questions completely.
2. If there is insufficient space to complete an answer, continue on a separate sheet of your company's letterhead. Indicate the question number.
3. This form must be completed, signed, and dated by a principal, partner, or officer of your company.
4. Mail completed application to your local broker or agent.

New Application       Renewal Application

Renewal Policy # \_\_\_\_\_

Schinnerer Use Only

Please indicate the limits (000's) you would like us to quote:

Please indicate self-insured retention (SIR) you would like us to quote:

### COMPANY INFORMATION

1. Name of Company(s) Address of Principal Office (List addresses of all branch offices on a separate sheet)	_____					
	_____					
	County: _____			Telephone: _____		
<input type="checkbox"/> Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Subchapter S Corp <input type="checkbox"/> Other _____ (Identify)						
<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship    Tax ID # _____    Year Company Established 19____						
2. A. Staff:	Construction Personnel	_____	Percentage of self-performed work ____%			
	Design Personnel	_____				
	Seasonal Personnel	_____				
	Total Staff	_____				
B. Number of Licensed Professionals: Principals, Partners, Officers & Directors Design Personnel	Architects	Engineers	Land Surveyors	Landscape Architects	All Others	Total
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

### BROKER MUST COMPLETE THE FOLLOWING

Broker Name			Brokerage Name			
Address					Phone	
Fax Number	License No.	Renewal Date	States Where Licensed	This insurance program is only available to Licensed Excess & Surplus Lines Brokers		
Licensed E & S Broker						

**RISK MANAGEMENT AND LOSS PREVENTION**

3. A. Does your company follow written in-house quality control procedures?  Y  N
- B. How frequently are these procedures reviewed with staff? \_\_\_\_\_
- C. Are all appropriate staff members familiar with these procedures?  Y  N
4. Does your company use an automated master specification system such as MASTERSPEC® or SPECTEXT™?  Y  N  
If yes, percent of projects used on: \_\_\_\_\_ %.
5. A. During the past 12 months, have any principals of the company attended a Risk Management Seminar presented by the International Risk Management Institute (IRMI)?  Y  N
- B. Does your company have an in-house program of continuing education for employees? This would include attendance at AGC/AIA/NSPE/PEPP sponsored seminars. Please provide specifics.  Y  N
- C. How many employees of your company have had at least six hours of continuing education in the past 12 months? Construction Personnel \_\_\_\_\_ Design Personnel \_\_\_\_\_
6. Has your company participated in an "Organizational Peer Review" sponsored by ACEC and/or AIA?  Y  N  
If yes, when? \_\_\_\_\_
7. Does your company have a written TQM program? How often is it reviewed with employees? \_\_\_\_\_  Y  N
8. A. Does your company use written contracts on every project? If no, please provide us with the percentage of your past 12 months' construction values where oral agreements were used: \_\_\_\_\_ %.  Y  N
- B. Please specify the approximate percentage of your company's professional services performed under AGC, AIA, DBIA or EJCDC standard forms of agreement: \_\_\_\_\_ %.
- C. If non-standard contracts or modified AGC, AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by your company's legal counsel for liability implications prior to signing?  Y  N

**NOTE:** The policy provides only limited form contractual liability coverage (i.e., limited to your company's negligent acts, errors or omissions).

9. Who from your company should receive Schinnerer's risk management publications, *Guidelines for Improving Practice and Liability Update*?

\_\_\_\_\_  
(Name/Title)

10. Please indicate professional society memberships:

- |   |   |
|---|---|
| <input type="checkbox"/> Associated General Contractors of America    | <input type="checkbox"/> American Consulting Engineers Council      |
| <input type="checkbox"/> Associated Builders and Contractors          | <input type="checkbox"/> National Society of Professional Engineers |
| <input type="checkbox"/> Design Build Institute of America            | <input type="checkbox"/> The American Institute of Architects       |
| <input type="checkbox"/> National Electrical Contractors Associations | <input type="checkbox"/> Other (specify)                            |

**ACCOUNTING YEAR DATA**

11.	Dates of Reporting Period	Past 12 Months		Estimate For Next 12 Months	
		/ / To / /	/ / To / /		
		Estimated Construction Values for Reporting Period	Professional Fees	Estimated Construction Values for Reporting Period	Professional Fees
<b>A</b>	In-house Design with Construction Responsibility	\$	\$	\$	\$
<b>B</b>	In-house Design without Construction Responsibility	\$	\$	\$	\$
<b>C</b>	Construction Only – No Design	\$	N.A.	\$	N.A.
<b>D</b>	Construction Management – Agency	\$	\$	\$	\$
	– At Risk	\$	\$	\$	\$
<b>E</b>	Subcontracted Design with Construction Responsibility	\$	\$	\$	\$
<b>F</b>	Projects Insured by Specific Project Policies	\$	\$	\$	\$
<b>G</b>	Other – Describe in Attachment				

12. If you subcontract design services, please indicate the names of your design consultants and their professional liability carrier and limits.

