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**DesignPro Purchasing Group  
 Application for Architects, Engineers & Environmental Services Professional Liability Coverage**

**This is an application for a Claims Made and Reported policy. This application is not a binder.**

Notice: The insurance coverage for which you are applying is written on a Claims Made and Reported policy. Only claims that are first made against you during the policy year and reported to us within that policy year, or within 60 days after the end of the policy year, are covered, subject to policy provisions.

The limits of liability available to pay damages, including judgment or settlement amounts, shall be reduced by amounts incurred for claims expenses. Further note that amounts incurred for claims expenses and damages shall also be applied against the deductible amount.

By applying for this insurance, the applicant also is applying for membership in DesignPro-Purchasing Group, a purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.).

**1. Firm Information**

Name of Firm	
Contact Name	
Principal Office Address	
Phone #	
Email Address	
Website Address:	

2.  Sole Proprietorship  Partnership  Corporation  Other \_\_\_\_\_

3. Date the firm was established \_\_\_\_\_

4. List branch office locations (if any) and the percentage of fees derived from each location.

City, State	% Last Fiscal Year Fees

5. List any pre-existing or related entities, their relationship or percentage of ownership, dates of existence and services provided. If coverage is desired for the entity, please list the retro date on their current professional liability coverage.

6. Provide the number of personnel in each of the following categories

	Number employed	Number Registered/Licensed
Principals, Partners, Officers & Directors		
Professional Personnel		
Technical Personnel		
All Others		
Total number of employees		

7. Please provide the following information regarding total gross receipts. Gross receipts means the exact dollar amount of gross receipts from Professional Services including fees paid to subconsultants, however, **excluding direct reimbursables by contract** (i.e., travel, per diem, reproduction costs, etc).

	Projection for Current Fiscal Year	Last Complete Fiscal Year Ending _____/_____/_____	Two Years Ago	Three Years Ago
Gross Receipts				

8. Please indicate the approximate percentage of your last fiscal year gross receipts in the disciplines below. (Do not include subconsultants)

- |                                     |        |                           |
|-------------------------------------|--------|---------------------------|
| Architecture _____%                 | _____% | Civil Engineering         |
| Architectural Planning _____%       | _____% | Civil – WWTP              |
| Interior Design and Graphics _____% | _____% | Structural Engineering    |
| Landscape Architecture _____%       | _____% | Environmental Engineering |
| Illumination Engineering _____%     | _____% | Environmental Science     |
| Electrical Engineering _____%       | _____% | Geotechnical Engineering  |
| Mechanical Engineering _____%       | _____% | Surveyor                  |
| Acoustical Engineering _____%       | _____% | Traffic Engineering       |
| Process Engineering _____%          | _____% | Other _____               |

**Must Total 100%**

9. What percentage of the firm's last fiscal year gross receipts were paid to subconsultants in the following disciplines:

- |                                | Insured for Professional Liability | Uninsured |
|--------------------------------|------------------------------------|-----------|
| a. Structural                  | _____%                             | _____%    |
| b. Other professional services | _____%                             | _____%    |

10. Does the firm obtain certificates of insurance from subconsultants?      yes  no   
 Does the firm have a procedure to update subconsultant certificates annually?      yes  no

11. Does any one contract or client represent more than 50% of the firm's last fiscal year gross receipts?  
*If yes, please describe below.*      yes  no

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Indicate the percentage of last fiscal year gross receipts derived from each of the following types of clients:

Owners	_____%	State Governments	_____%
Developers	_____%	Federal Government	_____%
Contractors	_____%	Foreign	_____%
Design Professionals	_____%	Other _____	_____%
Local Governments	_____%		

What percentage of gross receipts are derived from repeat clients? \_\_\_\_\_%

13. Indicate the percentage of last fiscal year gross receipts attributable to the following services:

Design with construction observation/review	_____%
Design without construction observation/review- for government clients	_____%
Design without construction observation/review- for private sector clients	_____%
Construction observation/review without design	_____%
Feasibility, economic, seismic or forensic studies or reports	_____%
Conceptual, schematic, or other design without construction documents	_____%
Abandoned projects	_____%
Project/Construction Management	_____%
Operation and Management Services	_____%
Program Management or other non-design related services	_____%
Plan checking without design	_____%
Quantity or cost estimates without design	_____%
Inspection as a stand-alone service	_____%
Boundary and construction staking	_____%
Construction materials testing (including compaction testing)	_____%
Geotechnical Laboratory analysis	_____%
Geotechnical drilling and sampling	_____%
Asbestos and lead studies	_____%
Asbestos and lead abatement	_____%
Environmental preliminary site assessments (Phase I PSA)	_____%
Environmental investigations (drilling and sampling, Phase II)	_____%
Environmental design services	_____%
Environmental remediation activities, remediation or management	_____%
Environmental project observation/oversight	_____%
Environmental Permitting	_____%
Environmental Lab Analysis	_____%
Fish, wildlife or botanical studies, wetland delineation	_____%
Other environmental services _____	_____%

**Must Total 100%**

14. Please specify the types of contracts used by the firm in the last fiscal year.

Firm's own standard contract	_____ %	Purchase order forms	_____ %
Standard industry contract (AIA, EJCDC, etc.)	_____ %	Verbal agreements	_____ %
Letter of agreement	_____ %	Other _____	_____ %
Client contract	_____ %		

15. What percentage of last fiscal year fees included a signed contract limiting the firm's liability to less than \$250,000? \_\_\_\_\_ %

