



## ERRORS AND OMISSIONS INSURANCE APPLICATION

For Architects, Engineers, Construction Managers, Designers, Consultants, and Inspection/Testing Firms

1. Name and address of Applicant: (include all legal names and DBA's):

Name(s) \_\_\_\_\_  
 Principal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address (if different then above): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Web Site Address \_\_\_\_\_

2. a. Date established: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant is  Individual  Partnership  Corporation  Other  
 b. Is the entity owned, controlled by or affiliated with any other entity?  Yes  No (if yes, please attach details)

3. Please complete the following information for each principal/partner/director/officer/owner:  
*Attach additional sheet if necessary.*

Name	Title	License Status (if applicable)	Professional Designations	Years Experience	Years with Applicant

4. Please describe in detail the professional services performed by the Applicant: (please attach an additional sheet if necessary)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. During the past 5 years, has the Applicant been engaged in any profession or business other than as described in #4 above?  
 Yes  No (if yes, please attach details)

6. Personnel

Personnel	# of Personnel	# Registered/Licensed	# Full Time	# Part Time
Principals/Partners				
Architects/Engineers				
Land Surveyors				
Construction Managers				
Technical Personnel				
Construction Personnel				
Others (Administrative/Clerical)				
<b>Total Personnel</b>				

7. Revenues

Revenues	Projected	Current Year	1st Prior Year	2nd Prior Year
	___/___ to ___/___	___/___ to ___/___	___/___ to ___/___	___/___ to ___/___
Professional Services Only (design, inspection, consulting, etc)	\$ _____	\$ _____	\$ _____	\$ _____
Design- Build/Manufacture	\$ _____	\$ _____	\$ _____	\$ _____
Construction / Manufacture / Sales Only	\$ _____	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total Revenues</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

8. For the revenues listed in question #7b, please indicate the approximate percentage for each of the services listed in question #4. (total percentages should equal 100%)

<b>SERVICES</b>	<b>% OF 6b</b>
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL</b>	<b>100%</b>

Or complete the below table:

Services (Must total 100%)			
Drafting		Agency Construction Management	
Interior Design		At Risk Construction Management	
Landscape Architecture		Cost Estimator	
Transportation Engineering		Feasibility Studies	
Architecture		Permitting/Regulatory Compliance	
Automations Engineering		Water Treatment Consultant	
Civil Engineering		Environmental Consultant	
Communications Engineering		Efficiency Consultant	
Electrical Engineering		Geologist/Geophysicist	
Forensic Engineering		Land Surveying	
HVAC Engineering		Marine Surveying	
Value/Quality Engineering		Testing Laboratory	
Aerospace Engineering		Testing/Inspection/Auditing	
Building Envelope Consulting		Calibrations/Certification/Metrology	
Nuclear Engineering		Environmental Testing	
Mechanical Engineering		Weld Inspections	
Marine Engineering		Structural Steel Inspections	
Process Engineering		Elevators Inspection	
Structural Engineering		Oil/Gas Pipeline Inspection	
Geotechnical Engineering		Cranes Inspection	
Crane Engineering		Soils Testing (Geotechnical)	
Other:		Other:	

**9. Clients & Contracts**

Clients (Must total 100%)		Contracts (Must total 100%)	
Government or Public Entities		Standard Industry Contract	
Owners		Firm's Own Standard Contract	
Contractors/Design-Builders		Letter Agreement	
Developers		Purchase Order	
Financial and Lending Institutions		Client Contract	
Design Professionals		Oral Agreement	
Insurance Companies/Attorneys		Other:	
Other:			

**10. Projects**

Projects (Must total 100%)			
Auditoriums/Theaters		Petrochemical/Refineries	
Churches		Power Plants/Utilities	
Commercial		Hospital/Healthcare	
Hotels/Motels		Apartments	
Manufacturing/Industrial		Bridges	
Office Buildings		Convention Centers	
Parks/Playgrounds		Custom Residential	
Recreation		Dams	
Restaurant		Harbors/Piers/Ports	
Shopping Centers/Retail		Industrial Waste Treatment	
Site Development		Mines	
Jails/Justice		Nuclear Facilities	
Military		Parking Structures	
Roads/Highways		Pools	
Schools/Colleges		Sports Stadiums	
Warehouses		Tunnels	
Municipal/Public Buildings		Tract Housing/Subdivisions	
Wastewater Treatment		Condominiums	
Airports		Other:	
Mass Transit		Other:	
Landfills		Other:	

- 11. a.** What percentage of the Applicants business involves subcontracting work to others? \_\_\_\_\_% Please describe services \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b.** Does the applicant require evidence of the errors and omissions insurance from subcontractors?  Yes  No (if no, please explain how the Applicant protect itself from acts or omissions arising out of services performed by its subcontractors.)

