



Design Professionals Liability Coverage Application

SHIPLEY & PEASE
INSURANCE

This application is for a Claims Made and Reported Policy, relating to claims made against the Insured during the Policy Period or any Extended Reporting Period that may apply.

GENERAL INFORMATION

Firm's Full Name: _____

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

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

Primary Contact (Name & Title): _____

Email: _____ Phone: _____ Website: _____

Legal Entity: Individual Limited Liability Company Corporation Other: _____

Date Firm was Established: _____

List all Pre-Existing Entities including Acquisitions and Mergers:

ENTITY	FROM	TO

1. Do any other entities or individuals not employed by your firm have any ownership interest in your firm?

Yes No If yes, Please explain: _____

2. Does your firm or do any partners, principals or officers own any interest in any other entity greater than 49%?

Yes No If yes, Please explain: _____

Firm Personnel:

Please enter the number of personnel in your firm divided as indicated:	
	Principals (do not include below)
	Professionals (project managers, architects, engineers, land surveyors)
	Technical (CAD operators, drafting, field, laboratory)
	Administrative and/or Business Development
	PERSONNEL TOTAL
Of the above personnel total, indicate how many are licensed:	
	Principals
	Professionals (project managers, architects, engineers, land surveyors)

FINANCIAL INFORMATION

Please provide your firm's Gross Fees attributable to the following years.

Gross Fees means the EXACT dollar amount of your firm's gross revenues, but NOT including interest income, rental income on real estate, or sales and service taxes.

Project Fees are fees for projects covered under a separate professional liability project policy.

	PROJECTED NEXT YEAR	ESTIMATED CURRENT YEAR	LAST COMPLETE YEAR	TWO YEARS AGO	THREE YEARS AGO
Fiscal Year-End Dates	12/31/	12/31/	12/31/	12/31/	12/31/
Total Gross Fees					
Of Total Gross Fees:					
a. Reimbursable Expenses (Travel, etc)					
b. *Separately Insured Project Fees					
c. **Permanently Abandon Projects					

*Provide details (# of projects, project type, services provided): _____

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DISCIPLINE

Provide the percentage of the last complete year's gross fees attributable to the following disciplines, excluding billings to subconsultants.

Acoustical Engineering	%	Geotechnical Engineering	%
Architecture	%	Illumination Engineering	%
Architectural and Master Planning	%	Interior Design and Graphics	%
Civil Engineering	%	Landscape Architecture	%
Civil Wastewater Engineering	%	Land Surveying	%
CM-Advisor	%	Mechanical Engineering	%
CM-At Risk	%	Process Engineering	%
Design and Graphics	%	Structural Engineering	%
Electrical Engineering	%	Traffic Engineering	%
Environmental Engineering	%	Other:	%
Forensic Engineering	%	Total Must Equal 100%	100%

3. What percentage of last year's fees were paid to subconsultants? Structural _____% All other? _____%

4. What percentage of your subconsultants are insured for professional liability coverage? _____%

PROJECTS

Please indicate the percentage of last year's gross fees derived from each of the following projects:

RESIDENTIAL:			
High Rise (over 15 stories)	%	Residential Condominiums	%
Single family residential subdivisions	%	Custom homes	%
Apartments	%	Mixed Use	%
COMMERCIAL:			
Hospitals, retirement homes, convalescent homes	%	Buildings over 15 stories	%
Retail, malls, shopping centers	%	Hotels	%
Offices, warehouses, restaurants	%	Motels	%
Ski lifts, amusement rides, amusement parks	%	Parking garages	%
Transportation passenger terminals	%	Nuclear facilities	%
Processing, manufacturing and production buildings	%	Oil refineries	%
Processing, manufacturing and production systems	%	Chemical plants & pipelines	%
Sports facilities, arenas, convention facilities, grandstands, theaters	%		
INSTITUTIONAL:			
Schools, colleges and universities	%	Churches	%
Correctional institutions	%	Schools K-12	%
INFRASTRUCTURE:			
Utilities	%	Roads and highways	%
Airport runways	%	Mines, quarries, tunnels	%
Bridges, trestles	%	Dams, reservoirs, Levees	%
Military	%	Water treatment	%
Harbors, docks, pier or structures for offshore use	%	Landfills	%
Underground Storage Tanks	%	Municipal Buildings	%
Wastewater treatment, storage or disposal facilities	%		
Other (Describe):	%	Total (must equal 100%)	100%

Project List: Please list the firm's 5 largest active or most recent projects.

