

ARCHITECTS / ENGINEERS PROFESSIONAL LIABILITY INSURANCE DIRECTORS AND OFFICERS INSURANCE EMPLOYMENT PRACTICES LIABILITY INSURANCE

GENERAL INFORMATION

1. Firm Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Principal Contact: _____ Title: _____

Email: _____ Phone: _____

Fax: _____ Website: _____

Firm Is: Corporation Partnership LLC / LLP Sole Proprietorship Joint Venture

Predecessor Firm Name(s): _____

Date original firm commenced operations: _____ Federal Tax ID #: _____

2. How did you hear about our program?

Referral Direct Mail Web Search Conference Email Marketing Renewal Quoted previously

3. Number of Staff:

Principals	Licensed Professionals	Technical	Admin.	Total

4. Has the applicant or any subsidiary in the past three years been involved with, or contemplates in the next 12 months any merger, acquisition or divestment? Yes No

EMPLOYMENT PRACTICES

5. Does the Applicant have a human resources department? Yes No
6. Does Applicant have a human resources manual or equivalent written guidelines? Yes No
7. Does a labor lawyer review the guidelines or procedures? Yes No
8. Is an attorney consulted prior to discharging an employee for cause? Yes No
9. If the applicant does have a human resources manual or equivalent written guidelines, does it contain a policy or procedure for the following:
- | | |
|--|---|
| <p>a. Hiring/interviewing Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b. Terminations, redundancy, and early retirements Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c. Performance appraisal Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. Discipline Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>e. Grievance procedure Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>f. Drug testing Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>g. Confidential treatment of medical examinations Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>h. Fitness for work Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>i. Polygraph testing Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>j. Sexual harassment Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>k. Age discrimination Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>l. Sexual Discrimination Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>m. Racial Discrimination Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>n. Americans with Disabilities Act Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
|--|---|

10. For the past year, indicate number of those who have:

a. Been terminated by the applicant	b. Resigned voluntarily
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GROSS BILLINGS

11. Firm's gross annual billings for the past three fiscal years:

	Year	Gross Annual Billings
a. Last Year		
b. Two Years Ago		
c. Three Years Ago		

12. Total gross annual billings for the past year for professional services including reimbursable expenses and sub consultants:

PROFESSIONAL SERVICES	GROSS ANNUAL BILLINGS
a. Joint Venture projects (Your portion of JV billings)	
b. Projects Insured under separate Project Policies	
c. Projects which have been permanently abandoned	
d. Feasibility studies, master plans, reports, opinions, or interior design. Note: Interior design refers to interior non-structural services	
e. Landscape Architecture	
f. Land Surveying	
g. Direct Reimbursables by contract (i.e. travel, per diem, billings for reproduction, etc.) DO NOT include Sub consultants	
h. Sub consultants	
i. All other billings	
j. Total past year (Total of a. through i. above) Note: Should match Question 11.a	
k. Gross Annual Billings Estimated For Coming Year	

13. What percentage of your annual gross billings for the past year was derived from projects outside the US, its territories and possessions and Canada? _____

14. What percentage of your firm's annual gross billings for the past year was derived from each of the following categories of owners? (Total must equal 100%)

Federal	State and Local Government	Institutional	Private	Other (Describe) _____	Total

DISCIPLINES

15. Please indicate disciplines as a percentage of gross billings:

Discipline	%	Discipline	%	Discipline	%
Architecture		Forensics		Land Surveying - Other _____	
Chemical Engineering		Geotechnical Engineering		Land Use Planning	
Civil Engineering		HVAC Engineering		Mechanical Engineering	
Construction Management		Hydrology/Geology		Mining Engineering	
Design/Build*		Interior Design		Process Engineering	
Electrical Engineering		Laboratory Testing		Structural Engineering	
Environmental Consulting		Landscape Architecture		Other _____	
Environmental (Haz Mat)**		Land Surveying - Construction Staking		Other _____	
Environmental Permitting (NEPA/SEQA)**		Land Surveying - Topographic/Boundary		Total	

* For Design / Build please complete the Design Build Supplement at www.hallandcompany.com/applications.

** For these projects and discipline types please complete the Environmental Supplement at www.hallandcompany.com/applications.

