

**EASTERN SPECIAL RISK**  
**INSURANCE AGENCY**  
P.O. BOX 218  
HARVARD, MASSACHUSETTS 01451  
PHONE (978) 456-8200  
WATS (800) 341-1110  
FAX (978) 456-3245  
CA License #0619313  
specrisk@charter.net

Broker \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Surplus lines licensee?  Yes  No If yes,  
\_\_\_\_\_ indicate State, License No. and Expiration Date  
Phone \_\_\_\_\_  
FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

**Application for a Premium Quotation (without obligation)**  
**ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY**  
**(ERRORS & OMISSIONS)**

*This is an application for a claims-made form with a limit of liability which includes damages and claim expense.*

1. Name of Applicant/Firm \_\_\_\_\_ Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
E Mail \_\_\_\_\_ Web Site \_\_\_\_\_
2. Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Physical Location(s): *(Include the addresses of all offices.)*  
\_\_\_\_\_  
\_\_\_\_\_

4. Applicant is  Individual  Partnership  Corporation  Other \_\_\_\_\_ Date Business was established \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Indicate the percentage of the following disciplines in which the Applicant is engaged. NOTE: Total must equal 100%
- |   |                                  |                                |
|---|----------------------------------|--------------------------------|
| _____ % Acoustical Engineering            | _____ % HVAC Engineering         | _____ % Mining Engineering     |
| _____ % Architecture                      | _____ % Interior Design          | _____ % Nuclear Engineering    |
| _____ % Asbestos Testing/Abatement Design | _____ % Land Survey              | _____ % Process Engineering    |
| _____ % Chemical Engineering              | _____ % Landscape Architecture   | _____ % Soils Engineering      |
| _____ % Civil Engineering                 | _____ % Machine/Equipment Design | _____ % Structural Engineering |
| _____ % Construction Management           | _____ % Marine Engineering       | _____ % Traffic Engineering    |
| _____ % Electrical Engineering            | _____ % Materials Testing        | _____ % Other (Specify) _____  |
| _____ % Energy Conservation Consultant    | _____ % Mechanical Engineering   | _____ % Other (Specify) _____  |

6. a) Gross Fees are to be reported below on an accrual basis (whether collected or not). Gross Fees are defined as the exact dollar amount of gross income including fees paid to consultants and direct reimbursables but not including joint ventures, interest income, or rental income.

Past Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
From (mo/yr) _____	From (mo/yr) _____	From (mo/yr) _____
To: _____	To: _____	To: _____
Gross Fees: \$ _____	Gross Fees: \$ _____	Gross Fees: \$ _____

b) Indicate fees paid to subconsultants and direct reimbursables below:

Past Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
Subconsultants _____	Subconsultants _____	Subconsultants _____
Direct Reimbursables _____	Direct Reimbursables _____	Direct Reimbursables _____

c) Please Specify the estimated value of construction put in place that the Applicant designed:

Past Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
\$ _____	\$ _____	\$ _____

7. a) Does the Applicant's practice involve any subletting or subcontracting of work to others?  Yes  No If yes, specify what disciplines are sublet or subcontracted. \_\_\_\_\_

b) Does the Applicant require subconsultants to maintain professional liability insurance?  Yes  No

8. Has the Applicant or its predecessor in business carried similar professional liability insurance?  Yes  No If yes, provide full details of prior insurance

Insurance Company	Policy Period	Limits of Liability	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Provide Retroactive Date on current policy (mo/day/year) \_\_\_\_\_

9. Number of total staff:	Full Time	Part Time
a) Principals	_____	_____
b) Architects/Engineers/Other Technical Staff	_____	_____
c) Clerks/Typists/Accountants	_____	_____

10. a) Please indicate the percentage of the type of projects undertaken. Note: Total must equal 100%
- |   |                                     |                                  |
|---|-------------------------------------|----------------------------------|
| _____ % Airports                        | _____ % Jails/Justice               | _____ % Recreation/Sports        |
| _____ % Amusement Rides/Water Slides    | _____ % Landfills                   | _____ % Roads/Highways           |
| _____ % Bridges under 500 feet          | _____ % Libraries                   | _____ % Schools/Colleges         |
| _____ % Bridges over 500 feet           | _____ % Low Income Housing          | _____ % Sewage Treatment/Plants  |
| _____ % Churches/Synagogues             | _____ % Manufacturing/Industrial    | _____ % Shopping Centers/Retail  |
| _____ % Condominiums/Townhouses         | _____ % Mass Transit                | _____ % Superfund/Pollution      |
| _____ % Convention Halls/Stadiums       | _____ % Mining                      | _____ % Tract Homes/Subdivisions |
| _____ % Custom Homes                    | _____ % Nuclear/Atomic              | _____ % Tunnels                  |
| _____ % Dams                            | _____ % Office/Commercial Buildings | _____ % Utility (specify)        |
| _____ % Environmental Impact Statements | _____ % Parking Structures          | _____ % Water/Sewer Systems      |
| _____ % Harbors/Piers/Ports             | _____ % Petrochemical               | _____ % Other (specify)          |
| _____ % Hazardous/Toxic Waste           | _____ % Playgrounds                 | _____ %                          |
| _____ % Hospital/Health Care            | _____ % Pools                       | _____ %                          |
| _____ % Hotels/Motels                   | _____ % Power Plants                | _____ %                          |
| _____ % Industrial Waste Treatment      | _____ % Prefabricated Structures    | _____ %                          |

