



ASME-SPONSORED PROFESSIONAL LIABILITY INSURANCE PROGRAM

(This is an application for a Claims-Made Policy.)
NOTE: PLEASE REVIEW A SPECIMEN EVIDENCE OF INSURANCE FOR COVERAGE PROVISIONS.
 The limits of liability stated in the policy are reduced by costs, charges and expenses. Costs, charges and expenses also may be applied against your deductible, if applicable to the claim.

Name _____
 Address _____
 City _____
 State _____ ZIP _____

Business Phone # _____
 Fax # _____
 E-Mail Address _____
 We will use e-mail for corresponding unless otherwise requested.

1. Legal Entity (please check one): Individual Professional Corporation Corporation Partnership ILLP/LLC

- A. Entity name (if applicable) _____
- B. Year established _____
- C. Website _____
- D. List each engineer in your firm below.

Name	ASME Membership ID# <small>(at least one required for acceptance)</small>	Year first licensed as an engineer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- E. Indicate the size of your staff (list each individual only once):
 - Principals, Partners, Officers and Directors _____
 - Engineers (others than principals) _____
 - Others Technical Staff (describe position) _____
 - Clerical _____
 - TOTAL _____

2. A. Please select the limits of liability for which you would like a quotation:

- \$100,000 each claim/\$300,000 annual aggregate
- \$250,000 each claim/\$500,000 annual aggregate
- \$500,000 each claim/\$500,000 annual aggregate
- \$1,000,000 each claim/\$1,000,000 annual aggregate
- \$1,500,000 each claim/\$1,500,000 annual aggregate
- \$1,000,000 each claim/\$2,000,000 annual aggregate
- \$2,000,000 each claim/\$2,000,000 annual aggregate
- Other _____

B. Check if you would like to purchase an additional limit 50% of the Per Claim limit selected in 2A (not to exceed \$500,000) to apply to defense costs only.

C. Requested effective date: _____

3. Please provide your total gross revenues

Fiscal Year End	Projected for Current Year	Last Fiscal Year	Two Years Ago	Three Years Ago
(MM/DD/YY)				
Total Gross Revenues:	\$ _____	\$ _____	\$ _____	\$ _____

(Do NOT include direct reimbursable)

4. I am aware that the policy for which I am applying provides no coverage for work performed on behalf of any employer other than the entity in question 1A. Yes No

5. Please indicate the percentage (%) of the following services performed which should total 100%

Feasibility studies, master plans, reports, opinions	%
Design with construction observation	%
Design without construction observation	%
Construction observation without design	%
Inspection services	%
Other (describe):	%
Total	100%

6. In which of the following areas do you or your firm practice? Please indicate the approximate percentages of your annual or anticipated total gross billings derived from each project type.

<u>Area</u>	<u>% of Annual Gross Billings</u>	<u>Area</u>	<u>% of Annual Gross Billings</u>
Acoustical Engineering	_____ %	HVAC Engineering	_____ %
Chemical Engineering	_____ %	Illumination	_____ %
Construction/ Project Management	_____ %	Machinery/Product Design	_____ %
Agency	_____ %	Mechanical	_____ %
At- Risk	_____ %	Mining	_____ %
Electrical Engineering	_____ %	Naval/Marine	_____ %
Environmental Engineering/Consulting	_____ %	Petro/Chemical	_____ %
Fire Prevention	_____ %	Plumbing	_____ %
Forensic Engineering/Expert Witness	_____ %	Process Engineering	_____ %
Other (Please specify) _____	_____ %		
		Total	_____ 100 _____ %

7. Please indicate the approximate percentage (%) of revenues derived from the following project types: **(Total Must Equal 100%)**

Amusement Parks	%	Dams/Reservoirs	%	Power Plants/Nuclear Facilities	%
Apartments	%	Hospitals	%	Private Schools	%
Airport Terminals	%	Hotels/Motels	%	Processing/Manufacturing Facilities	%
Airport Runways	%	Libraries/Museums	%	Public Schools K-12	%
Arenas/Sports Facilities	%	Marine/Offshore Facilities/Docks/Piers	%	Remediation Engineering	%
Asbestos Abatement	%	Mass Transit Systems	%	Restaurants	%
Bridges/Trestles	%	Mines/Quarries	%	Retail/Malls/Shopping Centers	%
Casinos	%	Mold Abatement	%	Roadways and Highways	%
Chemical/Pharmaceutical Plants	%	Multi-Family Townhouses	%	Single Family Residential – Custom	%
Churches	%	Offices	%	Single Family Residential – Subdivision	%
Colleges/Universities	%	Oil Refineries/Pipelines	%	Underground Storage Tanks	%
Condominiums	%	Parks/Playgrounds	%	Utilities	%
Convalescent/Retirement Facilities		Pools		Waste Brokering	
Convention Centers	%	Parking Garages	%	Water/Wastewater/Treatment Systems	%
Correctional Facilities	%	Phase I Property Assessments	%	Wetland Mitigation	%
Courthouses	%	Phase II & III Property Evaluations	%	Other (describe):	%

Total: 100%

8. Please provide the following information regarding the three largest projects you participated in during the past five years and indicate if such services were performed for an employer (E) or as a self-employed engineer (SE).

