



ARGO GREEN PRO

SUSTAINABLE ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY APPLICATION

GENERAL INFORMATION

1. Company Name (Full Legal): _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Web Address: _____

***Please list all branch offices on a separate sheet and include a breakdown of the staff at each location.**

2. How many years has the Applicant been in business? _____
3. Please indicate the Applicant's total number of employees:

	<u>Officers, Partners, Owners</u>	<u>Employees</u>
Licensed Architects	_____	_____
Licensed Engineers	_____	_____
Technical Staff	_____	_____
Sustainability Accredited Staff	_____	_____
Administrative Staff	_____	_____

4. Does the Applicant derive more than 20% of its gross annual revenue from any single customer? Yes No
 If Yes, please describe? _____

5. a) Does the Applicant do business through independent contractors?
 All of the time Most of the time Some of the time Never

- b) Does the Applicant contractually require independent contractors to maintain E&O insurance?
 All of the time Most of the time Some of the time Never

c) In the past year, what percentage of Gross Receipts was paid to independent contractors? _____%

d) For what services? _____

6. Please provide a brief description of the type of A&E services for which coverage is desired:

7. Please indicate the total professional services revenue for the following fiscal years:

a) Current Year: \$ _____ b) First Prior Year: \$ _____
 c) Second Prior Year: \$ _____ d) Projected Next Year: \$ _____

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PROJECTS (CONTINUED)

D) INDUSTRIAL

Processing, manufacturing & production systems _____ %
 Mines, quarries, tunnels _____ %
 Oil refineries _____ %
 Chemical plants and pipelines _____ %
 Facilities _____ %
 (Related to nuclear activities) _____ %

E) GENERAL AND COMMERCIAL BUILDING

Parking garages _____ %
 Hotels or motels _____ %
 Retail, malls, shopping centers & restaurants _____ %
 Office, warehouse, processing, manufacturing & production buildings _____ %

F) RECREATION FACILITIES

Sports facilities, arenas, convention facilities, grandstands, theaters, amusement parks & water parks: _____ %
 Describe services for each: _____
 Ski lifts, amusement rides _____ %
 Describe services for each: _____

G) INFRASTRUCTURE

Utilities or Landfills _____ %
 Roads and highways _____ %
 Airport runways or transportation passenger terminals (please describe) _____ %

Structures for offshore or marine use, harbors, jetties, docks, piers, wharves _____ %
 Bridges, trestles _____ %
 Dams, reservoirs, levees _____ %
 Wastewater, sewage and water treatment systems or waste treatment, storage or disposal facilities _____ %

OTHER (Please describe) _____ %

TOTAL OF PROJECTS _____ **100** %

SUSTAINABILITY CERTIFICATION

11. a) Please describe any sustainable certification processes used? _____
- b) Please describe your qualifications in these processes? _____
- c) Percent of these projects which are certified or trying to be? _____ %
- d) Do you provide certification on projects for which you have been hired as a design professional?
 If Yes, please describe: _____
- e) Sustainable certification is designed to be a collaborative process among all parties to a project. Please describe your communication process with Clients and other project professionals. _____
- f) If changes are ordered are they always documented with the client? _____
 If no, why not? _____
- g) Are the implications of changes upon LEED Certification discussed and documented? _____
- h) Please describe your most recent LEED education/training? _____

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DESIGN BUILD SERVICES

12. a) Are you involved in Design-Build projects? Yes No
b) Do you seek professional liability coverage for these services? Yes No
*If yes, please complete Design/Build supplemental application at the end of this application.

RISK MANAGEMENT AND LOSS PREVENTION

13. Do you belong to any professional societies? Please specify: _____
14. What percentage of professional employees completed continuing education in the last two years? _____%
15. Please describe any LEED or Green experience or education of the firm or key personnel? _____

16. a) Do you use a standard written contract on every project? Yes No
b) What percentage of the time are contracts used? _____%
c) What organization's form do you use? _____
d) What percentage of the time do you deviate from this contract? _____%
e) Please indicate the percentage of projects during the last 12 months that used a verbal contract: _____%
f) Why? _____

17. a) Does your standard contract contain limitation of liability clauses? Yes No
b) Does your standard contract contain indemnification/hold-harmless clauses running in your favor?
 All of the time Most of the time Some of the time Never
c) Does your contract ever contain any warranties or guarantees? Yes No
If yes, please describe _____

