



**James River Insurance Company
and its Subsidiaries**
6641 West Broad Street, Suite 300
Richmond, VA 23230

**Architects & Engineers
Professional Liability Application**

**PROFESSIONAL LIABILITY
Division**
Email to PL@jamesriverins.com

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

Additional information required for this submission:

- Provide full name and professional qualifications (*registrations and degrees, date and place acquired*) of all principals, partners or officers of the current firm(s).
- Copy of firm's brochure.
- Copy of firm's latest financial statement, annual report or 10-K.

NOTE: The insurance for which applicant is applying is written on a **CLAIMS MADE POLICY**. Only claims which are first made against applicant and reported to the company during the policy period are covered subject to policy provisions.

The limits of liability stated in the policy are reduced by **CLAIM EXPENSES**. **Claim expenses** are also applied against applicant's deductible or self insured retention, if applicable to the claim. Any questions pertaining to coverage should be discussed with applicant's insurance broker.

SECTION I – GENERAL INFORMATION

Applicant name:			
DBA:			
Address:			
City:			State:
			Zip:
Phone:		Ext:	Website:
Years in business under current management:		Date established:	
List any additional offices and provide locations:			
Type of firm: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Professional corporation			
During the past five (5) years, has the name of the firm been changed, has any other business been purchased, or has any merger or consolidation taken place? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", provide full details, including dates:			

SECTION II – OPERATIONS

1. Provide the number of staff for each of the following:							
a. Architects, Engineers, Surveyors, Landscape Architects:							
b. Site representatives, Draftsmen, other technical personnel:							
c. Clerical and accounting employees:							
d. Construction personnel:							
e. Total staff (a-d):							
2. On a separate sheet, provide full name and professional qualifications (<i>registrations and degrees, date and place acquired</i>) of all principals, partners or officers of the current firm(s).							
3. Identify the state(s) in which applicant is licensed to perform professional services and the percent of revenues generated from each:							
State	%	State	%	State	%	State	%

4. Does firm perform any foreign work? If "Yes", please give full details on a separate attachment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have any of the principals, officers, or partners listed in question 2 above ever been subject to disciplinary action by authorities as a result of their professional activities? If "Yes", please give full details on a separate attachment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. To what professional associations does applicant belong?	
7. Does applicant or any subsidiary, parent, or otherwise related entity engage in actual construction, erection, manufacturing, fabrication, or real estate development? If "Yes", please give details on a separate attachment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are any principals, officers, directors, or employees of the applicant engaged in actual construction, erection, manufacturing, fabrication, or real estate development? If "Yes", please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is applicant controlled, owned, or associated with, or does applicant own or control any other firm, corporation, or company? If "Yes", please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does applicant provide professional services on projects in which any principal, officer, director, shareholder, or an immediate family member of such person retain any ownership interest? If "Yes", please complete an equity ownership supplement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does applicant ever perform services on a salaried or annual retainer basis or act in the capacity of an employee or official of any governmental body? If "Yes", please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. On a separate sheet, provide and attach a list of firm's 10 largest jobs in the last five (5) years.	

SECTION III – SERVICES			
1. Indicate the percentage of the following disciplines or services in which the applicant is engaged: <i>(Total must equal 100%)</i>			
Acoustical engineering	%	Interior design	%
Architecture	%	Laboratory testing/Construction Materials Testing	%
Asbestos inspection, testing, or abatement design	%	Land surveying	%
Chemical engineering	%	Landscape architecture	%
Civil engineering	%	Machine/equipment design	%
Construction/project management	%	Mechanical engineering	%
Communication engineering	%	Mining engineering	%
Design/build	%	Naval/marine engineering	%
Electrical equipment	%	Nuclear engineering	%
Environmental engineering	%	Process engineering	%
Fire protection design	%	Soil/geotech engineering	%
Fire sprinkler inspections	%	Structural engineering	%
Forensic engineering	%	Other <i>(specify)</i> :	%
HVAC engineering	%		
Total			%

2. Indicate the approximate percentage of billings derived from the following types of services: *(Total must equal 100%)*
- | | | |
|--|----------|----------|
| a. Feasibility studies, reports, surveys where applicant is not involved in design | % | |
| b. Design without supervisory services | % | |
| c. Design and observation | % | |
| d. Construction/project management | % | |
| e. Construction observation without design | % | |
| f. Inspection services on existing structures | % | Details: |
| g. Inspections of homes/commercial properties for prospective buyers or lenders | % | |
| h. Manufacture, sale, or distribution of any product or process | % | Details: |
| i. Development, sale, or leasing of computer software to others | % | Details: |
| j. Other: | % | |
| k. Total | % | |

