

 Application for Project Specific Professional Liability (PSPL) or

Owner & Developer Protective Professional Liability (ODPP)

**IMPORTANT NOTICE**

**This is your application for a policy, which if issued, will be based upon the information that you provide as well as any supporting information that you provide. If you are unclear as to the meaning of a question, please contact your broker for clarification. You are advised that the Limit of Liability for this coverage that is available to pay judgments or settlements may be reduced and may be totally exhausted by amounts incurred as Claim Expense.**

**APPLICATION INSTRUCTIONS:** Please answer all questionscompletely. If there is insufficient space to provide your answer,please include additional sheets as necessary. Please submit the following additional information with this application:

* List of the 3 largest projects you have either worked on or developed in the last three years, including those currently in progress, with a brief project description, services that you are providing, and the total construction value of each project.
* A list of all Design Professionals and Contractors that will work on the project including their current insurance limits and carrier.
* Copy of the final contract(s) for design and construction (both prime and subcontract).
* Your most recent financial statement (audited if possible).
* Five years of Professional Liability and Pollution Liability claims experience related to projects that you participated in or are currently working on.

Please Select Coverage Type: [ ]  Project Specific Professional Policy [ ]  Protective Professional Liability (Owners)

1. Applicant Firm Name:       Date established:

Street Address:

City, State, Zip Code:

Website address:

Type of Firm:

 [ ]  Corporation [ ]  Partnership [ ]  Professional Corporation [ ]  Sole Proprietorship [ ]  LLC [ ]  LLP

 Other:

Key Insurance Contact and/or Risk Manager:

Name:      Title:

Telephone:      Email Address:

2. Applicant’s Role on this project is:

 [ ]  Owner [ ]  Developer [ ]  Design Professional [ ]  Contractor [ ]  Lender [ ] Other:

3. Are you seeking coverage for just yourself or for yourself and others on the project team? If not just for yourself, please complete the table below for all to be covered by the policy *(attach a separate sheet if necessary)*:

|  |  |  |
| --- | --- | --- |
| Legal Entity Name | Address (Street, City, State) | Role on the Project |
|  |  |  |
|       |       |       |
|       |       |       |
|       |       |       |

4. Number of Professionals that you have on staff:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Architects | Engineers | Land Surveyors | Construction Managers | All Other | TOTAL |
| Principals, Partners, Officers & Directors |       |       |       |       |       |       |
| Licensed Staff |       |       |       |       |       |       |
| Unlicensed Staff |       |       |       |       |       |       |

5. Please provide the information below for the project location:

Project Name:

|  |
| --- |
| Project Street Address or Lot and Block: |
| City, State, Zip Code:      |
| Project Website address:      |
| 6. What is the design and construction schedule of the Project(s): |
|  Date of First Design Contract:       |
|  Design Schedule: | From:       | To:       |
| Construction Schedule: | From:       | To:       |
|  Completion or In‐Service Date:       |  |
| 7. Please identify the project delivery method:[ ]  Design‐Bid‐Build(DBB) [ ]  Design/Build(DB) Contractor Led [ ] DB Designer Led [ ]  DB Operate Maintain(DBOM) [ ] DB Operate & Transfer(DBOT) [ ] Integrated Project Delivery(IPD) |  |

1. Is the project built on a fast track or accelerated construction schedule, with construction beginning before all design has been completed? [ ]  Yes [ ]  No. If yes, explain:
2. Does the project(s) use any innovative, untested, or state‐of‐the‐art design elements?

[ ]  Yes [ ]  No. If yes, please explain:

10. What is the source of funding for the project(s)?

11. Please fill in the table below regarding the financial information for the Project(s):

|  |  |
| --- | --- |
| **Total Construction Value (total of A. through E. below)** | $      |
|  A. Professional Design & CM Fees (All Design Professionals) | $      |
| B. Construction Fees Including Equipment | $      |
| C. Cost of Land | $      |
|  D. Contingency Budget | $      |
| E. All other Costs (Permitting, Licensing, Legal, Insurance, Etc.) | $      |

12. Quote Coverage Options:

 Professional Liability: Yes [ ]  No [ ]

