



ARCH INSURANCE COMPANY  
(A Missouri Corporation)

**ARCHITECTS & ENGINEERS  
DESIGN-BUILD AND CONSTRUCTION MANAGERS**

**PROFESSIONAL LIABILITY INSURANCE RENEWAL APPLICATION  
(Claims Made and Reported Basis)**

NOTE: The insurance coverage for which you are applying is written on a CLAIMS MADE and reported basis. Only claims which are first made against you during the policy period are covered, subject to the policy provisions. The Limits of Liability stated in the policy are reduced by defense costs. Defense costs are also applied against your deductible. Please consult your policy directly for specific coverage. If you have any questions about the coverage, please discuss them with your insurance agent or broker.

**1. NAME, ADDRESS, AND CONTACT INFORMATION**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

If same as last year please check here:

**2. Information about the firm's current staff:**

Current Staff	Number of Employees	Number Registered/Licensed/Certified
Principals, Partners, Officers, Directors and Owners		
Architects		
Engineers		
Land Surveyors		
Landscape Architects		
All other		
<b>Total Current Staff</b>		

In the past 12 months, has there been any change in ownership, senior management or principals of the firm. YES  NO

If YES, please explain: \_\_\_\_\_

3. In the past 12 months has the approximate percentage of any of your firm's Professional Services changed by more than 15%? YES  NO

If YES, please provide details below:

**NOTE:** Do not include services performed by sub-consultants:

Acoustical Engineering	%	Environmental Science	%	Mining Engineering	%
Aerial Surveying	%	Forensic Engineering	%	Naval /Marine Engineering	%
Agricultural Consultant	%	HVAC Engineering	%	Nuclear Engineering	%
Architecture	%	Hydrological Engineering	%	Pool Consultant	%
Chemical Engineering	%	Interior Design	%	Process Engineering	%
Civil Engineering	%	Kitchen Consultant	%	Professional Planner	%
Communication Engineering	%	Land Surveying	%	Roof Consultant	%
Construction Management (Agency)	%	Landscape Architecture	%	Soils/Geotechnical Engineering	%
Electrical Engineering	%	LEED®AP	%	Structural Engineering	%
Elevator Consultant	%	Lighting Engineering	%	Testing Labs (excl soils & construction materials)	%
Environmental Engineering	%	Mechanical Engineering	%	Traffic Engineering	%
				Other (please describe)	%

**4. PROFESSIONAL SERVICES FEES BILLED BY YOUR FIRM**

**A. AE FIRMS**

Please provide gross billings whether collected or not including fees paid to consultants and reimbursable expenses derived from Professional Services for the following **Reporting Periods**:

<b>Reporting Period</b>  (MM/DD/YY)	<b>Estimate for Current 12 Months</b>  ____/____/____	<b>Most Recently Completed</b>  ____/____/____
<b>Abandoned Projects</b>		
<b>Sub-consultant Fees</b>		
<b>Separately Insured Projects</b>		
<b>All Other Fees</b>		
<b>Total Gross Billings</b>		

**B. DESIGN/BUILD/CONTRACTING FIRMS**

Please provide us with the applicant's total contract revenues as follows:

	<b>Immediate Past Year</b>	<b>Present Year</b>
<b>Contracting/Construction Only:</b> without any responsibility for the provision of the design document	\$	\$
<b>Design/Build:</b> undertaking single contracts for the provision of both the design documents and construction services:	\$	\$
<b>At-Risk Construction Management Services:</b> relative to projects for which the Applicant also acts as the general contractor:	\$	\$
<b>Agency Construction Management Services Only:</b> relative to projects for which the Applicant is not also acting as the general contractor:	\$	\$
<b>Any other</b> (describe): _____	\$	\$
<b>Total Annual Revenues:</b>	\$	\$

**5. In the past 12 months has any of your firms project types changed by more than 15%?**

YES  NO

**If YES, please provide details below:**

Agriculture	%	Industrial Treatment	Waste	%	Religious	%
Airports	%	Jails		%	Residential Subdivisions	%
Amusement rides/parks	%	Landfills		%	Roads/Highways	%
Apartments	%	Libraries		%	Solar/Wind Energy	%
Arenas/Stadium	%	Manufacturing/Industrial		%	Schools K-12	%
Banks	%	Mass Transit		%	Sewage Systems	%
Bridges (Long Span)	%	Mines		%	Sewage / Wastewater Treatment Plants	%
Colleges	%	Municipal Buildings		%	Superfund/Pollution	%
Commercial/Retail	%	Nuclear/Atomic		%	Telecommunications	%
Condominiums – Commercial	%	Office Buildings		%	Theaters	%
Condominiums – Residential	%	Parking Structures		%	Tunnels	%
Convention Centers	%	Petro/Chemical		%	Utilities	%
Dams	%	Pools		%	Warehouses	%
Harbors/Piers/Ports	%	Pre-Engineered Buildings		%	Wastewater	%
Hospitals/Healthcare	%	Private Dwellings		%	Water Systems	%
Hotels/Motels	%	Recreation / Playgrounds		%	Other (please describe)	%

**6. In the past 12 months have there been any changes to your firm's risk management and loss prevention practices or procedures? YES  NO**

**If YES, please explain** \_\_\_\_\_

**7. In the past twelve months (12) has your firm been involved in or is your firm currently involved in any fees disputes which were not resolved or will not be resolved without your firm having to institute legal proceedings against your client? YES  NO**

**8. Other than previously reported, has any Professional Liability claim been made or legal action been brought in the past five (5) years (or made earlier and still pending) against your firm, its Predecessors, or any past or current Principal, Partner, Officer or Director of your firm? YES  NO  If YES, please provide details on a separate sheet.**

**9. Other than previously reported, is your firm (after inquiry of every Principal, Partner, Officer or Director or any other person or entity for which coverage is requested) aware of any act, error, omission, circumstance, incident, situation, or accident during the past five (5) years which may result in a claim or demand made against your firm, its predecessors or any of the past or current**

Principals, Partners, Officers or Directors? YES  NO  If YES, please provide details on a separate sheet.

Please attach the following additional information:

- A listing of your firm's five (5) largest projects in the past three (3) years. Please provide the name of the project, the name of your client, location (city & state), type of project, the professional services performed and current status of the project.

THE APPLICANT WARRANTS THAT THE STATEMENTS AND FACTS MADE IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant acknowledges a continuing obligation to report to us 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.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S WRITTEN ACCEPTANCE OF COMPANY'S QUOTATION AND COMPANY'S WRITTEN ACKNOWLEDGMENT OF SUCH ACCEPTANCE IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. NO COVERAGE SHALL ATTACH UNTIL A BINDER OF INSURANCE HAS BEEN ISSUED. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

I/We hereby warrant that the above statements and particulars are true and I/we agree that this application shall be the basis of the contract with the insurance company.

Dated: \_\_\_\_\_ Day of \_\_\_\_\_ 20

\_\_\_\_\_  
Signature of Director/Partner/Principal

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Name and Title of Director/Partner/Principal (printed or typed)

<b>Producer:</b> _____
<b>Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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 subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.