Project Type	Services Performed	Date Services Performed	Your Total Gross Billings	Estimated Total Construction Costs	E or SE

9. A) What percentage (%) of the Applicant's professional services is performed under the following contract types:

Professional Association Contract		%	Client Drafted Agreement		%	Verbal Agreements		%
Firm's Standard Agreement		%	Purchase Orders		%			

B) Does your firm incorporate a limitation of liability provision in its agreements? Yes No
 If Yes, what percent of your firm's current contracts contain a limitation of liability clause which is less than or equal to \$250,000 _____ %

10. A) What percentage (%) of the Applicants' professional services is performed under the following client types:

Contractors		%	Local Government		%
Design Professionals		%	State Government		%
Private Owners		%	Federal Government		%
Developers		%	Other (describe):		%

B) What percentage (%) of Applicant's work is derived from repeat clients? _____ %

11. Please check "Yes" or "No" or "N/A" for all risk management practices that you adhere to in your self-employed engineering practice or would adhere to should the situation apply.

Please explain any "no" responses on a separate sheet.

Yes No N/A

- A. Do you consistently exceed the minimum number of continuing education hours required in your state?
- B. Do you use written scope of service letters for all projects exceeding \$500 in billable fees?
- C. Do you conduct construction phase inspection on plans and designs to ensure intent of use?
- D. Do you make use of limitation of liability clauses in engagement letters?
- E. Do you use written status memos over the course of the project?
- F. Do you investigate the work experience of other professionals to identify a potential for problems?
- G. Do you require that other professionals on the project carry comparable professional liability insurance?
- H. Do you maintain written quality control procedures, including secondary design review?
 Please explain on a separate sheet.
 Are all appropriate staff members familiar with them?

12. A. Has the applicant, or independent contractor hired by the applicant, accepted jobs involving known hazardous materials? **Yes No**

B. Do you contemplate accepting known hazardous material jobs in the future?

If you answered "Yes" to either question, please provide a narrative description including the date (year) of service, nature of hazardous material, type of project, fees earned, and nature of services provided.

Include a sample copy of an engagement/scope of service letter or contract used for these types of jobs.

*Engineering services that could involve hazardous materials or pollutants include but are not limited to: Underground storage tank removal, assessment or remediation; sanitary landfill design; closure of existing sanitary landfills; asbestos sampling, testing or abatement; chemical piping and process design; preparation of environmental site assessments or audits, including Phase I and Phase II assessments/investigations; groundwater testing/remediation; laboratory testing/analysis for pollutants; air emission control systems designed solely for controlling pollutants; site selection evaluation for pollution-related projects; hazardous or toxic waste site design or remediation; lead paint sampling, testing or abatement; site selection evaluation for pollution-related projects; air quality assessments/testing; environmental education; water pollution control; or nuclear-related projects.

13. Please answer the following questions.

If the answer to any question is "Yes," please provide the question number and full details, including percentage of revenues derived from the activity, on a separate sheet of paper.

A. Are you involved in actual construction, fabrication, erection, installation of equipment, design/build or supplying of construction materials? **Yes No**

B. Do you subcontract work to others?

If "Yes," do you require all subcontractors to carry Professional Liability insurance to cover the services they perform?

C. Do you manufacture, sell, lease or distribute any product, machinery or process?

D. Are you owned by, or do you own, any other firm?

If so, do you render professional services to the firm(s)?

E. Have you filed any suits for collection of your professional fees against a client during the past fiscal year? If "Yes," please provide full details on a separate sheet of paper.

F. Does any single client account for 25% or more of your annual gross income?

Questions G & H are for Florida domiciled firms only:

G. Does the firm act on any projects as:

1. The Prime Design/Builder
2. A sub-consultant to the Design/Builder

H. For sub-consulted services

1. Hired under Written Contract
2. Hired without Written Contract
3. Insured for Professional Liability
4. Uninsured for Professional Liability
5. Does the firm maintain certificates of insurance for sub-consultants?

14. A. List Engineers' Professional Liability Insurance carried by you or your firm for the past two years. If none, state "none."

Inception Date Mo-Day-Yr	Expiration Date Mo-Day-Yr	Insurance Company	Annual Premium	Limit of Liability	Deductible

B. Please provide your policy's current retroactive date. _____ If none, state "none."

C. Please provide the date that you/your firm first purchased claims-made professional liability coverage and have since continuously maintained the coverage. _____

If not applicable, please check N/A

D. If currently insured, please submit a copy of your current declarations page with your completed application.

