



APPLICATION

ASME WEB

AFB A&E MEDIA TECH®

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY, ARCHITECTS, ENGINEERS AND CONTRACTORS POLLUTION LIABILITY, TECHNOLOGY BASED SERVICES, TECHNOLOGY PRODUCTS, COMPUTER NETWORK SECURITY, AND MULTIMEDIA AND ADVERTISING AND PRIVACY LIABILITY INSURANCE POLICY

Important Note: THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. Subject to its terms, the Policy applies only to a Claim first made against the Insureds during the Policy Period or the Optional Extension Period (if purchased) and reported in writing to the Insurer during or within 60 days after expiration of the Policy Period or during the Optional Extension Period (if purchased). Claim Expenses will reduce and may exhaust the Limit of Liability available to pay Claims and are applied to the deductible. The Insurer will not pay settlements or judgments after the Limit of Liability is exhausted by payment of Damages or Claim Expenses.

Additional Notice to New York Applicants: The Policy for which this Application is made is a claims made policy. The Policy provides no coverage for Claims arising out of incidents, occurrences or wrongful acts which took place prior to the Retroactive Date. Upon termination of coverage for any reason, a 60-day automatic extension period will apply. For an additional premium, a three year Optional Extension Period can be purchased. This Policy applies to Claims only if first made during the Policy Period, the automatic extension period or, if purchased, the Optional Extension Period. No coverage exists for Claims made after termination of coverage and the automatic extension period unless, and to the extent, the Optional Extension Period applies. No coverage will exist after the expiration of the automatic extension period or, if purchased, the Optional Extension Period, which may result in a potential coverage gap if prior acts coverage is not subsequently provided by another insurer. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and the Insured can expect substantial annual premium increases, independent of overall rate increases, until the claims-made relationship reaches maturity.

Additional Notice to Minnesota Applicants: Under Minnesota law a Claim may be reported orally or in writing to the Insurer or to the Insured's Broker of Record.

Please fully answer all questions and submit all requested information. Terms appearing in bold face in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. If you do not have a copy of the Policy, please request it from your agent or broker. Applicant agrees that the representations made in this **Application**, and any supplemental attachments, are material and have been relied upon by the Underwriter in issuing any Policy.

Section 1 Applicant Information

Name of Applicant: _____

Is the applicant currently an ASME member? Yes No

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Email: _____ Phone: _____

Year Firm Was Established: _____ Company Website: _____

Section 2 Firm Composition

A) Please provide the following information for licensed professional(s):

Name	Education	Number of Year(s) Experience	Number of Years with Applicant

Section 3 Financial Information

Fiscal Year End (MM/DD/YY)	Projected for Current Year ____/____/____	Last Fiscal Year ____/____/____	Two Years Ago ____/____/____	Three Years Ago ____/____/____
Total Gross Revenues: (Do NOT include direct reimbursable)	\$ _____	\$ _____	\$ _____	\$ _____

Please provide projected revenues for the next 12 months if the applicant does not currently carry professional liability insurance. \$ _____

Section 4 Practice Information

A) Please indicate the percentage (%) of the following disciplines of service in which the Applicant is engaged: **(Total Must Equal 100%)**

Disciplines of Service	% Revenues	Disciplines of Service	% Revenues
Acoustical Engineering	_____ %	Mechanical Engineering	_____ %
Chemical Engineering	_____ %	Mining Engineering	_____ %
Electrical Engineering	_____ %	Naval/Marine Engineering	_____ %
HVAC Engineering	_____ %	Process Engineering	_____ %
Construction/Project Management	_____ %	Environmental Engineering/Consulting	_____ %
Agency	_____ %	Forensic Engineering	_____ %
At-Risk	_____ %	Illumination Engineering	_____ %
		Other, please describe: _____	_____ %
			Total: _____ %

Section 5 Contracts

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 _____ %

Section 6 Services/Project Information

A) Please indicate the percentage (%) of the following services 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	_____ %

Section 6 Services/Project Information (continued)

B) Please indicate the percentage (%) of the following services which does not have to total 100%:

- Actual construction, fabrication or erection? Yes No _____ %
- Hiring other firms to perform construction, fabrication or erection?..... Yes No _____ %
- Computer software development for, or sales to, others?..... Yes No _____ %
- The manufacture, sale, leasing or distribution of any product or production process? Yes No _____ %
- Projects where the firm retains an equity interest? Yes No _____ %
- Services for any entity where a principal of firm or family member is an officer, manager or owner? Yes No _____ %
- Joint Ventures with other firms?..... Yes No _____ %
- Leasing of Staff to other firms for a fee?..... Yes No _____ %

Note: If you answer yes to any part of the above question, please provide full details, including relationships, a description of the services performed, construction values involved and any fees received.