**12.** During the past twelve months as the Applicant or any principal

- a. Does the Applicant had a written Quality Assurance/Quality Control program?  Yes  No
  - b. Engaged in actual construction or hired a construction contractor to perform construction work?  Yes  No
  - c. Become involved with or have ownership interest in a construction or real estate development company?  Yes  No
  - d. Been employed by or an officer of any other firm, organization or political body?  Yes  No
  - e. Derived more than 50% of last fiscal year's gross receipts from any one client?  Yes  No
  - f. Designed a building, component or system which might be used on more than one project?  Yes  No
  - g. Become involved in the manufacture or fabrication of any component, device or system?  Yes  No
  - h. Provided electronic data processing services for others or sold software components?  Yes  No
- (if yes to any of the above, please attach details on a separate sheet)

- 13. a.** During the past 5 years, has any principal, partner, director, officer or professional employee ever been subject to disciplinary action by any regulatory agency or association?  Yes  No (if yes, please attach details on a separate sheet)
- b.** During the past 5 years, has any principal partner, director, officer or professional employee ever had his license revoked or suspended?  Yes  No (if yes, please attach details on a separate sheet)

**14. Client Information:** Please provide the following information regarding your 5 largest clients according to the amount of revenue generated from the performance of services for the past fiscal year and as a percentage of the total revenues stated in question #6b.

Client	Service provided	Revenue derived from service	% of Applicant's total revenue

- 15. a.** Does the Applicant use a written contract with clients?  Yes  No (if no, please attach explanation)
- b.** Does an attorney review such contracts prior to use?  Yes  No
- c.** Does the standard contract contain hold harmless clauses for the benefit of the Applicant?  Yes  No
- 16. a.** Does the Applicant had a written Quality Assurance/Quality Control program?  Yes  No
- b.** Does the Applicant have any risk management procedures in place?  Yes  No  
(if yes, please attach a copy of the procedures)
- c.** Does the Applicant have an in-house program of continuing education for employees?  Yes  No

**17. Prior Errors and Omissions insurance:**

Year	Insurance Company	Limit of Liability	Deductible	Premium	Claims Made or Occurrence	Policy Period	Retroactive Date (if any)
Current Year							
Previous Year 1							
Previous Year 2							
Previous Year 3							
Previous Year 4							

- a. Is any extended reporting period (ERP) currently in place?  Yes  No (if yes, please attach a copy of the endorsement including effective and expiration date)
- b. During the past 5 years, has any similar errors and omissions coverage been canceled, declined or non-renewed?  Yes  No (if yes, please attach a detailed explanation)

18. a. Limit of Liability requested: \_\_\_\_\_  
 b. Deductible requested: \_\_\_\_\_

19. Claim Information:

- a. After inquiry, have any errors and omissions claims been made during the past 5 years against the Applicant or any past or present principals, partners, directors, officers or professional employees?  Yes  No (if yes, please attach a supplemental claims questionnaire).
- b. After inquiry does the Applicant or any principal, partner, director or officer or professional employee have knowledge or information of any circumstance or any allegation or contentions of any incident which may result in any claim being made against them?  Yes  No (if yes, please attach a supplemental claims questionnaire).
- c. Have all matters in question 14a or 14b been reported to the Applicant's former or current insurers or to the former or current insurers of any predecessors in business?  Yes  No

**Please provide the following additional information:**

1. **Current annual report and company literature/promotional material.**
2. **A copy of standard contracts utilized with clients.**
3. **Latest audited financial statements.**
4. **Resumes of key Principals.**

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

**Applicant's Authorized Representative:** \_\_\_\_\_

**Signature of Authorized Representative**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 mo day year