



Architects/Engineers

XL Smart Advantage Program Application

- Select Applicant Type:
- NEW APPLICANT
 - RENEWAL CLIENT

Firm Practice

1. Your firm's practice is best described as an architectural or engineering firm. It is not a geotechnical, mining, nuclear, process or marine engineering, or naval architecture firm. Yes No

2. Your firm meets all of the following requirements: Yes No

- A principal of the firm is licensed/registered in the appropriate discipline and state(s).
- The principals derive their primary source of income from the firm.
- The firm and/or principals have never been involved in revocation of license, disciplinary action nor recent bankruptcy.
- The firm's gross receipts for each of the last three complete fiscal years and projected fiscal year are \$1,000,000 or less.

In the past three years, and for the projected year, did your firm:
Questions 3 and 4 do not apply to firms with no prior coverage. If the firm does not have retroactive coverage, please check "No."

3. Contract with more than 10% uninsured design professional subconsultants? Yes No

4. Enter into more than 10% of projects without written contracts? Yes No

5. Firms \$0 - \$500,000 in fees Yes No

a. Have more than one professional liability claim or have one claim that is reserved or paid in excess of \$10,000?

Firms \$500,001 - \$1,000,000 in fees

b. Have more than two professional liability claims or have one claim that is reserved or paid in excess of \$25,000? Yes No

Comments:

1. Firm Information

Firm's Short Name: _____

Firm's Full Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____

Facsimile: _____

E-mail: _____

2. Main Offices and Branches

Percentage of **GROSS RECEIPTS** earned in main office and branches:

	City	State	Zip	% of Fees
Main Office	_____	_____	_____	_____
Branch 1	_____	_____	_____	_____
Branch 2	_____	_____	_____	_____

3. Firm History

Date your firm was established: _____

Pre-existing Entities

Does your firm have any pre-existing entities?

Yes No

Comments:

4. Financial Information

Please provide your firm's **GROSS RECEIPTS** attributable to the following years. Include all receipts for projects insured by project policies within the **GROSS RECEIPTS** column and list separately in the Project Policy Receipts column.

GROSS RECEIPTS 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.

Fiscal Year End (mm/dd/yyyy)		GROSS RECEIPTS	Project Policy Receipts*
<input type="text"/>	Estimated current year	<input type="text"/>	<input type="text"/>
<input type="text"/>	Last complete year	<input type="text"/>	<input type="text"/>
<input type="text"/>	Two years ago	<input type="text"/>	<input type="text"/>
<input type="text"/>	Three years ago	<input type="text"/>	<input type="text"/>

5. Subconsultants

Provide the percentage of your firm's **GROSS RECEIPTS** that were paid during the last year to subconsultants that have professional liability insurance.

Subconsultants	Insured for Professional Liability
Structural engineering	<input type="text"/> %
Other professional services	<input type="text"/> %

Comments:

What percentage of your firm's **GROSS RECEIPTS** during the last fiscal year were attributable to:

SERVICES

- % a. Feasibility, programming, planning or economic studies?
- % b. Construction Management?
- % c. Fast Track/Design Build?

PROJECTS

	%	a.	High Rise?
	%	b.	Single-family residential subdivisions?
	%	c.	Residential Condominiums/PUDs/Timeshares?
	%	d.	Custom homes?
	%	e.	Apartments?
	%	f.	All schools, colleges, and universities?
	%	g.	Retail, malls, shopping centers?
	%	h.	Hotels?
	%	i.	Office, warehouse, processing, manufacturing and production buildings?
	%	j.	Restaurants?
	%	k.	Utilities?
	%	l.	Roads/highways?
	%	m.	Sports facilities, arenas, convention facilities, grandstands, theaters, amusement parks?
	%	n.	Transportation passenger terminals (excluding interior design and landscape design services)?
	%	o.	Wastewater/sewage treatment plants or systems?
	%	p.	Mines, quarries, tunnels, bridges or trestles?
	%	q.	Parking garages, retirement homes, convalescent hospitals, or correctional institutions?
	%	r.	Dams//Reservoirs/Levees?
	%	s.	Structures for offshore or marine use: harbors, jetties, docks, piers, wharves?
	%	t.	PSA/Asbestos/Site Remediation?

Note: The sum of projects a – t can be less than 100% but must not exceed 100%.