PROJECTS

16. Please indicate types of projects as a percentage of gross billings:

Project Type	%	Project Type	%
Air Emission Control Systems		Nuclear Projects	
Airports		Parking Garages	
Apartments/ Townhouses/ Multi-Family		Parks/ Golf Courses	
Condominiums		Structures for Offshore Use	
Asbestos Abatement*		Harbors, Jetties, Docks, Piers or Ports	
Earth Dams/ Reservoirs		Machine Design / Mechanical Design	
Environmental Assessments / Hazardous Waste Remediation / LUST / Superfund*		Wastewater Treatment Plants/Systems: Municipal Industrial	
Residential Subdivisions		Pipelines (Other)	
Single Family Homes		Petrochemical Plants	
Highways/ Roads		Mines and Quarries	
Bridges/Trestles/ Tunnels		Swimming Pools	
Hospital/ Healthcare/ Convalescent		Site Civil	
Hotels/ Motels/ Resort Properties		Shopping Centers	
Education/ Schools/ Public Buildings		Transmission Lines / Power Utilities	
Industrial/ Manufacturing Buildings		Churches	
Jails/Prisons		Stadiums/Arenas	
Sewer/Water Systems		Museums	
Office Buildings		Mold Abatement*	
Amusement Parks/Zoos		Facade Restoration/Maintenance	
High Rise Commercial/Office Bldg (>15 stories)		Other (Specify) _____	
Low Rise Commercial/Office/Retail		Other (Specify) _____	
Research and Development Laboratories		Other (Specify) _____	
Military Facilities		Total	

* For these projects and discipline types please complete the Environmental Supplement at www.hallandcompany.com/applications.

CONTRACTS / CERTIFICATES/ RISK MANAGEMENT

17. a) Please indicate applicant's gross receipts in percentages (Total must equal 100%):

Industry Std. (AIA/ ACEC/ ASFE)	Firm's Standard	Letter Agreement	Purchase Order	Client Agreement	Oral Agreement	Total

- | | Yes | No |
|--|--------------------------|--------------------------|
| b) Are written contracts used for all sub contractors and sub consultants? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Are certificates of insurance obtained from all sub contractors and sub consultants? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Does the firm incorporate a limitation of liability clause in its agreements? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) If yes, what percent of your firm's current contracts contain a limitation of liability clause which is less than or equal to \$250,000 (or the amount of the fee, if greater)? | _____ | |
| f) Does your firm have non-standard contracts reviewed by legal counsel for liability implication prior to signing? | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Does your firm have an in-house continuing education program? | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Does your firm have procedures for monitoring or collecting outstanding fees? | <input type="checkbox"/> | <input type="checkbox"/> |
| i) In the past three years have you brought suit to collect any fees? | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy under Chapter 7 or Chapter 11? | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Does your firm (or any related firm) engage in actual construction, erection or fabrication? | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Does your firm (or any related firm) engage in computer software development or sale to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Does your firm (or any related firm) engage in Real Estate Development? | <input type="checkbox"/> | <input type="checkbox"/> |
| n) Does your firm (or any related firm) engage in the manufacture, sale, leasing or distribution of any product or production process? | <input type="checkbox"/> | <input type="checkbox"/> |
| o) Do you or any principal, owner or officer, director or an immediate family member have an ownership interest in any entity for whom professional services are being rendered? | <input type="checkbox"/> | <input type="checkbox"/> |

18. What percentage of your firm's annual gross billings for the past year was derived from each of the following clients? (Total must equal 100%)

Contractors	Developers	Owners	Design firms	Other (Describe): _____	Total

19. What percentage of your billings for the past fiscal year was derived from repeat clients? _____

20. What percentage of your firm's total annual gross billings for the past fiscal year was paid to sub consultants?

Sub consultants	Insured for Professional Liability	Not insured for Professional Liability
Architecture		
Civil Engineering		
Electrical Engineering		
Environmental Engineering		
Geotechnical Engineering		
Mechanical Engineering		
Structural Engineering		
Other (please describe) _____		

INSURANCE

21. Does the firm currently carry professional liability insurance? Yes No

22. Please provide details of any Professional Liability, Directors & Officers Liability, Employment Practices Liability, and General Liability insurance presently carried:

Type of Insurance	Company	Per Claim Limit	Aggregate Limit	Deductible	Annual Premium	Expiration Date	Retroactive Date
Professional Liability							
Directors & Officers							
Employment Practices							
General Liability							

23. The firm would like a quotation for Professional Liability based on the following limit(s) and deductible(s)

Per Claim Limit	Aggregate Limit	Deductible

24. Do you have a Specific Additional Project Limit Endorsement on your current policy? Yes No

25. a) Is your firm a named Insured under a project policy? Yes No

b) If yes, please provide the following information for all projects
(If more than one, please attach additional information at the end of the application.):

Carrier	Policy Term (Inception/Expiration)	Discovery Period	Limit of Liability	Deductible	Project Name
	to	to			

c) What are your firm's annual gross billings, from 10.a, that were associated with this project? _____

26. Have you or any principal, partner, officer, director, or shareholder of your firm ever been declined for Professional Liability Insurance or had such coverage canceled (except for nonpayment of premium) or nonrenewed? (Not applicable in Missouri)
If yes, please provide details below. Yes No

CLAIMS

27. Litigation: circumstances, previous losses and claims

a) Have any claims, proceedings or suits ever been made or threatened in the past ten years against the Applicant or any entity intended to be covered or any present or former directors, officers, trustees or employees? Yes No

b) Is the Applicant or any entity or person intended to be covered aware of any negligent act, error or any other fact, circumstance or situation which may reasonably be expected to give rise to a claim against it or any of its directors, officer, trustees or employees? Yes No
(This question applies to Professional Liability, Directors and Officers Liability and Employment Practices Liability.)

If yes to either question, please complete the Claim Reporting Form at www.hallandcompany.com/applications. You will be directed to the applications page when you submit this application.

Claim Reporting Form

For each claim that has been made against the Applicant or any of its present or former directors, officers, trustees or employees, please provide the following:

Full name of the entity and / or individual(s) involved in the claim:

Additional defendant(s):

Full name of the claimant(s):

Date of alleged act, error or omission: _____

Name of the insurance company to whom this claim has been reported:

Date Claim was made: _____ Present status of the claim: _____

If claim is closed, please state:

Total Damages paid/outstanding: _____ Defense Expense paid/outstanding: _____

If claim is open, please state:

The maximum amount demanded: _____ Your opinion as to the likely settlement value: _____

Insurance Company loss reserves: _____

If settlement negotiations have begun, please state:

Claimant's settlement demand: _____ Defendant's offer to settle: _____

Defense cost to date: _____

Description of claim:

Name and address of Attorney who provided defense:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

ARKANSAS: 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.
COLORADO: 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.
DISTRICT OF COLUMBIA: 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.
FLORIDA: 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 of the third degree.
HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
KENTUCKY: Any person who knowingly and with 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.
LOUISIANA: 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.
MAINE: It is a crime to knowingly 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.
MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.
NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.
NEW YORK (Non Auto) 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.
OHIO: 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.
OKLAHOMA: 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.
OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
PENNSYLVANIA: 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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.
TENNESSEE (Non WC): 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.
VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.
VIRGINIA: 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.
WEST VIRGINIA: 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.
ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

The Applicant declares that, after inquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments hereto are true and no material facts have been suppressed, omitted or misstated. Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this application if, subsequent to the date of this application, but prior to the inception of such policy, there are any material alterations to the information contained herein.

Completion of this application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

YOUR SIGNATURE AND AUTHORIZATION

Name: _____ Date: _____
 Title: _____
 Applicant's Signature: _____

To submit the application follow the instructions in the order listed below.

1. Save a copy of the completed application to your computer for your records.
2. Print, sign, and mail or fax a hard copy of the completed application to Hall & Company at the address below.
(A signed application is needed to complete underwriting.)
3. Submit the completed electronic application with attachments to Hall & Company.

Alternatively you can fax the application and/or attachments to (360) 598-3703 or mail to the address below.

When you press the Submit button an e-mail window will open with the application attached.

Please attach to this e-mail the following additional documents:

1. A copy of your current Declarations page if you presently carry Professional Liability Insurance.
2. Your company's brochure or Statement of Qualifications.
3. Additional information from question 24b regarding whether your firm is a named Insured under a project policy.
4. Please attach any additional information regarding your firm and its services that you wish us to consider.

If you use a web based e-mail program, such as Hotmail or Yahoo, please save the completed application to your computer and e-mail it along with the documents listed above to submittals@hallandcompany.com.

Michael J Hall & Company 19660 10th Avenue NE Poulsbo, WA 98370
Phone: (360) 598-3700 Fax: (360) 598-3703 Website: www.hallandcompany.com