 Pollution Liability: Yes [ ]  No [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Option | Limit of Liability (USD)(Prof = Professional Poll = Pollution) | Deductible (USD) | Extended Reporting Period (months) |
| 1 | Prof-     Poll-      | Prof-     Poll-      | Prof-     Poll-      |
| 2 | Prof-     Poll-      | Prof-     Poll-      | Prof-     Poll-      |
| 3 | Prof-     Poll-      | Prof-     Poll-      | Prof-     Poll-      |

1. What is the Professional Liability coverage required in your contract: $
2. What is the Pollution Liability coverage required in your contract: $

15. Have you built a similar project within the past 5 years? Yes [ ]  No [ ]

 If yes, were there any professional of pollution liability claims made by or against you on that project? Yes [ ]  No [ ]

16. Will your firm directly subcontract services? Yes [ ]  No [ ]

 If yes, please provide the total fees paid to subcontractors and provide the following additional information:

|  |  |  |  |
| --- | --- | --- | --- |
| % of Total | Types of Services Subcontracted | Limits of Liability that you require your subcontractors to carry |  |
| Construction Value |  |
| to be Subcontracted |  |  |
|  | ProfessionalPollution |  |
|  |  |  |
|  |  |  |
|      % |       | $      | $      |  |
|  |  |  |
|      % |       | $      | $      |  |
|  |  |  |
|      % |       | $      | $      |  |
|  |  |  |
|      % |       | $      | $      |  |
|  |  |  |
|      % |       | $      | $      |  |
|  |  |  |

17. Does your firm obtain insurance certificates of professional liability from your prime contractors? Yes[ ]  No [ ]

 If yes, what limit of liability do you typically require?

 If no, please explain:

18, Does your firm obtain insurance certificates of pollution liability from your prime contractors? Yes[ ]  No [ ]

 If yes, what limit of liability do you typically require?

 If no, please explain:

1. Please fill in the table below with the approximate percentages of construction value attributable to any of the following:

*(put ZERO if none)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Amusement Rides or |      % | Concrete Parking Structures (not |      % | Stadium Seating, Roofing or other |      % |
| Swimming Pools |  | surface lots) |  | Stadium work. |  |  |
|  |  |  |  |  |  |  |  |
| Asbestos Related Work |      % | Landfill construction or closure |      % | Power Generation work |  |      % |
|  |  |  |  |  |  |  |
| Lead Paint or Lead Products |      % | Mining including ore processing |      % | Custom Software Development |      % |
| Related Work |  | and exploration |  | for sale to others |  |  |
|  |  |  |  |  |  |  |  |
| Long Span Bridge work (>500 |      % | Maintenance or Facility |      % | Subsurface Oil Exploration or |  |      % |
| feet long) |  | Operation |  | other Drilling Operations |  |  |
|  |  |  |  |  |  |  |  |
| Destructive or Non‐ |      % | Oil or Gas Pipelines |      % | Superfund / Pollution |  |      % |
| Destructive Testing |  |  |  | remediation |  |  |
|  |  |  |  |  |  |  |  |
| Dams and related work |      % | Nuclear or radioactive work |      % | High Voltage Electrical |  |      % |
|  |  |  |  |  | Transmission Lines |  |  |
|  |  |  |  |  |  |  |  |
| Tunnels of greater than 6’ |      % | Foundation Underpinning or |      % | Underground Storage Tank |  |      % |
| diameter |  | bracing of existing structures |  | Installation or Removal |  |  |
|  |  |  |  |  |  |  |  |
| Harbors, ports or pier work |      % | Demolition of Structures over 3 |      % | Wetland Delineation or |  |      % |
|  |  |  | stories |  | Restoration |  |  |
|  |  |  |  |  |  |  |  |  |

20. Please check Yes or No to the following questions, providing additional detail where requested:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| A. Will this project follow written in‐house quality control procedures? | [ ]  | [ ]  |
| B. Are all project members familiar with these procedures? | [ ]  | [ ]  |
| C. Will this project use an automated master specification system (ex. MASTERSPEC, SPEC System | [ ]  | [ ]  |
| D. Will this project use Building Information Modeling (BIM) systems? If yes, what percentage of projects includes BIM?       | [ ]  | [ ]  |
| E. Is this project a LEED® certified project(s)? If yes, please provide for you or the project team: Number of LEED projects in the last five years (including projects completed and currently in progress:       Number of LEED certified professionals on staff:       LEED level for the project: Certified [ ]  Silver [ ]  Gold [ ]  Platinum [ ]  LEED and the related logo is a trademark owned by the U.S. Green Building Council and is used with permission | [ ]  | [ ]  |
| F. Will you (Insured) or the project Owner contract the use of a construction defect management or consulting firm on this project? Insured Owner? If yes, please identify the name of the firm:       | [ ]  | [ ]  |
| 1. Does this project have any limitation of liability clauses in contracts with primes or subs?