Comments:

DISCIPLINES

Provide the percentages based on your firm's **GROSS RECEIPTS** attributable to the following disciplines provided by your firm (do not include percentages from work performed by your subconsultants).

Estimated current year	Last year	
<input type="text"/> %	<input type="text"/> %	ARCHITECTURE
<input type="text"/> %	<input type="text"/> %	Architecture
<input type="text"/> %	<input type="text"/> %	Architectural planning (including master planning)
<input type="text"/> %	<input type="text"/> %	Interior design and graphics
<input type="text"/> %	<input type="text"/> %	Landscape architecture
<input type="text"/> %	<input type="text"/> %	ENGINEERING
<input type="text"/> %	<input type="text"/> %	Structural engineering
<input type="text"/> %	<input type="text"/> %	Civil engineering
<input type="text"/> %	<input type="text"/> %	Civil wastewater engineering (municipal, non-industrial)
<input type="text"/> %	<input type="text"/> %	Land surveying
<input type="text"/> %	<input type="text"/> %	Traffic engineering
<input type="text"/> %	<input type="text"/> %	Mechanical engineering
<input type="text"/> %	<input type="text"/> %	Acoustical engineering
<input type="text"/> %	<input type="text"/> %	Electrical engineering
<input type="text"/> %	<input type="text"/> %	Illumination engineering
<input type="text"/> %	<input type="text"/> %	Environmental engineering
<input type="text"/> %	<input type="text"/> %	Laboratories
<input type="text"/> %	<input type="text"/> %	DISCIPLINES TOTAL (must equal 100%)

Comments:

Foreign Projects

In the past year, and in the projected year, did or will your firm earn more than 30% of its fees from projects outside the United States and Canada? Yes No

CLAIMS

In the last five years, how many **CLAIMS*** have been made against your firm?

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

CLAIM OR EVENT QUESTIONNAIRE

Name of project:

Location of project:

Date of loss:

Description of claim:

Status of claim:

Pending

Resolved

Name of project:

Location of project:

Date of loss:

Description of claim:

Status of claim:

Pending

Resolved

INSURANCE

Provide the following information about your firm's professional liability insurance for the current year:

Your firm currently has no professional liability insurance.

Policy Start:

Policy End:

Insurance Company:

Limits of Insurance:

Deductible:

Premium:

Retroactive Date:

FPA (Full Prior Acts)

Comments:

FRAUD WARNINGS, CLAIMS REPRESENTATION, SIGNATURE

CLAIMS-MADE BASIS

This application is for professional liability insurance that is provided on a claims-made basis. The policy applies to claims arising out of your professional services performed on or after any retroactive date shown in the policy, and is subject to all policy terms, conditions, declarations and endorsements.

EXPENSE WITHIN LIMITS

The policy contains a provision permitting claim expenses, including legal defense costs, to be applied against the deductible. Subject to restrictions in certain states, the payment of claim expenses reduces the limits of insurance available to pay claims, and the company has the right to designate legal counsel and uses panel counsel, as needed for claims covered by any insurance issued by the Company.

FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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 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 D.C. APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company 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 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 LOUISIANA 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 MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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 COMMERCIAL INSURANCE 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 be also 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 any 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 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 RHODE ISLAND APPLICANTS: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

NOTICE TO TENNESSEE 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 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO 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 WEST VIRGINIA 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 ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

CLAIMS REPRESENTATION / SIGNATURE

I specifically asked all principals and project managers in our firm if they have knowledge of any claim or potential claim against us that is not listed in our response in the **CLAIMS** section above. There are none.

If we become aware of any claim or potential claims against us before the 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.

REPRESENTATION INFORMATION

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 the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company, Agent or Broker to provide insurance.

Signature of Principal, Partner or Officer:	<input type="text"/>
Name (print):	<input type="text"/>
Title:	<input type="text"/>
Date of Application:	<input type="text"/>
Agent Name:	<input type="text"/>
License Number:	<input type="text"/>

LIST OF LARGEST PROJECTS

Name

1. Name of Project: _____
2. Clients Name: _____
3. Location: _____
4. Description of Project: _____
5. Services Performed _____
6. Your total Gross Receipts _____
7. Construction Value of Project: _____
8. Year completed: _____

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