

Application For Contractor's Protective Professional Indemnity and Liability Insurance (CPPI)



Note: In applying for coverage, you understand that the insurance coverage you are applying for is written on a CLAIMS MADE basis. Under COVERAGE PART A, "Claims" must first be made against the "Insured" during the "Policy Period" and reported in writing to us during the "Policy Period" or Extended Reporting Period, if applicable. Under COVERAGE PART B, "Claims" must first be made by you against the "Design Professional" and reported in writing by you to us during the "Policy Period" or Extended Reporting Period, if applicable. If you have any questions about the coverage, please discuss them with your agent.

COVERAGE INFORMATION

Limit of Liability Requested: \$ _____ Deductible- \$ _____
 Coverage A: _____
 SIR- Coverage \$ - _____
 B: _____

Policy Effective Date ____ / ____ / ____ Expiration Date ____ / ____ / ____

BUSINESS PROFILE

1. Applicant Name: _____
 Mailing Address: _____
 City _____ State _____ Zip Code _____

2. Key Contact and/or Risk Manager:
 Name _____ Title _____ Telephone # _____

3. Date Business Established: Month _____ Day _____ Year _____

4. Business is: Corporation _____ Partnership _____ Limited Liability Company _____
 Joint Venture _____ Sole Proprietorship _____ Other _____

5. Number of Licensed Personnel you directly employ:
 Architects _____ Engineers _____ Land Surveyors _____
 Landscape Architects _____ Other _____ Total _____

FINANCIAL DATA

6. Gross Annual Contractual Revenues: \$ _____
 Provide revenues for the last reporting period (12 months), whether or not collected, *including fees paid to consultants*. (Newly established business should use an estimate for the upcoming year).

Revenue Allocation	Past 12 Months:		Upcoming 12 Months: (estimate)	
	Construction Values (Gross Receipts)	Professional Service Fee Amount (\$)	Construction Values (Gross Receipts)	Professional Service Fee Amount (\$)
Design Only, with no construction phase duties				
Construction with Design Responsibility				
Construction Only				

Other (Describe)				
% Design Subcontracted				

OPERATIONAL INFORMATION

7. Subcontracted Services:

A. Do you obtain insurance certificates of professional liability from your subcontracted design professionals?

Yes No

If "No", please explain: _____

B. What limits of insurance do you require of subcontracted design professionals: _____

8. Please provide the percentage of professional services which are subcontracted or performed by you:

Service	Performed by you	Sub-contracted	Service	Performed by you	Sub-contracted
Architecture			Interior Design		
Chemical Engineering			Landscape Architecture		
Civil Engineering			Land Surveying		
Construction Management			Mechanical Engineering		
Environmental Engineering			Soils Engineering		
Electrical Engineering			Structural Engineering		
HVAC Engineering			Testing Labs		
Hydrological Engineering			Other _____		

9. Your Project Types:

Based on your gross revenues **FOR ONLY THOSE PROJECTS FOR WHICH YOU HAVE DESIGN RESPONSIBILITY** (whether design only with no construction phase duties, construction with design responsibility subcontracted, or construction with design responsibility not subcontracted), indicate the approximate percentages of the projects listed below in which your firm is engaged. (Note: this section should total 100%).

Airports	%	Landfills	%	Schools/Colleges	%
Amusement Rides	%	Libraries	%	Sewage Systems	%
Apartments	%	Manufacturing/Industrial	%	Sewage Treatment Plants	%
Arenas/Stadiums	%	Mass Transit	%	Shopping Centers/Retail	%
Bridges	%	Mines	%	Superfund/Pollution	%
Condos & Townhouses	%	Municipal Buildings	%	Telecommunications	%
Residential	%	Nuclear/Atomic	%	Theaters	%
Commercial	%	Office Buildings	%	Tract Homes	%
Convention Centers	%	Parking Structures	%	Tunnels	%
Dams	%	Petro/Chemical	%	Warehouses	%
Harbors/Piers/Ports	%	Pools/Playgrounds	%	Wastewater Treatment Plants	%
Hospitals/Healthcare	%	Pre-engineered buildings/structures	%	Water Systems	%
Hotels/Motels	%	Private Dwellings (custom)	%	Utilities	%
Industrial Waste Treat.	%	Recreational	%	Other _____	%

Jails	%	Roads/Highways	%	Other _____	%
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10. What percentage of your business is from repeat clients? _____%

11. Joint Ventures:

A. Do you participate in joint ventures? Yes No

If "Yes", on a separate sheet of paper, please identify your joint venture projects, partners and allocation of responsibilities.