Questions C and D are for FL domiciled firms only

C) Does the firm act on any projects as:

- 1. The Prime Design/Builder Yes No _____ % of Fees
- 2. A sub-consultant to the Design/Builder Yes No _____ % of Fees

D) For sub-consulted services:

- Hired under written Contract _____ %
- Hired without Written Contract..... _____ %
- Insured for Professional Liability _____ %
- Uninsured for Professional Liability _____ %
- Does the firm maintain certificates of insurance for sub-consultants? Yes No

E) 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	_____ %	Utilities	_____ %
Condominiums	_____ %	Parks/Playgrounds	_____ %	Waste Brokering	_____ %
Convalescent/Retirement Facilities	_____ %	Pools	_____ %	Water/Wastewater Treatment Systems	_____ %
Convention Centers	_____ %	Parking Garages	_____ %	Wetland Mitigation	_____ %
Correctional Facilities	_____ %	Phase I Property Assessments	_____ %	Other, please describe: _____	_____ %
Courthouses	_____ %	Phase II & III Property Evaluations	_____ %		
					Total: _____ %

F) Has the firm completed a condo project in the past five (5) years? Yes No
If yes, please complete the condominium supplemental application.

Section 7 Clientele

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 (please describe): _____	%

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

Section 8 Coverage Information

A) Please provide a copy of the Applicants' current policy and provide the following details regarding the Applicant's Architects and Engineers Professional Liability Insurance Coverage for the last five (5) years beginning with the most current year:

Policy Period	Insurance Company	Per Claim/Aggregate Coverage Limits	Deductible	Premium	Retroactive Date
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

B) Does the current policy afford first dollar defense? Yes No

C) Shared claims expense? Yes No

Section 9 Risk Management

A) Does the Applicant have:

- Procedures to evaluate and screen potential new clients? Yes No
- Procedures for monitoring and collecting outstanding fees? Yes No
- Any outstanding fee disputes, or open suits for fees? Yes No

Section 10 Claim and Circumstance Information

A) Please attach a current copy of carrier loss runs for the past five (5) years.

B) Have any of the Applicant's principals, partners, directors or officers ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No

If Yes, please provide details: _____

C) Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present partners in a prior firm ever been declined or has the insurance ever been canceled or non-renewed? Yes No

If Yes, please give details: _____

NOTE: Applicants in Missouri should not answer the above question.

D) Has any claim or legal action been brought against the Applicant, its predecessor(s) or any past principal, partner, director, or officer in the past five (5) years? Yes No

a. If Yes, please attach details and a five (5) year premium total so that we may calculate a five (5) year loss ratio.: _____

E) After inquiry, is the Applicant, its predecessor(s), or any other person or entity for which coverage would be provided aware of any circumstance(s) that would suggest to a reasonable person that a claim might possibly be made, including, but not limited to, any actual or alleged act, error, or omission, any unresolved job dispute, or any unresolved payment dispute they have not already reported to their professional liability insurance company(ies)? Yes No

If Yes, please attach details: _____

F) Please describe all corrective action(s) the Applicant has undertaken to improve claim history: _____

SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

I UNDERSTAND AND AGREE THESE INVESTIGATIONS SHALL NOT BE CONFINED TO INFORMATION SUBMITTED IN THIS APPLICATION, BUT SHALL INCLUDE ANY OTHER SOURCES OF INFORMATION DEEMED RELEVANT BY THE COMPANY AS MAY BE AUTHORIZED BY LAW.

APPLICANT AND ALL OWNERS, EMPLOYEES, AND CONTRACTORS ARE LICENSED OR DULY AUTHORIZED IN ALL STATES OR JURISDICTIONS WHERE PROFESSIONAL SERVICES ARE PROVIDED. APPLICANT ATTESTS TO THE TRUTH OF ALL ANSWERS TO THE ABOVE QUESTIONS, AND THAT APPLICANT HAS NOT WITHHELD ANY INFORMATION WHICH IS CALCULATED TO INFLUENCE THE JUDGMENT OF THE INSURANCE COMPANY IN CONSIDERING THIS APPLICATION.

FRAUD WARNING DISCLOSURE

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND 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.

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 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: 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 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 MARYLAND APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, 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 KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND 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 CLAIMS 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. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Signed*: X

Date: X

Print Name: _____

Title: _____

(Owner, Partner, Authorized Officer)

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Agent's Printed Name: _____ Florida Agent's License Number: _____

Agent's Signature*: X

*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative Date: _____
 Electronic Signature and Acceptance - Producer Date: _____