 If Yes, please describe (attach additional sheet as necessary).  | [ ]  | [ ]  |
| H. If non‐standard contracts or modified AIA or EJCDC contracts or "letter" agreements are being used, have they been reviewed by the firm's legal counsel for liability implications prior to signing?  | [ ]  | [ ]  |
| I. Does the project have written procedures for monitoring and approving scope changes and collecting outstanding fees?  | [ ]  | [ ]  |
| J. Does this project include in its contracts a provision for alternative dispute resolution such as mediation? If yes, please describe:       | [ ]  | [ ]  |

21. Please provide the following information for the General Liability Insurance Coverage for this project(s):

* Owner Controlled Insurance Program (OCIP): Yes [ ]  No [ ]
* Contractor Controlled Insurance Program (CCIP): Yes [ ]  No [ ]
* Individual Contractor Practice Policies? Yes [ ]  No [ ]
* Other (please describe):

|  |  |  |  |
| --- | --- | --- | --- |
| General Liability Insurance Company | Policy Limit of Liability | Limit Dedicated for this | Deductible or |
|  |  | Project | Retention Amount |
|  |  |  |  |
|       |       |       |       |
|       |       |       |       |

22. Please provide the following information for your firm's Professional Liability Insurance history:

1. Do you have a current practice policy? Yes[ ]  No [ ]
2. Has your Firm, or any Principal, Partner, Officer or Director or any predecessor firms, ever been declined for Professional Liability or Pollution Liability coverage or has any such coverage ever been canceled or non‐renewed? Yes[ ]  No [ ]

23. Please complete the following questions, providing additional detail where requested:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| A. Does the project site require any environmental remediation before new construction? | [ ]  | [ ]  |
| B. Has a site environmental investigation been performed and reviewed by a qualified consultant? | [ ]  | [ ]  |
| C. Is the project in a mapped Floodplain?  If yes, location is: <100 years [ ]  100 years [ ]  >100 years [ ]  | [ ]  | [ ]  |
| D. Does the project include construction on or near any sensitive environmental areas? | [ ]  | [ ]  |
| E. Does the project require seismic design and construction considerations? | [ ]  | [ ]  |

24. Warranty Questions:

**With regard to the Project(s) that are the subject of this application**, do you or any other potential insured (afterthorough inquiry of every principal, partner, officer or director or other prospective insured party) have knowledge of any:

A. Circumstances, incidents, situations, or accidents which may result in claim(s) being made against you or against any other insured? If yes, please provide details on a separate sheet. Yes [ ]  [ ]  No

B. Circumstances, incidents, situations or accidents which may result in claim(s) being made by you or by any other insured? If yes, please provide details on a separate sheet. Yes [ ]  [ ]  No

C. Demand, claim or allegation against you or nay other insured including those previously reported to another insurance carrier? If yes, please provide details on a separate sheet. Yes [ ]  [ ]  No

**FRAUD WARNING**

**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.**

**SIGNATURE AND CERTIFICATION**

**By signing this application, the Applicant agrees that:**

1. The statements and answers given in this application and any attachments to it are accurate and complete;
2. The statements and answers the **Applicant** furnishes to the **Company** are representations the **Applicant** makes to the **Company** on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the **Company** to provide a proposal for insurance;
4. Any policy the **Company** issues will be issued in reliance upon those representations;
5. The **Applicant** will report to the **Company** immediately, in writing, any material change in the **Applicant’s** operations, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
6. The **Company** reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the **Company** has offered.
7. Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Principal, Partner, Officer or Director** |  | **Date** |  |
|       |  |       |  |
| **Printed Name of Principal, Partner, Officer or Director** |  | **Printed Title** |  |
| **BROKER INFORMATION** |  |  |  |
|       |  |       |  |
| **Agent/Broker** |  | **Agent/Broker Contact Name** |  |
|       |  |       |  |
| **Agent/Broker E‐Mail Address** |  | **Agent/Broker Telephone Number** |  |
|       |  |  |  |
| **Agent/Broker Address** |  |  |  |