B. Do you obtain insurance certificates of professional liability from joint venture partners? Yes No

If "No", please explain: _____

12. Largest Current Projects: On a separate sheet, list your ten largest projects in the past two years.

Include: type of structure, services performed, construction values (receipts), professional fees and project location.

13. Risk Management/Loss Prevention:

A. Do you follow written in-house quality control procedures? Yes No

B. Do you have an in-house program of continuing education for professional staff? Yes No

C. Do you use written contracts on every project? Yes No

If "No", provide the % of the projects where oral agreements were used: _____%

D. Do you seek a limitation of liability clause in contracts with clients? Yes No

If "Yes", what percentage of your contracts contain such a clause? _____%

E. Specify the approximate percentage of your professional services that are rendered under AIA or EJCDC standard forms of agreement: _____%

F. If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by your legal counsel for liability implications prior to signing? Yes No

G. Do you negotiate a provision for alternative dispute resolution, such as mediation, into your contract? Yes No

If "Yes", what percentage of your contracts obtain such a provision? _____%

14. Please identify your Firm's current General Liability Insurance Coverage:

Company: _____

Limits: _____

Deductible: _____

<p>NEW APPLICANTS ONLY (complete sections 15 - 19 - renewals skip to question 20)</p>
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15. Professional Liability Insurance History:

Do you currently maintain Professional Liability Insurance Coverage? Yes No

If "Yes", please continue. If "No", go to question #17.

A. Please detail your present Contractors Professional Liability Insurance coverage:

Insurance Company: _____

Limits: _____ Deductible: _____ Policy Number: _____

Expiring premium is: \$ _____ Expiration date: _____

Retroactive date on current policy: _____

- B. Has your company, or any Principal, Partner, Officer or Director or any predecessor firms, ever been declined for Professional Liability Insurance coverage or has any such coverage ever been canceled or non-renewed? Yes No

If "Yes", please give details: _____

16. Please detail your Contractors Professional Liability Insurance coverage five year history:

COMPANY	TERM	LIMITS	DEDUCTIBLE	PREMIUM

Date uninterrupted Professional Liability insurance began: _____

17. Disciplinary Action:

Have any Principals, Partners, Officers or Directors ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No

If "Yes", please give full details: _____

18. Claim Information:

- A. Has any claim been made or legal action been brought in the past ten years (or made earlier and still pending) against your company, its predecessors, or any past or present Principal, Partner, Officer or Director or other prospective insured party of your company?

Yes No

If "Yes", please provide on a separate sheet: 1) Date of Claim 2) Allegations 3) Insurance Company Reserve 4) If closed, total paid indemnity and defense costs 5) Claimant or plaintiff 6) Demand or amount of Claim 7) Defense attorney's or insurance company's evaluation of Claim 8) Deductible applied to Claim.

- B. Is your company (after proper inquiry of every Principal, Partner, Officer or Director or other prospective insured party) aware of any circumstances, incidents, situations or accidents during the past ten years which may result in claim being made against your company, its predecessors in business, or any of the past or present Principals, Partners, Officers or Directors? Yes No

If "Yes", please provide details on a separate sheet.

- C. Is your company aware of any deficiencies or alleged deficiencies in work where your company, predecessor or any other prospective insured party has performed professional services or is aware of any deficiencies or alleged deficiencies in work by others for whom your company is legally responsible during the past five years? Yes No

If "Yes", please provide details: _____

D. Have you or any other party proposed for insurance had knowledge of injury to people or damage to property during the past five years on or at projects where you have rendered professional services?

Yes No

If "Yes", please provide details:

E. Has any Claim been made or legal action been brought in the past ten years (or made earlier and still pending) by you against the design professional?

