



Worldwide Facilities, LLC

www.WWFI.com

**Application for Architects and Engineers
Professional Liability Insurance Application
(Claims-Made Basis)
Project Insurance**

APPLICANT INSTRUCTIONS:

1. Please type or print in ink.
2. Answer all questions; leave no blank spaces.
3. If space provided is insufficient to answer any question fully, attach separate sheet.
4. This application must be signed and dated by an Owner, Partner or Officer. Attach a copy of your firm's brochure.

This is important.

5. Attach a copy of Prime Professional practice application for the last year.
6. Attach copy of contract for this project.

NOTE: In applying for coverage, the Applicant agrees that in the event of covered losses, he will be required to be defended by the Company's appointed attorneys and that the deductible shall apply to loss and include (whether or not loss payment is made) adjusting expenses, investigation costs, and legal fees. If, however, the Applicant elects to handle a claim without in any way involving the Company's attorney, then no coverage for such claim is afforded the Applicant under the Policy.

Please indicate aggregate limits of liability and deductibles for which quotations are desired.

Limits: _____ Deductibles: _____ Discovery period: _____

1. Name and/or designation of Project: _____

2. Location of Project: _____

City: _____ State: _____ ZIPcode: _____

3. Name of Project Owner: _____

Address: _____

City: _____ State: _____ ZIPcode: _____

Does Owner provide funds for contingencies? Yes No If "Yes" how much: _____

4. Name of client for whom design services are to be rendered: (If same as one above, please indicate.) _____

Address: _____

City: _____ State: _____ ZIPcode: _____

5. Describe the nature of Project: (use separate sheet, if necessary) _____

6. Duration of professional services on this Project:

Design phase: from _____ to _____ Construction phase: from _____ to _____

7. Total estimated Project construction value: \$ _____

8. Value of equipment included in construction value: \$ _____

9. Total estimated Project billings: \$ _____

10. Indicate the percentage of the total estimated Project billings derived from the following Services:

| | | | |
|--------------------------|---------|-------------------------|---------|
| Architecture: | _____ % | Land Surveying: | _____ % |
| Civil Engineering: | _____ % | Landscape Architecture: | _____ % |
| Electrical Engineering: | _____ % | Other: (please list) | _____ % |
| Structural Engineering: | _____ % | _____ | _____ % |
| Soils Engineering: | _____ % | _____ | _____ % |
| Construction Management: | _____ % | _____ | _____ % |
| Mechanical Engineering: | _____ % | TOTAL: (must equal) | _____ % |

11. With regard to this Project will you or one of your consultants perform services in the following areas: (if "Yes" please check and provide full details on a separate sheet.)

Boundary surveys Tunnels Roads Surveys of subsurface conditions Bridges Ground testing Dams

12. a. Name of Project Prime Professional: _____

Address: _____

City: _____ State: _____ ZIPcode: _____

b. Services provided: _____

c. Insurance coverage: Company name: _____

Limit of liability: _____ Deductible: _____

Effective date: _____ Expiration date: _____

13. Complete the following regarding consultants rendering services in connection with this Project:

| NAME OF FIRM | ADDRESS | TYPE OF SERVICE |
|--------------|---------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

14. Design team's professional liability insurance:

| NAME OF FIRM | INSURANCE CARRIER | LIMIT | DEDUCTIBLE | EXPIRATION DATE |
|--------------|-------------------|-------|------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

15. Has any insurer during the past ten years cancelled or refused to renew any insurance issued to any Person or Firm comprising the

Design Team? Yes No If "Yes", explain:

16. Has any claim, suit or demand for arbitration been made during the past ten years against any Person or Firm comprising the Design Team? Yes No If "Yes", explain:

17. Do the Principals of any of the Firms comprising the Design Team have knowledge of any error, omission or any other circumstance that is, or could be, a basis for a claim under the proposed policy? Yes No If "Yes", explain:

18. With regard to this Project, are any Firms comprising the Design Team or any Partner, Officer, Subsidiary or otherwise related Entity engaged in actual construction, manufacturing, fabrication or real estate development? Yes No If "Yes", explain:

19. With regard to this Project, do any of the Firms comprising the Design Team or any Partner, Officer, Employee, Subsidiary or otherwise related Entity maintain an ownership interest? Yes No If "Yes," please indicate name, relation ship and percentages of ownership interest:

20 Indicate the name and address of the general contractor and/or construction manager for the Project if already selected:

General Contractor: _____

Address: _____

City: _____ State: _____ ZIPcode: _____

Construction Management: _____

Address: _____

City: _____ State: _____ ZIPcode: _____

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE CONTRACT OF INSURANCE. 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 MADE PART OF THE POLICY.

I/WE DECLARE THAT THE STATEMENTS AND PARTICULARS MADE IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND THAT I/WE UNDERTAKE TO INFORM THE COMPANY OF ANY MATERIAL ALTERATION TO THESE FACTS WHETHER OCCURRING BEFORE OR AFTER COMPLETION OF THE CONTRACT OF INSURANCE.

Dated this _____ day of _____ 20_____

Signature of Director/Partner/Principal: _____

Title: _____

Producer: _____

Address: _____

City: _____ State: _____ ZIP code: _____