*Attach sample clause for consideration of Limitation of Liability credit*

16. Indicate the percentage of last fiscal year gross receipts derived from each of the following types of projects:

High rise – all buildings over 15 stories	_____ %	Parking garages	_____ %
Residential condominiums	_____ %	Hotels	_____ %
Single family residential subdivisions	_____ %	Motels	_____ %
Custom homes	_____ %	Retail, malls, shopping centers	_____ %
Apartments	_____ %	Offices, warehouses, restaurants	_____ %
Hospitals, retirement homes, convalescent homes	_____ %	Harbors, docks, piers, or structures for offshore use	_____ %
Public schools, colleges and universities	_____ %	Mines, quarries, tunnels	_____ %
Private schools, colleges and universities	_____ %	Bridges, trestles	_____ %
Churches	_____ %	Dams, reservoirs, levees	_____ %
Correctional institutions	_____ %	Sports facilities, arenas, convention facilities, grandstands, theaters	_____ %
Systems for processing, manufacturing and production	_____ %	Ski lifts, amusement rides, amusement parks	_____ %
Buildings for processing, manufacturing and production	_____ %	Landfills	_____ %
Oil refineries	_____ %	Facilities related to nuclear activities	_____ %
Chemical plants and pipelines	_____ %	Wastewater, sewage and water treatment systems	_____ %
Utilities	_____ %	Waste treatment, storage or disposal facilities	_____ %
Roads and highways	_____ %	Mold remediation	_____ %
Airport runways	_____ %	All other environmental projects	_____ %
Transportation passenger terminals	_____ %	Other _____	_____ %

**Must Total 100%**

*Please submit with this application a project list outlining the firms 5 largest projects.*

17. Did principals or employees of the firm attend a risk management or loss prevention seminar during the last complete fiscal year? yes  no

If yes, please describe.

18. What percentage of the firm's revenues is invested in employee development and training?  
 \_\_\_\_\_%

19. Does the firm follow written in-house quality control procedures? yes  no   
 If yes, please indicate the last date they were updated. \_\_\_\_\_

*If the answer to any question in 20-23 is yes, please provide full details on a separate sheet.*

20. Is the firm or any principal involved in a construction or real estate development company or engaged in any actual construction, or hired a construction contractor to perform construction work?  
 yes  no

21. Has the firm become involved in the manufacture, fabrication, sale, leasing or distribution of any product, process, component, device or system?  
 yes  no

22. Has the firm designed a building, component or system which might be used on more than one project without services for site adaptation?  
 yes  no

23. Has the firm entered into a joint venture agreement with an entity that did not provide design professional services?  
 yes  no

24. In the last five years, have any professional liability claims been made against the firm, its predecessors or any past or present principal, partner, officer, director or employee, or any entity identified in response to **question 5**?  
 yes  no

*If yes, complete the claims questionnaire.*

25. Does the firm or any of the principals, partners, officers, directors or employees, or any entity identified in response to **question 5**, have 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 under this insurance?  
 yes  no

*If yes, on a separate sheet, list details of this situation including name of project, involved parties and description of circumstance.*

Any claim arising from any facts, claims, circumstances or situations required to be disclosed in response to questions 24 and 25 above is excluded from the proposed insurance.

26. Is the firm currently insured for Professional Liability coverage? yes  no   
 What is the retroactive date on your current policy. \_\_\_\_\_

Provide your insurance history for the past five years below.

Company	Policy Period	Limit	Deductible	Premium

27. Our policy automatically provides excess coverage over separate project insurance. Would you like to decline this coverage? yes  no

*If yes, please complete the Project Insurance Questionnaire.*

28. Has any insurer cancelled or refused to renew any similar insurance to the firm, its members or an entity listed in **question 5** of this application? yes  no

*If yes, please provide details.*

29. Indicate the options the applicant would like quoted for professional liability coverage:

Combined Single/Aggregate Limit	Split Limits Per Claim/Aggregate	Per Claim Deductible
<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$250,000/500,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$500,000/1,000,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$1,000,000/2,000,000	<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$2,000,000		<input type="checkbox"/> \$20,000
<input type="checkbox"/> \$5,000,000		<input type="checkbox"/> \$25,000
		<input type="checkbox"/> \$50,000
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

## NOTICE

### **Notice to Arizona Applicants:**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **Notice to California Applicants:**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

### **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 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 Florida and Idaho Applicants:**

Any person who knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company or self-insured program files a statement of claim containing any false or misleading information is guilty of a \*felony. \*Third degree felony in Florida.

### **Notice to Indiana Applicants**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

### **Notice to Arkansas, Kentucky, Michigan and New Jersey Applicants:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any 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 Maine and New Mexico 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 may include imprisonment, fines, or a denial of insurance benefits.

### **Notice to Minnesota Applicants:**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **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 (\$5,000) and the stated value of the claim for such violation.



**Notice to Nevada Applicants:**

Pursuant to NRS686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**Notice to Ohio Applicants:**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

**Notice to Oklahoma Applicants:**

Warning: Any person who knowingly and with intent to 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 Oregon Applicants:**

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**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 penalty.

**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 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.

On behalf of our firm, I agree that this application is true to the best of my knowledge and that I have not suppressed or mis-stated any material facts and I agree that this application shall be the basis of the contract with the insurance company. It is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name of Principal, Partner or Officer \_\_\_\_\_  
Title \_\_\_\_\_