



IEEE-SPONSORED PROFESSIONAL LIABILITY INSURANCE APPLICATION

(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 _____

Daytime Phone No.
 (____) _____
 Fax No.
 (____) _____
 E-mail Address _____
 We will use e-mail for corresponding unless otherwise requested.

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

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

Name	IEEE Membership I.D. Number (at least one required for acceptance)	Year first licensed as an engineer (if applicable)	Membership Grade		
			Member	Senior Member	Fellow
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Indicate the size of your staff (list each individual only once):

Principals, Partners, Officers and Directors	_____
Engineers (other than principals)	_____
Other Technical Staff (describe position)	_____
Clerical	_____
TOTAL	_____

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

<input type="checkbox"/> \$100,000 each claim/\$300,000 annual aggregate	<input type="checkbox"/> \$1,500,000 each claim/\$1,500,000 annual aggregate
<input type="checkbox"/> \$250,000 each claim/\$500,000 annual aggregate	<input type="checkbox"/> \$1,000,000 each claim/\$2,000,000 annual aggregate
<input type="checkbox"/> \$500,000 each claim/\$500,000 annual aggregate	<input type="checkbox"/> \$2,000,000 each claim/\$2,000,000 annual aggregate
<input type="checkbox"/> \$1,000,000 each claim/\$1,000,000 annual aggregate	<input type="checkbox"/> Other: _____

B. Check if you would like to purchase an additional limit equal to the limit selected (not to exceed \$1,000,000) in 2A to apply to defense costs only.

C. Requested effective date: _____

3. Please provide your total gross revenues.

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)

(over, please)

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>
Aerospace/Aircraft	_____ %	HVAC Engineering	_____ %
Acoustics Speech & Signal Processing	_____ %	Industrial Electronics	_____ %
Antennas	_____ %	Laser & Electro-optics	_____ %
Broadcast Technology	_____ %	Magnetics	_____ %
Circuitry	_____ %	Manufacturing Technology	_____ %
Communications	_____ %	Medicine/Biology	_____ %
Computer Hardware*	_____ %	Microwave	_____ %
Computer Software*	_____ %	Nuclear & Plasma Sciences	_____ %
Consumer Electronics	_____ %	Oceanic	_____ %
Control Systems	_____ %	Power Electronics	_____ %
Electromagnetic Compatibility	_____ %	Power Engineering	_____ %
Expert Witness/Forensic	_____ %	Robotics	_____ %
Geoscience	_____ %	Ultrasonics, Ferroelectrics	_____ %
Other (please specify) _____	_____ %	Vehicular Technology	_____ %
		TOTAL	100 %

*Please complete the attached Computer Services Supplement form.

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	%	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 (describe):	%
Courthouses	%	Phase II & III Property Evaluations	%		
				Total:	100%

(next page, please)

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

12. A. Has the applicant, or an independent contractor hired by the applicant, accepted jobs involving known hazardous materials?*

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.

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| A. Are you involved in actual construction, fabrication, erection, installation of equipment, design/build or supplying of construction materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you developed, sold or leased computer software/hardware to others?* | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Do you subcontract work to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes," do you require all subcontractors to carry Professional Liability insurance to cover the services they perform?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Do you manufacture, sell, lease or distribute any product, machinery or process? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are you owned by, or do you own, any other firm?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, do you render professional services to the firm(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have you filed any suits for collection of your professional fees against a client during the past fiscal year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes," please provide full details on a separate sheet of paper. | | |
| G. Does any single client account for 25% or more of your annual gross income? | <input type="checkbox"/> | <input type="checkbox"/> |

***Please complete the attached Computer Services Supplement form.**

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
(mm) (dd) (yy)
- D. If currently insured, please submit a copy of your current declarations page with your completed application.

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| A. Has any application or policy of yours or your firm's for Professional Liability Insurance ever been declined, canceled or refused renewal? If "Yes," please provide details on a separate sheet of paper..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you or members of your firm had your license revoked or received suspension or other disciplinary action from a governmental or judicial body or professional society during the past five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes," please provide details, including a copy of the ruling. | | |
| C. Have any claims been made or legal actions been brought against you or your firm in the past five years?* | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are you or any member of your firm, aware of any circumstances that may result in a claim being made against the firm or any individual?* | <input type="checkbox"/> | <input type="checkbox"/> |
- *If "Yes," please complete the Claim Information Supplement form enclosed for each claim and/or circumstance.**

16. Please provide a copy of your current résumé.

(over, please)

NOTICE TO APPLICANT:

I/We hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/We have not suppressed or misstated any material facts and I/We agree that this application shall be the basis of the issuance of insurance coverage, and shall be attached thereto. I/We hereby authorize the release of claim information from any prior insurer to the Underwriters.

I understand and accept that the policy applied for provides coverage on a claims-made basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD FOR ACTS THAT OCCUR AFTER THE POLICY'S RETROACTIVE DATE AND PRIOR TO THE EXPIRATION DATE OF THE POLICY.

Signature* of Owner,
Officer or Partner (TITLE) **X** _____ Date **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:** _____

Signing this form and tendering premium does not bind the applicant or the Underwriters to complete the insurance. Application must be correctly signed and dated to be considered for quotation.

Sign, date and mail your application to: IEEE Insurance Plans, P.O. Box 8146, Des Moines, IA 50306-8146;
or fax your application to 515-365-3043.

QUESTIONS?
CALL TOLL FREE 1-800-375-0775

Underwritten by: Certain Underwriters at Lloyd's of London

Administered by:  **MERCER**

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC

AIF 2384 A-1 (8/15)

NOTICE:
Failure to report any:

- 1) claim made against you during your current policy term, or
- 2) facts, circumstances or events that may give rise to a claim to your current insurance company **BEFORE** policy expiration may create a lack of coverage.