ARCHITECTS, ENGINEERS AND DESIGN-BUILD

Design disciplines, project types, construction values, contracts, and quality controls.

iPhone Files/Preview: tap a square and type X.

1. Applicant and Contact Information

Applicant / entity name

DBA

Physical address

Website

City / State / ZIP

Years in business

Primary contact

Title

Phone

Email

FEIN

Requested effective date

Describe the applicant's professional services and the clients served:

2. Coverage Requested and Current Insurance

Limit requested

Deductible / retention

Retroactive / prior-acts date

Current carrier

Current annual premium

Policy expiration

Is the current policy written on a claims-made basis? ☐ Yes ☐ No

Has there been or will there be any gap in professional liability coverage? ☐ Yes ☐ No

Is an extended reporting period, full prior acts, or predecessor coverage requested? ☐ Yes ☐ No

3. Professional Disciplines - Percentage of Revenue

Enter the percentage of annual gross revenue for each category. Total should equal 100%.

Architecture / interior design	%
Civil / site engineering	%
Structural engineering	%
Mechanical / electrical / plumbing	%
Geotechnical / environmental	%
Surveying / landscape architecture	%
Construction management / design-build	%
Other design services	%

Total annual gross revenue

Largest client %

4. Operations and Exposure Questions

Does the applicant serve as prime consultant, design-builder, construction manager, or project owner?	Yes	No
Does the applicant perform structural, geotechnical, fire protection, façade, or building-envelope design?	Yes	No
Does the applicant work on bridges, tunnels, dams, mines, offshore, nuclear, or other high-hazard projects?	Yes	No
Does the applicant design condominiums, tract housing, affordable housing, or residential subdivisions?	Yes	No
Does the applicant provide cost estimates, schedules, value engineering, or construction-phase services?	Yes	No
Does the applicant manufacture, fabricate, install, or self-perform construction work?	Yes	No
Are services performed on projects outside the United States or under foreign law?	Yes	No
Has the applicant participated in any joint venture, public-private partnership, or wrap-up insurance program?	Yes	No

Explain any Yes answers above and identify the related service, client, or project:

5. Industry-Specific Risk Management Controls

Is a written quality-assurance and quality-control program used on every project?	☐ Yes	☐ No
Are calculations, specifications, and critical design elements independently reviewed?	☐ Yes	☐ No
Are project scope, assumptions, exclusions, and client responsibilities documented in contracts?	☐ Yes	☐ No
Are standard AIA, EJCDC, or attorney-reviewed agreements used when appropriate?	☐ Yes	☐ No
Do contracts avoid broad indemnity, guarantees, warranties, and responsibility for construction means and methods?	☐ Yes	☐ No
Are limitation-of-liability and waiver-of-consequential-damages provisions requested?	☐ Yes	☐ No
Are subconsultants selected under written criteria and required to carry their own professional liability coverage?	☐ Yes	☐ No
Are certificates and contracts from subconsultants tracked through project completion?	☐ Yes	☐ No
Are requests for information, change orders, substitutions, and field decisions documented?	☐ Yes	☐ No
Are building information models and electronic files governed by written use and reliance terms?	☐ Yes	☐ No
Are project disputes, delays, cost overruns, and potential claims escalated promptly?	☐ Yes	☐ No
Does the applicant retain project records according to a written schedule that considers statutes of repose?	☐ Yes	☐ No

Explain any No answers, exceptions, or planned corrective actions:

6. Largest Clients and Engagements

Client / project	Services	% revenue	End date

7. Prior Coverage, Claims and Circumstances

Has any insurer declined, cancelled, non-renewed, or restricted professional liability coverage?	☐ Yes	☐ No
Has any claim, suit, demand, arbitration, disciplinary matter, or regulatory proceeding been made?	☐ Yes	☐ No
Is any applicant, owner, officer, director, or professional aware of an act that may result in a claim?	☐ Yes	☐ No
Has any client requested a refund, fee waiver, correction, re-performance, or payment due to alleged error?	☐ Yes	☐ No
Has any contract dispute, missed deadline, data loss, confidentiality issue, or intellectual-property allegation occurred?	☐ Yes	☐ No
Has any professional license, accreditation, certification, or privilege been investigated or restricted?	☐ Yes	☐ No

For every Yes answer, provide dates, claimant, allegation, status, amount paid/reserved, and corrective action:

8. Required Supporting Documents

- ☐ Current declarations / policy
- ☐ Five-year loss runs
- ☐ Standard client contract
- ☐ Professional roster / resumes
- ☐ Licenses / certifications
- ☐ Supplemental claim details

9. Applicant Certification and Signature

The applicant represents that the information provided is true, complete, and accurate to the best of the applicant's knowledge. This questionnaire does not bind coverage; all terms are subject to carrier underwriting and policy language.

Applicant name		Title	
Signature		Date	
Agent name		Agency	
Agent phone / email			