13. What insurance coverages do you require from professional design subconsultants? From construction subcontractors?

- A. professional design consultants \_\_\_\_\_
- B. construction subcontractors \_\_\_\_\_

**CLIENTS / PROJECTS / SERVICES DATA**

14. Is your company or any subsidiary, predecessor or other organization related to your company engaged in:

<b>A</b>	Real Estate Development:	<input type="checkbox"/> Y	<input type="checkbox"/> N	<b>B</b>	The manufacture, sale or distribution of any product or process or patented production process:	<input type="checkbox"/> Y	<input type="checkbox"/> N
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If yes to A or B, please provide details on a separate sheet.

15. Please answer the following questions for your reported revenues in Question 11 on the application.

Indicate if you or your consultants/subcontractors are performing the following asbestos related services, and the total percentage of revenue from construction activities reported in Q.11. for these services:

				% Past 12 Months	% Projected 12 Months
A.	Inspection to detect, identify or quantify the existence or extent of asbestos	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____	_____
B.	Monitoring of the concentration level of airborne asbestos fibers during abatement	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____	_____
C.	Post-removal testing for asbestos fibers	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____	_____

- D. Preparation of asbestos abatement specifications  Y  N \_\_\_\_\_
- E. On-site responsibilities during abatement activities  Y  N \_\_\_\_\_
- F. Other asbestos related services (specify)  Y  N \_\_\_\_\_

Total % of revenues from construction activities: \_\_\_\_\_

16. A. Has your company been responsible for the generation, transportation, storage or disposal of a product or material containing asbestos?  Y  N \_\_\_\_\_  
If yes, please describe nature of services, project type and professional fees past and projected.

- B. Has your company or any subcontractors under your direction in the past 12 months contracted to remove or abate a product or material containing asbestos (or expect to in the next 12 months)?  Y  N \_\_\_\_\_

If yes, total % of revenues from construction activities: \_\_\_\_\_

17. Does your company carry coverage for asbestos related services?  Y  N \_\_\_\_\_

If yes, who is the insurer and what are the limits and SIR/deductible? \_\_\_\_\_

18. A. Has your company 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"/> Y <input type="checkbox"/> N	Industrial piping/processes	<input type="checkbox"/> Y <input type="checkbox"/> N	Underground storage tanks
<input type="checkbox"/> Y <input type="checkbox"/> N	Air emission control systems	<input type="checkbox"/> Y <input type="checkbox"/> N	Solid waste sites
<input type="checkbox"/> Y <input type="checkbox"/> N	Hazardous/toxic disposal sites	<input type="checkbox"/> Y <input type="checkbox"/> N	Landfills
<input type="checkbox"/> Y <input type="checkbox"/> N	Superfund sites	<input type="checkbox"/> Y <input type="checkbox"/> N	Permitting/monitoring related to hazardous waste
<input type="checkbox"/> Y <input type="checkbox"/> N	Lead evaluation/abatement	<input type="checkbox"/> Y <input type="checkbox"/> N	Generation, transportation, storage or disposal of or arranging for the transportation, storage or disposal of pollutants
<input type="checkbox"/> Y <input type="checkbox"/> N	Emergency response/cleanup		

- B. Has any claim been made or legal action been brought for pollution or environmental injury or damage in the past ten years (or made earlier and still pending) against your company, its predecessors, or employees? If yes, attach an explanation.  Y  N

- 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?  Y  N

If yes, attach an explanation.

- D. Does your company carry Contractors Pollution Liability (CPL)?  Y  N  
Who is the carrier and what are the limits of liability and self-insured retention?

If yes, what is the retroactive date of coverage? \_\_\_\_\_

19. As the approximate percentage of your company's professional fees, please indicate which of the following services were performed by your company during your company's past accounting year.

Architecture	%	Civil Engineering	%
Mechanical Engineering	%	Electrical Engineering	%
HVAC Engineering	%	Soils Engineering	%
Structural Engineering	%	Landscape Architecture	%
Laboratory Testing	%	Chemical Engineering	%
Land Surveying	%	Marine Engineering	%
Process Engineering	%	Mining Engineering	%
Environmental Remediation	%	Oil/Gas Well Engineering	%
Nuclear Engineering	%	Forensic Engineering	%
Machinery/Equipment Design	%	Other (please specify)	%
<b>Total Should Equal 100%</b>			