CLIENTS / PROJECTS

18. Do you have cumulative ownership greater than 10% in any entity or project? Yes No
If Yes, please describe: _____

LIST OF 3 LARGEST CURRENT PROJECTS

19. a) Name of project/Client's name: _____
Location/Description of project: _____
Services provided by your firm/Year completed: _____
Your anticipated total gross receipts/Construction value of the project: _____

b) Name of project/Client's name: _____
Location/Description of project: _____
Services provided by your firm/Year completed: _____
Your anticipated total gross receipts/Construction value of the project: _____

c) Name of project/Client's name: _____
Location/Description of project: _____
Services provided by your firm/Year completed: _____
Your anticipated total gross receipts/Construction value of the project: _____

CLAIM DATA

20. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activities? Yes No
If Yes, please describe: _____

21. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees? Yes No
If Yes, please describe including name of claimant; type of service provided and allegation made; date claim was made; demand amount and final disposition including indemnity and expense amounts: _____

22. Does the Applicant or do the Applicant's owners, principals, directors, officers or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business? Yes No
If Yes, please describe: _____

It is understood and agreed that if the answer to the previous three queries is Yes, any such claim or potential claim is specifically excluded from this proposed coverage.

23. Please indicate the number of suits filed by you for the collection of fees during the last two years: _____

INSURANCE COVERAGE

24. Please indicate desired coverage terms:
Limit: _____ Deductible: _____
Retroactive Date (coverage will begin on policy effective date if not provided): _____

25. In order to best meet your coverage needs, please provide information about your current policy:
Carrier: _____
Limit: _____ Deductible: _____
Premium: _____
Retroactive Date: _____ Expiration Date: _____

26. Is the firm covered by any professional liability specific project policy? Yes No
If Yes, provide the name and address of project, name of insurance company and term of policy:

27. Does the firm carry general liability insurance? Yes No
If Yes, what carrier and how much? _____

Please attach additional information we may find helpful in evaluating your risk.

Notice to Applicant: Please Read Carefully.

Warranty: The Applicant warrants that the information contained herein is true as of the date of this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the applicant.

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, the information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____

DESIGN BUILD SUPPLEMENTAL APPLICATION

1. CONSTRUCTION VALUES/PROFESSIONAL FEES

	Last Fiscal Year 20__	Professional Fees	Projected Current Fiscal Year 20__	Professional Fees
	Construction Values	Professional Fees	Construction Values	Professional Fees
Design and Construction	\$ _____	\$ _____	\$ _____	\$ _____
Design Only - No Construction	\$ _____	\$ _____	\$ _____	\$ _____
Construction Only – No Design	\$ _____	\$ _____	\$ _____	\$ _____
Construction Management	\$ _____	\$ _____	\$ _____	\$ _____
Other(<i>please specify</i>) _____	\$ _____	\$ _____	\$ _____	\$ _____
Total - All Operations	\$ _____	\$ _____	\$ _____	\$ _____

DESIGN/BUILD SERVICES

2. Please describe relationship between the design firm and construction firm:

3. Please describe construction observation services performed by design firm:

4. Please list by attachment the 10 largest Design/Build projects in the past 5 years. Indicate names, locations, types of structures, services performed, construction values and completion dates.
5. Do you or your subcontractors perform actual construction activities or remediation or assume the duties or responsibilities for construction means or methods, or enforce job site safety? Yes No
6. What is the Applicant's current bonding capacity? \$ _____
7. Has a surety company ever declined to offer a bond? Yes No
If yes, please provide details by attachment

LIABILITY ISSUES

For all "yes" responses to questions 7 - 10, please provide details by attachment. Include project name and indicate if circumstance has been reported to insurance carrier.

8. Is the Applicant aware of any actual or alleged faulty or defective workmanship or faulty or malfunctioning equipment?
Yes No
9. Is the Applicant aware of any unresolved construction dispute including an unexcused delay, a budget overrun, or a change order which exceeds \$10,000?
Yes No
10. Has the Applicant or any subcontractor ever defaulted, failed to complete a contract, or had liquidated damages or similar penalties assessed against them?
Yes No

11. Has the Applicant or any subcontractor made a claim or lien against any party because of compensation due, or alleged to be due, which exceeds \$10,000?

Yes No

Notice to Applicant: Please Read Carefully.

Warranty: The Applicant warrants that the information contained herein is true as of the date of this supplemental application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the applicant.

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, the information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

THE SUPPLEMENTAL APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____