NAME	LOCATION	SERVICES	FEES	CONST. VALUE	START/END

CLIENTS

Indicate the percentage of last year's gross fees derived from each of the following types of clients (total must equal 100%):

Owners	%	Local Government	%
Developers	%	State Government	%
Contractors	%	Federal Government	%
Design Professionals	%	Foreign	%
Environmental Consultants	%	Other:	%

5. What percentage of your gross fees were derived from repeat clients? _____%

6. Does one client represent more than 50% of your fees? Yes No

PROJECT DELIVERY

Provide the percentage of last year's gross fees attributable to the following project delivery methods:

Design-Bid-Build (traditional delivery)	%	Construction Management	%
Design Build (Contractor Led)	%	Turnkey	%
Fast Track	%	Stand-Alone Surveys	%
Other:	%	Total (must equal 100%)	100%

SERVICES

Indicate the percentage of last year's gross fees attributable to the following services:

Design with Construction Observation	%	Construction Materials Testing	%
Design without Construction Observation	%	Geotechnical Laboratory Analysis	%
Construction Observation without Design	%	Forensic and/or Expert Witness	%
Feasibility, Planning, Economic Studies	%	Geotechnical Drilling and Sampling	%
Project/Construction Management	%	Environmental Design Services	%
Plan Checking without Design	%	Permitting	%
Quantity or Cost Estimates without Design	%	Other:	%
Inspection as a stand-alone service	%	Other:	%
Boundary and Construction Staking	%	Total (must equal 100%)	100%

BUSINESS PRACTICES

7. Does your firm have a process for reviewing client and sub-consultant agreements? Yes No

8. Please provide the percentages of last year's contract types (Must equal 100%):

Firm's Contract	%	Master Service Agreement	%
Client's Contract	%	Letter of Agreement	%
Professional Association Contract	%	Verbal	%
Purchaser Order Only	%	Other:	%

9. What percentage of your contracts include a limitation of liability clause limiting your firm's liability?

\$250,000 or Less? _____% \$250,000 or More? _____%

10. Does your firm use a field or technical manual? Yes No

11. Do you hire any contractors or perform any construction? Yes No

12. Does your firm have a process for evaluating new clients? Yes No

13. Does your firm use specification or design checklists? Yes No

14. Did members of the firm attend a risk management seminar during the last year? Yes No

15. What percentage of your services were on projects outside of the US during the last year? _____%

16. Does your firm have written quality control procedures? Yes No

17. LEED Certification or equivalent? Yes No

18. Does your firm use Building Information Modeling (BIM) over 15% of the time? Yes No

19. Do any members of your firm belong to a Design Professional Association? Yes No

INSURANCE

20. Do you carry General Liability Coverage? Yes No

Insurance carrier: _____ Limit: _____ Expiration date: _____

21. Provide the following information about your professional liability coverage (last 5 years):

POLICY PERIOD	PER CLAIM LIMIT	AGGREGATE LIMIT	DEDUCTIBLE	PREMIUM	CARRIER

22. Policy Retroactive Date or Full Prior Acts: _____

23. Does your policy include Dollar One Defense or Shared Expense coverage? Yes No

24. Does your current policy have client or project specific excess coverage? Yes No

CLIENT/PROJECT NAME	TOTAL REQUIRED LIMIT	LAST YEAR'S FEES	PROJECT START/END DATES

CLAIMS

Claim means a demand against you for money or services, or the filing of a suit or the initiation of an arbitration proceeding naming you, seeking damages for an alleged error, omission or negligent act.

25. In the last five years, have any claims been made against your firm? Yes No

26. Does the firm or any of the principals, partners, officers, directors or employees have any knowledge of any act, error, omission, unresolved job dispute, accident, or any other circumstance which might reasonably be expected to give rise to a claim? Yes No

If yes, please attach claim/circumstance details (Project, Total amount paid, Status of claim, etc).

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 New Mexico, Pennsylvania 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 subjects such person to criminal and civil penalties.

Notice to Applicants of 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.

Notice to Applicants of Minnesota, New Jersey, and Oklahoma: Any person who knowingly, and with intent to injure, defrauds or deceives any insurer or other person files an application for insurance or statement of claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information or conceals for the purpose of misleading information concerning any fact material thereto, is guilty of a felony and is subject to criminal and civil penalties.

Notice to Maine, Massachusetts, 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.

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 Applicants of 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.

Notice to Alabama, Arkansas, District of Columbia, Louisiana, Maryland, and Rhode Island 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 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.

If we become aware of any claim or potential claim, before inception of coverage, we will immediately inform the Company, Agent or Broker. We understand that any claim or potential claim against us, before the inception of coverage, whether identified to the Company or not, will not be covered by this insurance unless specifically accepted by the Company.

On behalf of our firm, I agree that this application, including all attachments and exhibits, is complete and correct to the best of my knowledge and belief. I understand that this application forms the basis of the contract of insurance, if a Company offers coverage and we accept that Company's offer. I also understand that completion of this application does not bind a Company, Agent or Broker to provide insurance.

Print Name of Principal: _____

Signature: _____ Date of Application: _____

Print Name of Broker: _____



SHIPLEY & PEASE
INSURANCE

Shipley & Pease Insurance
P.O. Box 928
Woodinville, WA 98072