Yes No

If "Yes", please provide details:

19. Please provide the following:

A. Financial statement (Is this on your web site? Yes No If yes, do not attach copy)

B. Insurance Company Loss Runs for the past 5 years

C. Resumes of managing or key employed Design Professionals

D. Company brochure or web site address describing services (Web site: _____)

PROTECTIVE INDEMNITY INSURANCE INFORMATION

20. Indicate the general percentage of project delivery methods used on your project(s):

Design/Bid/Build _____ %

Design/Build _____ %

Design/Build/Operate _____ %

Other _____ % Please describe: _____

21. List your most recent year's number of projects by size:

<u>Construction Values</u>	<u>Number of Projects</u>
Up to - \$10,000,000	_____
\$10,000,000 - \$ 25,000,000	_____
\$25,000,000 - \$100,000,000	_____
More than \$100,000,000	_____
Total	_____

22. Please complete the attached Project Questionnaires for the two largest projects.

23. Please provide the following:

- a. Sample copies of your contracts with the prime design firms;
- b. Certificates of insurance for all design firms under direct contract to you.

NOTICES & SIGNATURES

NOTICE: NO INSURANCE IS PROVIDED TO ANY DESIGN FIRM FOR THEIR PROFESSIONAL LIABILITY. NO LIMITATION OF LIABILITY IS TO BE PROVIDED TO ANY DESIGN FIRM BY THE INSURED UNLESS SPECIFICALLY APPROVED BY THE COMPANY PROVIDING THIS INSURANCE.

You represent that the statements and facts made in this application are true and that no material facts have been suppressed or misstated. It is further agreed by you that each policy or renewal thereof, if issued, is issued in reliance upon the truth of the representations and information in the application.

The undersigned(s) certifies that he/she is your duly authorized representative(s) which submits this application to the company providing this insurance for a policy of insurance. The statements and information above and all schedules and documents submitted, of which the company providing this insurance receives notice, are deemed parts of the application (all of which schedules and documents shall be deemed attached to the policy as if physically attached thereto), and the word application refers to all of the foregoing.

You acknowledge a continuing obligation to report to the company providing this insurance as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

This application does not bind you or the company providing this insurance, nor does it obligate the company providing this insurance to issue a policy or insure any services. However, it is agreed that should a policy be issued, this application will be attached to and made a part of the policy.

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND I/WE AGREE THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT WITH THE COMPANY PROVIDING THIS INSURANCE.

Dated this _____ day of _____, _____.

Signature of Director/Principal/Partner/Authorized Representative of Applicant:

Title: _____

Address: _____

Phone: _____

Producer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Fax: _____

E-Mail: _____

CONTRACTOR'S PROFESSIONAL & PROTECTIVE INDEMNITY POLICY

PROJECT QUESTIONNAIRE

ADDENDUM TO APPLICATION

1. Name and location of the project:

2. Project Description: _____

3. Construction Value: _____
4. What is the construction schedule:
Design: From _____ To _____
Construction: From _____ To _____
5. Is the project built on a fast track construction schedule, with construction beginning before all design has been completed?
 Yes No If yes, explain:

6. Does the project(s) use any innovative, untested or state-of-the-art design elements?
 Yes No If yes, explain:

7. Will there be environmental work or remediation as part of the project? Yes No
- a) If yes, what will be the remediation costs of that aspect of the project?

- b) If yes, describe the nature of the environmental work, if any, including a description of the pollutants and the planned work or remediation. (Include attachments, as necessary.)

- c) If yes, is there a consent decree, administrative order or action by any governing body establishing a schedule for this project? Yes No If yes, please explain and provide a copy of the decree, order or action.

8. Who will be the prime design professional firm(s), construction manager and general contractor under contract to you?

<u>Name</u>	<u>Services Provided</u>	<u>Insurance Limits</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT NOTICE: NO INSURANCE IS PROVIDED TO ANY DESIGN FIRM FOR THEIR PROFESSIONAL LIABILITY AND NO LIMITATION OF LIABILITY IS TO BE PROVIDED TO ANY DESIGN FIRM BY THE INSURED UNLESS SPECIFICALLY APPROVED BY THE COMPANY PROVIDING THIS INSURANCE.

I/We hereby declare that the above statements and particulars are true, I/We have read and understand the Important Notice above, and I/We agree that this application shall be the basis of the contract with the company providing this insurance.

Dated this _____ day of _____ ,

Signature of Director/Principal/Partner/Authorized Representative of Applicant:

Name: _____

Title: _____

Address: _____

Phone: _____