20. Indicate the approximate percentage of total construction values for past 12 months by project type.

Airports _____ %	Landfills _____ %	Roads/Highways _____ %
Bridges _____ %	Manufacturing/Industrial _____ %	Schools/Colleges _____ %
Brownfields _____ %	Mass Transit _____ %	Sewer Projects _____ %
Condominiums _____ %	Material Handling Systems _____ %	Shopping Centers/Retail _____ %
Dams _____ %	Nuclear/Atomic _____ %	Sports/Convention Centers _____ %
Harbors/Piers/Ports _____ %	Office Buildings _____ %	Storm Water Systems _____ %
Hazardous/Toxic Waste _____ %	Parking Structures _____ %	Utilities _____ %
Hospital/Health Care _____ %	Pipelines _____ %	Warehouses _____ %
Hotels/Motels _____ %	Refineries/Petrochemical _____ %	Wastewater Systems/Plants _____ %
Jails/Justice _____ %	Residential Construction _____ %	Other (specify) _____ %

21. Please indicate the approximate percentage of your total construction values in question 11, if any, derived from the following categories:

Ground testing _____ %	Continuing service or inspection contracts _____ %
Foundation, sheeting and shoring design _____ %	Projects located outside U.S., its territories or Canada _____ %
Inspections of home/commercial properties for prospective buyers or lenders _____ %	Projects where you design/build/operate _____ %
Surveys of subsurface conditions _____ %	

22. Please indicate the percentage of services performed for each of the following categories of clients. Base responses on the percentage of your total volume derived from each category:

Design Professionals _____ %	Real Estate Developers _____ %	Federal Government _____ %
General Contractors _____ %	Owners Who Act As Their Own Builders _____ %	State Governments _____ %
Commercial _____ %	Institutional _____ %	Local Governments _____ %
Industrial _____ %	Other (specify) _____ %	Other (specify) _____ %

23. Indicate the number of joint ventures your company has participated in during the past accounting year: \_\_\_\_\_

A. If any, please provide details of projects including description of co-venturer services and project type and size.

\_\_\_\_\_

\_\_\_\_\_

B. Do you require evidence of professional liability insurance from all joint venture partners?  Y  N

24. Describe the nature of your operations. Please attach brochure describing company and sample contract(s) agreement.

25. A. Has your company ever built using a stock set of plans and specifications or built more than one unit using the same set of plans and specifications? If yes, please provide full particulars:  Y  N

B. Has your company ever held or do you now hold a franchise from a metal building manufacturer? If yes, please provide full particulars and indicate your approximate volume of work relative to pre-engineered structures:  Y  N

C. Has your company ever held or do you now hold a patent for any product or process? If yes, provide full particulars.  Y  N



**NEW APPLICANT INFORMATION ONLY**

30. Please provide full name and professional qualifications of all principals, partners, directors or officers of current company(s) and dates of employment (registrations and degrees, date and place acquired). If previously a principal, partner, director or officer of another firm, indicate company name and employment dates.

31. Have any professional liability claims been made or legal action been brought in the past ten years (or made earlier and still pending) against your company, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee?  Y  N

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

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

32. After inquiry, do any of the principals, partners, officers, directors, shareholders or employees have knowledge of any error, omission, unresolved job dispute (including owner-contractor disputes), accident or any other circumstance that is or could be the basis for a claim under the proposed insurance policy?  Y  N

If yes, on a separate sheet please provide details, including name of project and claimant, dates, allegations of situation and amount of damages.

**NOTE:** The policy of insurance being applied for will not respond to any claim or circumstance identified, or that should have been identified, in Questions 31 and 32.

33. Please provide total construction values for each of the past five years.

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(most recent)

34. On a separate sheet, please list your **ten** largest projects in terms of construction values during the past **five** years. Provide name, location, project type, client, nature of services performed and status.

35. A. Has any insurer declined, cancelled or refused to renew any similar insurance for your company or any predecessor company? If yes, please give details.  Y  N

B. Do you or any subsidiary or predecessor company have any **current** outstanding professional liability deductible or retention obligations?  Y  N

If yes, please give exact amount owed to insurance company and, if a payment schedule is in place, the amount and dates of repayments on a separate sheet.

C. Has any professional liability insurance been issued to any of the companies named in Question 1 or persons named in Question 30? If yes, please complete the following for at least the **last five** years:  Y  N

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

D. Retroactive coverage date in current policy: \_\_\_\_\_

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**Warning — Kentucky, Minnesota, Pennsylvania, New York and Ohio Residents**

**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.**

**For New York Residents Only: And shall also be subject to a civil penalty not to exceed \$5,000, and the stated value of the claim for each such violation.**

I/We hereby declare that the above statements and particulars are true to the best of my/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 with the insurance company.

It is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Name of Principal, Partner or Officer \_\_\_\_\_  
(Type or Print)

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Principal, Partner or Officer)

NOTE: This application must be reviewed, signed and dated by a principal, partner or officer of the applicant company.

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Underwriting Managers and Program Administrators

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