b) Does the Applicant foresee any substantial changes in the percentages in question 10. a)?  Yes  No If yes, please explain.

\_\_\_\_\_

c) Could the Applicant be considered a specialist in any area of practice?  Yes  No If yes, please explain.

\_\_\_\_\_

d) Please specify the percentage of Applicants total work completed on a fast track. \_\_\_\_\_ % or turn-key basis \_\_\_\_\_ %

e) If Applicant's practice is over 20% civil engineering, please complete the following as respects the civil engineering portion of the operation only:  
NOTE: Total must equal 100%

_____ % Airport Runways	_____ % Industrial Waste Treatment	_____ % Wastewater Treatment Plants
_____ % Bridges under 500 feet	_____ % Landfills	_____ % Utilities
_____ % Bridges over 500 feet	_____ % Municipal Pumping Stations	_____ % Other (specify)
_____ % Environmental Impact Statements	_____ % Sewer/Water Lines	_____ %
_____ % Flood Plain Studies	_____ % Site Development/Street Plans	_____ %
_____ % Foundations	_____ % Traffic Planning	_____ %
_____ % Highways/Roads	_____ % Tunnels	_____ %

11. a) Please specify the percentages relative to the Applicant's total work volume. NOTE: Total must equal 100%

- 1) Planning and Feasibility Studies \_\_\_\_\_ %
- 2) Design with no construction phase services \_\_\_\_\_ %
- 3) Design with periodic observation of construction to ensure design compliance \_\_\_\_\_ %
- 4) Construction Management \_\_\_\_\_ %
- 5) Inspection services on existing structures \_\_\_\_\_ %
- 6) Construction observation with no design \_\_\_\_\_ %
- 7) Other (specify) \_\_\_\_\_ %

b) If Applicant has responded to any of 11. a) 4-7, please provide a full description of projects and services provided.

12. Does the Applicant or any enterprise financially related to the Applicant or the Applicant's principals, partners, directors or officers engage in any of the following:

Construction, erection, fabrication or installation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacture, sale or distribution of any goods, product or process	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate Development	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer to any of the above is "yes", please attach a description of the services provided.

13. Please indicate the percentage of services rendered for each of the following categories of clients. NOTE: Total must equal 100%

\_\_\_\_\_ % Commercial  
\_\_\_\_\_ % Contractors  
\_\_\_\_\_ % Design Professional

\_\_\_\_\_ % Developers  
\_\_\_\_\_ % Governmental  
\_\_\_\_\_ % Institutional

\_\_\_\_\_ % Industrial  
\_\_\_\_\_ % Utilities  
\_\_\_\_\_ % Other (specify)