3. Indicate the approximate percentage of billings derived from each project type: *(Total must equal 100%)*

Airport runways/taxiways	%	Nuclear facilities	%
Amusement rides/parks	%	Office buildings	%
Apartments	%	Parking structures	%
Asbestos abatement	%	Petrochemical/refineries	%
Bridges	%	Pools/playgrounds	%
Churches	%	Power plants	%
Condominiums	%	Pre-engineered buildings	%
Convention	%	Pre-fabricated buildings	%
Centers/theaters	%	Recreation/sports facilities	%
Custom residential	%	Roads/highways	%
Dams	%	Schools/colleges	%
Environmental impact	%	Sewage systems	%
Foundation or shoring projects	%	Sewage treatment plants	%
Harbors/piers/ports	%	Shopping centers/retail	%
Hospital/healthcare	%	Site development	%
Hotels/motels	%	Superfund/pollution	%
Industrial waste treatment	%	Tract homes/subdivisions	%
Jails/justice	%	Traffic planning	%
Landfills	%	Tunnels	%
Libraries	%	Warehouses	%
Manufacturing/industrial	%	Water systems	%
Mass transit	%	Other <i>(specify)</i> :	%
Mines	%	Total	%

4. Indicate the approximate percentage for each client type: *(Total must equal 100%)*

Commercial	%	Local government	%
Contractors	%	Other design professionals	%
Federal government	%	Real estate developers	%
Industrial	%	State government	%
Institutional	%	Other <i>(specify)</i> :	%
		Total	%

5. Does applicant foresee any substantial changes in the percentages provided in questions 1 through 4 above during the next 12 months?

Yes No

If "Yes", please give details:

6. Does the Applicant perform design for remediation or repairs? Yes No
 If "Yes": %
 Please give details:

7. Does the Applicant design structures with Exterior Insulation Finishing Systems (EIFS)? Yes No
 If "Yes": %

SECTION IV – GROSS BILLINGS/CONSTRUCTION VALUES/RISK MANAGEMENT

1. Accounting Year Data
 Report all revenue generated by every entity to be listed as an insured broken down by the following contract types/activities:

Reporting Periods	Past 12 Months		Estimate for Next 12 Months	
	From: " " "	To: " " "	From: " " "	To: " " "
Types of Contracts/Activities	Estimated Construction Values	Professional Fees	Estimated Construction Values	Professional Fees
A. Design Only —perform design services only with no contractual obligations for construction or construction management (CM)	\$	\$	\$	\$
B. Construction Only —perform as general or specialty contractor with no contractual obligations for design or agency CM services	\$	N.A.	\$	N.A.
C. Agency CM —provide project administration and management services as agent of owner but hold no design or construction subcontracts	\$	\$	\$	\$
D. At-Risk CM —provide agency CM services during preconstruction and self-perform or hold and manage all construction subcontracts during construction	\$	\$	\$	\$
E. Design-Build w/In-House Design —assume contractual obligation for design and construction where design is performed by in-house employees	\$	\$	\$	\$
F. Design-Build w/Subcontracted Design —assume contractual obligation for design and construction where design is substantially subcontracted to others	\$	\$	\$	\$
G. Other —revenue generated from sources other than the above contract types/activities (Please attach detailed descriptions)	\$	\$	\$	\$
Totals	\$	\$	\$	\$

5. Has any claim ever been made against the firm, applicant, or any principals, partners, or officers listed in Section I in the last 10 years? Yes No
 If "Yes", please attach details stating: date when claim was made; date the act giving rise to the claim was committed; name of claimant; nature of the claim; amount involved, including reserves; and final disposition.

6. After the inquiry, is the applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission, or circumstances which may possibly result in a claim being made against them? Yes No
 If "Yes", attach a statement giving full details.

7. Provide the following information for requested coverage:

Limits	Deductible

SECTION VI – SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. *(Not applicable in North Carolina)*

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association/society. I agree to cooperate with these committees.

COPY OF NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.
(Not required in all states, contact your agent or broker for your state's requirements.)

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. *(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applications in these states.)*

NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV
 Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Applies in MD Only.*

Applicable in CO
 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony (of the third degree)*. **Applies in FL Only.*

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. **Applies in NY Only.*

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. **Applies in ME Only.*

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

I have read the statements above, understand their meaning and agree.

Applicant's signature:

Date:

Applicant's name:

Applicant's title: