



New England Excess Exchange, Ltd.

P O Box 219 ~ Montpelier VT 05601 ~ 800.548.4301 ~ Fax 800.347.4935

Contractor's Design

Professional Liability Insurance Proposal Form (claims made basis)

Proposal

Proposer, firm, business or organization (explain interrelationship on a separate business letterhead sheet)

Address City State Zip

State(s) of Licensure/Registration Date Established Telephone number

Nature of Business

1. GIVE THE PERCENTAGE OF TOTAL WORK IN EACH STATE LICENSED/REGISTERED:

2. THE FIRM IS (please check where applicable):

- a. A member in good standing of the Associated General Contractors of America
- b. A member in good standing of the Professional Engineers in Construction
- c. A member in good standing of the Metal Builders Association
- d. An individual e. A partnership
- f. A corporation g. A joint venture
- h. Other (please describe)

If "individual," is this a full time activity? Yes No If "no," please give full details of other employment:

3. IS THE FIRM NOW, OR HAS IT IN THE PAST BEEN CONTROLLED, OWNED OR ASSOCIATED WITH ANY OTHER FIRM, CORPORATION OR COMPANY OTHER THAN THAT STATED ABOVE? Yes No

If "YES," please give full details: _____

4. DURING THE PAST FIVE YEARS, HAS THE NAME OF THE FIRM BEEN CHANGED, OR HAS ANY OTHER BUSINESS BEEN PURCHASED, OR ANY MERGER OR CONSOLIDATION TAKEN PLACE? Yes No

If "YES," please give full details: _____

5. PERSONNEL IN DESIGN AND CONSTRUCTION/PROJECT MANAGEMENT DEPARTMENTS.

	Qualifications and/or degrees	Univ. or College & date Acquired	How long with firm
a. Name of Principal(s), Partners, Directors and Officers			
b. Name of other Senior Design Personnel			

6. A. TOTAL PERSONNEL:

a. Total number of persons in 05 _____	e. Total number of non-technical staff, such as clerks, secretaries, phone operators, typists, etc. _____
b. Total number of other qualified Architects & Engineers _____	f. Total personnel including persons in 05 _____
c. Total number of Surveyors _____	
d. Total number of other Technical Staff _____	

B. CONSTRUCTION FORCE:

What is your average number of other employees? _____

7. IN WHICH OF THE FOLLOWING PROFESSIONS DO YOU HAVE DESIGN RESPONSIBILITY. (please show proportion):

	Average Prior Years	Current Year			Average Prior Years	Current Year	
a. Architectural	_____	_____	%	j. Structural Engineering	_____	_____	%.
b. Interior Designing	_____	_____	%	k. Chemical Engineering	_____	_____	%.
c. Land Surveying	_____	_____	%	l. Nuclear Engineering	_____	_____	%
d. Civil Engineering	_____	_____	%	m. Aerospace Engineering	_____	_____	%
e. Soil Engineering	_____	_____	%	n. Marine Engineering	_____	_____	%
f. Electrical Engineering	_____	_____	%	o. Process Engineering	_____	_____	%
g. Mechanical Engineering	_____	_____	%	p. Landscape Architectural	_____	_____	%
h. Environmental Engineering	_____	_____	%	q. Others not shown, please specify _____			%.
i. Heating & Ventilation Engineering	_____	_____	%		TOTAL		100%

8. DO YOU ENGAGE IN THE MANUFACTURE OR FABRICATION OF ANY PRE-ENGINEERED UNITS? Yes No

9. * DOES OR HAS THE FIRM EVER OFFERED ANY OF THE FOLLOWING SERVICES?

a. Machine Design	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____%	k. Special Foundation Design	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____%
b. Material Testing	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____%	l. Soil Testing of any kind	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____%
c. Energy Management	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____%	m. Interpretation of Soils Tests performed by others	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____%
d. Failure Analysis	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____%	n. Work in connection with mines	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____%
e. Active Solar Hearing	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____%	o. Asbestos Testing or abatement	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____%
f. Passive Solar Hearing	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____%				
g. Production Design	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____%				
h. Laboratory Analysis	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____%				
i. Real Estate Development	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____%				

• No coverage is provided for some of these services; therefore, if any of the above is answered "yes," please give full details on a separate sheet.

10. INDICATE PROPORTION OF WORK UNDER THE FOLLOWING HEADINGS IN WHICH THE FIRM ENGAGES:

A. TRANSPORT

	Design Only	Design & Construct	Construction Management
1) Highways & Roads	_____ %	_____ %	_____ %
2) Vehicular Parking Structures	_____ %	_____ %	_____ %
3) Airports	_____ %	_____ %	_____ %
4) Mass Transit	_____ %	_____ %	_____ %
5) Other Transport Projects	_____ %	_____ %	_____ %

B. COMMERCIAL

1) Banks, Hotels, Restaurants, Clubs, Shopping Centers, Stores	_____ %	_____ %	_____ %
2) Stadiums, Auditoriums, Sports Arenas of any kind	_____ %	_____ %	_____ %
3) Other Commercial Projects	_____ %	_____ %	_____ %

C. INDUSTRIAL

1) Light Industrial Buildings such as Factories and Warehouses	_____ %	_____ %	_____ %
2) Heavy Industrial Plants, Bulk Storage	_____ %	_____ %	_____ %
3) Petrochemical, Refinery, Fertilizer, Ammonia, & Urea Plants	_____ %	_____ %	_____ %
4) Other Industrial Projects	_____ %	_____ %	_____ %

D. RESIDENTIAL

1) Private Dwellings (One Family)	_____ %	_____ %	_____ %
2) Multi-unit Dwellings	_____ %	_____ %	_____ %
3) High Rise Apartments	_____ %	_____ %	_____ %
4) Government Funded Housing for Low Income Families	_____ %	_____ %	_____ %
5) Condominiums	_____ %	_____ %	_____ %
6) Other Residential Projects	_____ %	_____ %	_____ %

E. LEISURE

1) Amusement Rides, Theme Parks, Skateboard Parks, etc.	_____ %	_____ %	_____ %
2) Golf Courses	_____ %	_____ %	_____ %
3) Playgrounds, Parks	_____ %	_____ %	_____ %
4) Swimming Pools	_____ %	_____ %	_____ %
5) Health Clubs	_____ %	_____ %	_____ %
6) Other Leisure Facilities	_____ %	_____ %	_____ %

F. MUNICIPAL & PUBLIC FACILITIES

	Design Only	Design & Construct	Construction Management
1) Sewage Systems	_____ %	_____ %	_____ %
2) Water Works	_____ %	_____ %	_____ %
3) Electric & Gas Utilities	_____ %	_____ %	_____ %
4) Power Generation Plants	_____ %	_____ %	_____ %
5) Other Municipal or Public Utility Projects	_____ %	_____ %	_____ %

G. MARINE

1) Harbors, Jetties, Docks, Offshore Structures	_____ %	_____ %	_____ %
2) Marine Surveys	_____ %	_____ %	_____ %
3) Other Marine Projects	_____ %	_____ %	_____ %

H. BRIDGES, TUNNELS & DAMS

1) Bridges, Tunnels & Dams under 150 ft. in Total Length	_____ %	_____ %	_____ %
2) Bridges, Tunnels & Dams over 150 ft. in Total Length (Give full detail on separate sheet)	_____ %	_____ %	_____ %

1. NUCLEAR & ATOMIC PROJECTS

1) Nuclear & Atomic Facilities	_____ %	_____ %	_____ %
2) Stand-alone non-nuclear buildings	_____ %	_____ %	_____ %

J. HOSPITALS, SCHOOLS, & RELIGIOUS

1) Medical Facilities, Hospitals, Nursing Homes and/or Schools, Colleges & Universities	_____ %	_____ %	_____ %
2) Churches, Religious or other Eleemosynary Buildings	_____ %	_____ %	_____ %

K. AGRICULTURAL

1) Farm Buildings, etc.	_____ %	_____ %	_____ %
2) Silos, Elevators and Bulk Storage	_____ %	_____ %	_____ %
3) Other Agricultural Projects	_____ %	_____ %	_____ %

L. OTHER (Please indicate)

_____	_____ %	_____ %	_____ %
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TOTAL 1000/0 1000/0 III 000/0

11. IF ANY SECTION OF QUESTION 10 INVOLVES GOVERNMENT FUNDED WORK, PLEASE ADVISE WHICH SECTION AND THE PERCENTAGE OF THIS WORK THAT IS SO FUNDED.

12. CONSTRUCTION VALUES (Exclusive of Joint Ventures)

	Prior Fiscal Period (Date of Period)	Current Fiscal Period (Date of Period)	Estimate for Next Fiscal Period (Date of Period)
	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
A) DOMESTIC OPERATIONS			
1) Design Only	\$ _____	\$ _____	\$ _____
2) Design & Construct	\$ _____	\$ _____	\$ _____
3) Project or Construction Management	\$ _____	\$ _____	\$ _____
4) Construction Only	\$ _____	\$ _____	\$ _____
B) OVERSEAS OPERATIONS			
1) Design Only	\$ _____	\$ _____	\$ _____
2) Design & Construct	\$ _____	\$ _____	\$ _____
3) Project or Construction Management	\$ _____	\$ _____	\$ _____
4) Construction Only	\$ _____	\$ _____	\$ _____

13. ADVISE LOCATION AND NATURE OF OVERSEAS WORK: _____

14. DOES THE PROPOSER FORESEE ANY SUBSTANTIAL CHANGES IN THE PERCENTAGES SHOWN IN QUESTIONS 7, 8, 10 & 11 IN THE NEXT TWELVE MONTHS? Yes No

If "YES" please give full details: _____

15. WILL THE PROPOSER EMBARK ON ANY NEW OPERATION OR PROJECT NOT DETAILED IN QUESTIONS 7, 8, 10 & 11 DURING THE NEXT TWELVE MONTHS? Yes No

If "YES" please give full details: _____

16. A. WHAT PERCENTAGE OF THE FOLLOWING WORK IS SUBLET TO OTHERS:

- 1) Design _____ %
- 2) Construction or Project Management _____ %
- 3) Construction _____ %

If any, please give full details: _____

B. WHEN THE PROPOSER DOES SUBLET OR SUBCONTRACT WORK TO OTHERS, ARE CERTIFICATES OF "EVIDENCE OF PROFESSIONAL LIABILITY INSURANCE" REQUIRED ANNUALLY FROM THOSE PROFESSIONALS TO WHOM WORK IS SUBLET OR SUBCONTRACTED? Yes No

17. DOES ANY ONE CONTRACT OR CLIENT REPRESENT MORE THAN 50% OF THE PROPOSER'S ANNUAL WORK? Yes No

If "YES" please give full details: _____

18. IF THE BOX IN QUESTION 2C.(IC) WAS "CHECKED", PLEASE ADVISE THE NAME OF THE METAL BUILDING MANUFACTURER FOR WHOM YOU HOLD FRANCHISE. IF MORE THAN ONE, LIST ALL.

19. DOES OR HAS THE PROPOSER, PRINCIPALS, DIRECTORS OR OFFICERS INDIVIDUALLY OR COLLECTIVELY MAINTAINED A FINANCIAL INTEREST IN ANY PROJECT FOR WHICH THE PROPOSER HAS RENDERED PROFESSIONAL SERVICES? Yes No

If "YES", please provide full details of the project including the nature of the project, the construction values, and percentage of the proposer's, principals', directors' or officers' ownership. _____

20. A. IS THE PROPOSER CURRENTLY INSURED UNDER A COMPREHENSIVE GENERAL LIABILITY POLICY?

Yes No

B. IF "YES", DOES HE INTEND TO MAINTAIN SUCH COVERAGE? Yes No

21. IS THE PROPOSER EVER ENGAGED IN DESIGNS, PLANS AND SPECIFICATIONS FOR EXPERIMENTAL OR UNTESTED MEANS OF CONSTRUCTION? Yes No

If "YES", please give full details: _____

22. DOES THE PROPOSER USE WRITTEN CONTRACTS ON EVERY PROJECT? Yes No

If "NO", please give full details: _____

23. ON PROJECTS IN WHICH THE FIRM ENGAGES IN CONSTRUCTION MANAGEMENT SERVICES, DO YOU USE AN UNALTERED A.I.A. OR A.G.C. STANDARD FORM OF AGREEMENT BETWEEN THE OWNER AND CONSTRUCTION MANAGER? Yes No

If "YES", advise A.I.A./A.G.C. contract form number: _____

If "NO", please attach a copy of the form of agreement which is used.

24. DOES THE APPLICANT WORK WITH OTHER FIRMS IN JOINT VENTURES? Yes No

If "YES", please give the following details on a separate sheet:

- a. Names and addresses of other Members; _____
- b. Type of project and location; _____
- c. Nature of work to be performed; _____
- d. Total construction value of joint venture; _____
- e. Construction value for applicant's share during next 12 months; _____
- f. Duration of the Joint Venture Project including approximate dates construction will start: ...
- g. Details on current Joint Venture coverage; _____
- h. Details of all other members' professional indemnity insurance for this project. _____

25. A. PREVIOUS COVERAGE:

Please give particulars of last year's and previous four year's Professional Liability Insurance.

<u>COMPANY</u>	<u>POLICY NO.</u>	<u>LIMITS</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>	<u>PERIOD</u>
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B. HAS ANY PROPOSAL FOR SIMILAR INSURANCE MADE ON BEHALF OF THE FIRM, ANY PREDECESSORS IN BUSINESS OR PRESENT PARTNERS EVER BEEN DECLINED OR HAS ANY SUCH INSURANCE EVER BEEN CANCELLED OR REFUSED? Yes No

If "YES", please give details: _____

25. C. IF SIMILAR PROFESSIONAL LIABILITY HAS BEEN IN FORCE, HAS THE COVERAGE BEEN CONTINUOUSLY IN FORCE SINCE THE INITIAL POLICY INCEPTION DATE? Yes No

D. IF SIMILAR PROFESSIONAL LIABILITY COVERAGE HAS BEEN IN FORCE CONTINUOUSLY, PLEASE STATE THE RETROACTIVE DATE IN LAST YEAR'S POLICY: _____

26. HAVE OR HAS THE PROPOSER OR ANY PREDECESSOR IN BUSINESS, PARTNER, DIRECTOR OR OFFICER, DISPUTED OR REFUSED TO PAY ANY AMOUNT DUE AS A DEDUCTIBLE UNDER ANY SIMILAR PROFESSIONAL LIABILITY POLICY? Yes No

If "YES" please give full details: _____

27. HAS ANY CLAIM(S) OR SUIT(S) EVER BEEN MADE AGAINST THE PROPOSER OR ANY ENTITY NAMED HEREIN, OR AGAINST THEIR PREDECESSORS IN BUSINESS OR AGAINST ANY PAST OR PRESENT PRINCIPAL, PARTNER, DIRECTOR, OFFICER OR EMPLOYEE OF ANY ENTITY NAMED HEREIN? Yes No

If "YES," state briefly the cause and nature of the claim, including the amount involved, the date when the claim was made, the date the act giving rise to a claim was alleged to have been committed and the final disposition:

28. IS THE PROPOSER AWARE OF ANY CIRCUMSTANCES WHICH MAY RESULT IN A CLAIM AGAINST HIM OR AGAINST ANY ENTITY NAMED HEREIN, OR AGAINST THEIR PREDECESSORS IN BUSINESS, OR AGAINST ANY PAST OR PRESENT PRINCIPAL, PARTNER, DIRECTOR, OFFICER OR EMPLOYEE? Yes No

If "YES" please give full details: _____

COVERAGE REQUESTED:

Limit \$_____ annual aggregate. This limit shall be inclusive of loss payments, if any, as well as adjustment, investigative and legal fees, costs, charges and expenses.

Deductible \$_____ per claim. The deductible includes loss payments, and adjusting, investigative and legal fees, costs and expenses, whether or not loss payment is involved, unless otherwise stated.

Effective from _____

I/we (PROPOSER) declare(s) that the above statements and particulars are true and that no facts have been suppressed or misstated and agree that this proposal form shall be the basis of any policy of insurance which may be issued by underwriters and shall be deemed a part thereof. In addition, PROPOSER agrees and acknowledges that if PROPOSER, subsequent to the completion of this proposal, becomes aware of any changes in the statements and particulars contained herein, that PROPOSER shall immediately advise underwriters of such changes. It is further understood and agreed that upon receipt of such supplemental advices, underwriters may alter or withdraw any quotation previously offered, or amend the terms of or void any policy which has been issued based upon the statements and particulars contained herein.

Dated At Proposer

By (Principal, partner, director or officer ONLY) Title

Attach brochure and letterhead of the firm, and a list of the proposers ten largest jobs (including construction values). It is agreed that the signature of this form does not bind the underwriters nor the proposer to complete this insurance.

Name of Producer Date

Agency Agency Address Telephone Fax

E-Mail Address

Fax, E-Mail or Mail to:

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