14. a) Does the Applicant maintain Comprehensive General Liability Insurance?  Yes  No  
If yes, please specify insurance carrier and expiration date: \_\_\_\_\_
- b) Is the Applicant covered by any professional liability specific project policy?  Yes  No  
If yes, provide full details including name and location of project. \_\_\_\_\_
15. Has the Applicant, predecessors in business, or any other person for whom coverage is being requested had any professional liability application denied, policy cancelled or policy not renewed?  Yes  No If yes, please explain. \_\_\_\_\_
16. a) To what professional organizations does the Applicant belong? \_\_\_\_\_
- b) What, if any, continuing education programs has the Applicant attended during the past year? \_\_\_\_\_
17. Please indicate the states in which the Applicant or staff as individuals are licensed. If any state accounts for more than 25% of the overall work volume, please indicate the percentage by state: \_\_\_\_\_
18. Does, has or will the Applicant provide professional services on projects resulting in construction outside the United States of America, its territories or possessions, or Puerto Rico?  Yes  No Please be advised that the basic policy form limits coverage for claims brought outside these areas. In order to evaluate the exposure, please provide, in the form of an attachment to this application, a detailed list of such projects, including the project name and location, client, gross fee, construction value and date of completion.
19. Does any one client or contract represent more than 50% of annual gross income?  Yes  No If yes, please provide full details: \_\_\_\_\_
20. Does the Applicant ever perform services on a salaried or annual retainer basis?  Yes  No If yes, please provide full details: \_\_\_\_\_
21. Does the Applicant or any principal, partner, officer or employee wholly or partly own, operate, manage or control any other enterprise or is the Applicant wholly or partly owned, operated, managed or controlled by any other enterprise?  Yes  No If yes, please provide full details and include the nature of the relationship: \_\_\_\_\_
22. Does, has or will the Applicant be providing design services on any project for which any construction, installation, assembly or supplying of materials or products was also provided by the Applicant?  Yes  No Please be advised these projects are excluded by the basic policy form. To consider for coverage, provide a completed Design/Build Supplemental Application.
23. Does, has or will the Applicant be providing design services on any project for which any construction, installation, assembly or supplying of materials or products was also provided by a subcontractor of the Applicant, a person or enterprise that wholly or partly owns, operates or controls the Applicant or by the Applicant's principals, partners, directors or officers?  Yes  No Please be advised these projects are excluded by the basic policy form. To consider for coverage, provide a completed Design/Build Supplemental Application.
24. Does the Applicant or any principal, partner, officer, employee or an immediate family member of such person have any ownership interest in any project for which professional services have been, are being or will be done?  Yes  No Please be advised these projects are excluded by the basic policy form. To consider for coverage, provide the name of the project, who has equity interest and their relationship to the Applicant, amount of equity interest, how long equity interest is to be held, and completion date of the project under separate cover attached to this application.
25. Does the applicant have any direct or indirect responsibility for the design or re-design of HVAC Systems?  Yes  No If yes, please comment on any engineering or administrative controls that are routinely employed to insure acceptable indoor air quality: \_\_\_\_\_
26. Is the Applicant involved in the selection of furnishings or building materials?  Yes  No If yes, comment on any controls or procedures that are employed to minimize the introduction of sources of chemical contamination into public buildings: \_\_\_\_\_

### Claims and Loss History

27. Have any claims involving professional services ever been made against the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is requested?  Yes  No If yes, on a separate sheet please supply the following: a) name of project, b) date of contract, c) name of claimant, d) allegations, e) date of claim, f) demand amount, g) reserve, h) expenses paid to date, i) current status, j) carrier handling claim.
28. Is the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is being requested aware of any act, error, omission or circumstance which may result in a claim being made against them?  Yes  No If yes, provide details requested in #27 above, a) through j).
29. Has the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is being requested ever reported a potential claim circumstance to a professional liability carrier?  Yes  No If yes, provide details requested in #27 above, a) through j).
30. Has any member of the Applicant ever been the subject of complaint to or disciplinary action by authorities as a result of their professional activities?  Yes  No If yes, provide full details.
31. Is the Applicant aware of any actual or alleged defective or incomplete construction, installation, or assembly (including roof leakage and structural problems) that has not been remedied to the client's satisfaction?  Yes  No If yes, provide a statement of full details including name of project, problem and if such circumstance has been reported to a professional liability carrier.
32. Is the Applicant aware of any unresolved construction dispute including but not limited to an unexcused delay, an exceeding of a budget, a change order or compensation dispute that has not been agreed upon (whether or not the Insured is an involved party)?  Yes  No If yes, provide a statement of full details including name of project and basis of disagreement, and indicate if such circumstance has been reported to a professional liability carrier.
33. During the past two years, has anyone been seriously injured or died during construction, or has bodily injury or property damage occurred at a project that has been accepted or occupied?  Yes  No

### General Information

34. If the name of the Applicant has ever changed, or if there has been a consolidation, dissolution or change in business structure, please provide details listing each firm in chronological order and specify date of change. If the predecessor firms are not listed they will not be included for coverage. If firms are accepted for coverage they will be listed on the Policy. Without direct lineage or being the source of the current firm, a firm will not be considered a predecessor.

Name of Predecessor Firm(s)	Date Established
_____	_____
_____	_____
_____	_____

35. List all Principals, Partners, Owners or Officers (use a separate sheet if necessary). If firm has been in existence for less than two years, supply a resume of each principal including prior project experience.

Name	College/Degree	Years in Practice	Date Licensed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

36. Please attach a list of the 10 largest projects in the last five years including the following information: a) name and location of project, b) services performed, c) construction value, d) completion date. If Applicant's practice is over 20% structural, provide the number of stories on each project.
37. Please attach a list of the 10 largest current projects including all information requested in #36 a) through d).
38. Please attach any literature, including government forms, and brochures which describe the Applicant's capabilities and practice.
39. Provide financial statements including most current income statement and balance sheet if available.
40. Does the applicant agree that this application is for a **CLAIMS-MADE** policy?  Yes  No
41. Amount of coverage required?  \$100,000/\$100,000  \$250,000/\$250,000  \$500,000/\$500,000  \$1,000,000/\$1,000,000  \$1,000,000/\$2,000,000  
 Other (state)\$ \_\_\_\_\_  
 Amount of deductible requested (per claim):  \$2,500  \$5,000  \$7,500  Other \$ \_\_\_\_\_

The undersigned represents that the statements and particulars herein are true and there has been no suppression or misstatement of any material facts and agrees that this application shall be the basis of coverage and considered part of any Policy issued by the Company.

Signed	Title	Date
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Must be signed by an owner, partner or officer of the Applicant. Completion of this form does not bind coverage or obligate the Applicant; however, should the quotation be acceptable, the information given above will be the basis of the contract. Application must be currently signed (within 45 days) and dated to consider for quotation. The policy being applied for is limited to only those claims that are first made against the insured while the policy is in force and which occur after the inception of the contract, unless Prior Acts coverage is included.

**IMPORTANT: Attach a copy of your letterhead and a copy of your current policy's declaration page if we are not currently covering you.**

In Arkansas, Colorado, Florida, Hawaii, Kentucky, Maine, Minnesota, New Jersey, New Mexico, New York, Ohio Oklahoma, Pennsylvania and Virginia, notice concerning false or fraudulent statements must be attached.

## NOTICE REQUIRED BY CERTAIN STATES

**NOTICE TO ARKANSAS 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 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 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 HAWAII APPLICANTS:** "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."

**NOTICE TO KENTUCKY APPLICANTS:** "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."

**NOTICE TO MAINE AND VIRGINIA 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO MINNESOTA APPLICANTS:** "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."

**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 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 CIVIL FINES AND CRIMINAL 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, 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 AN 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 INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

Signature: \_\_\_\_\_

**ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY**

**(CLAIMS MADE COVERAGE)**

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

APPLICANT INSTRUCTIONS:

- a. Please type or print in ink.
- b. Answer all questions, leave no blank spaces.
- c. If space provided is not sufficient to answer all questions fully, attach a separate sheet and label appropriately.
- d. This questionnaire must be signed and dated by the Owner (if Applicant is an individual, a Partner (if Applicant is a Partnership) or authorized Officer (if Applicant is a Corporation).
- e. Completion of this supplement to the application for Architects and Engineers Professional Liability Policy (Claims Made Coverage) is voluntary. Your responses will be evaluated in conjunction with your application. Demonstrable implementation of effective loss control and risk management practices may result in a premium credit. You are therefore encouraged to complete this supplement.

1. Does your firm have a written in-house quality control procedure?  Yes  No If yes, please attach a copy and specify the date that it was last revised or updated.
2. Does your firm subscribe to MASTERSPEC?  Yes  No  
What percentage of your projects incorporate specifications based upon or derived from MASTERSPEC? \_\_\_\_\_ %
3. What percentage of your professional services are performed under written contracts? \_\_\_\_\_ %

Type of Contract Used:

- a) AIA or EJCDC standard forms of agreement between owner and architect or engineer \_\_\_\_\_ %
- b) Firms Standard Form (attach a copy) \_\_\_\_\_ %
- c) Client Drafted Agreement \_\_\_\_\_ %
- d) Client Purchase Order \_\_\_\_\_ %
- e) Letter Agreement (firm or client drafted) \_\_\_\_\_ %

Are all contracts/agreements /purchase orders reviewed by Applicant's legal counsel before they are executed? .  Yes  No Explain \_\_\_\_\_

4. Are certificates of insurance requested from all subconsultants?  Yes  No If yes, describe your system for maintaining current and complete files in this respect. \_\_\_\_\_

What percentage of your billings during the last twelve months can be attributed to services performed by subconsultants that did not have professional liability insurance? \_\_\_\_\_ %

5. Has your firm participated in a peer review program?  Yes  No If yes, please describe it and provide the date(s) of the review. \_\_\_\_\_

6. Does your firm have an in-house program of continuing education for professional employees?  Yes  No If yes, describe the program and give percentage of professional staff that have participated in the program in the past twelve months \_\_\_\_\_ %

I/We warrant that the information contained herein is true and understand that this form in conjunction with the Application for Architects and Engineers Professional Liability Insurance shall be the basis for the contract of insurance should a policy be issued and that this supplement together with the application will be attached to and become part of the policy should one be issued.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Owner, Partner, Authorized Officer