

**Application for ARCHITECTS, ENGINEERS,
AND CONSTRUCTION MANAGERS
ERRORS & OMISSIONS INSURANCE
(RISKS WITH ANNUAL REVENUES OF \$750,000 OR LESS)**



Return Applications to:
Fox Point Programs, Inc.
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NOTICE: THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

RATES SHOWN BELOW ARE FOR APPLICANTS GENERATING GROSS REVENUES OF \$750,000 OR LESS ANNUALLY AND POSSESSING THE FOLLOWING RISK CHARACTERISTICS:

- Does **not** specialize in structural, geotechnical, bridges, tunnels, dams, petrochemical, nuclear, at-risk CM, cranes, pools, design-build, elevators, railroads, roofing, or yacht activities
- Not domiciled in SC or WA
- Has had no more than two claims in the last 5 years; no more than \$20,000 in total incurred losses during the last 3 years

STEP A: DETERMINE PREMIUM based on desired Limits of Liability. (Contact FOX POINT if Revenues exceed \$750,000.)

Annual Revenue Under \$750,000	Limit of Liability*	Deductible	FL & CA	Other States
	\$ 250,000/\$250,000	\$5,000	\$3,345.00	\$3,185.00
	\$ 500,000/\$500,000	\$5,000	\$4,095.00	\$3,900.00
	\$1,000,000/\$1,000,000	\$5,000	\$5,145.00	\$4,900.00

* Other Liability and Deductible options are available.

STEP B: CALCULATE THE TOTAL AMOUNT to be remitted.

Total Premium from Step A: \$ _____ + \$200.00 Policy Fee (Required) = Total Remittance Amount: \$ _____

1. GENERAL INFORMATION

Applicant Name _____

dba Name _____

Business Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-Mail _____ Date Established _____

Website Address _____

In the past five years, has the Applicant ever changed names or been party to any acquisition, consolidation, merger, or dissolution? Yes No **If the answer is "Yes", please provide details on a separate sheet.**

Please provide the following information about the Applicant's key employees:

Name in Full of ALL Partners, Principals, or Key Employees	Professional Qualifications	Date Qualified	How Long in Practice? Yrs/Mos	How Long As Principal/ Partner?
		/ /	/	/
		/ /	/	/
		/ /	/	/
		/ /	/	/

To what professional association(s) does the Applicant belong? _____

Please describe the percentages of the following services the Applicant provides/intends to provide:

SERVICE	LAST YEAR	CURRENT YEAR	SERVICE	LAST YEAR	CURRENT YEAR	SERVICE	LAST YEAR	CURRENT YEAR
Aerospace Engineering	%	%	General Contracting	%	%	Mechanical Engineering	%	%
Architecture	%	%	HVAC Contracting	%	%	Nuclear Engineering	%	%
Chemical Engineering	%	%	Interior Designer	%	%	Process Engineering	%	%
Civil Engineering	%	%	Land Surveying	%	%	Soil Engineering	%	%
Construction Management	%	%	Landscape Architecture	%	%	Structural Engineering	%	%
Electrical Engineering	%	%	Machine, Equipment, Mfg.	%	%	Other (specify):		
Environmental Engineering	%	%	Marine Engineering	%	%		%	%

2. FINANCIAL AND BUSINESS INFORMATION

a. Please provide the gross billings for services listed below that were performed by the Applicant:

	LAST 12 MONTHS		PROJECTED NEXT 12 MONTHS	
	GROSS REVENUES	CONSTRUCTION VALUES	GROSS REVENUES	CONSTRUCTION VALUES
Design	\$	\$	\$	\$
Design/Build	\$	\$	\$	\$
Actual Construction/ Fabrication/Erection	\$	\$	\$	\$
Construction Management	\$	\$	\$	\$
Total	\$	\$	\$	\$

b. Provide approximate percentages of billings derived from the following services. **Must equal 100%.**

%	NATURE OF SERVICES OFFERED	%	NATURE OF SERVICES OFFERED
	Feasibility studies, reports, and surveys not resulting in design		Inspections of homes/commercial properties for prospective buyers/lenders
	Design without supervisory services		Inspections of existing structures
	Design and observation		Development, sale, or leasing of computer hardware/software
	Construction/project management		Manufacture, sale, or distribution of any any product/service
	Construction observation without design		Other (describe):

3. CLIENTS a. Complete the following for the Applicants 3 largest projects/clients:

	PROJECT/CLIENT NAME	SERVICES PROVIDED	REVENUES
1			\$
2			\$
3			\$

- c. Does the Applicant follow in-house quality control procedures? Yes No
- d. Does the Applicant require continuing education for all professional employees? Yes No
- e. How many professional employees of the Applicant have attended at least six hours of continuing education over the past 12 months? Yes No

4. CONTRACTS

- a. Does the Applicant use written contracts on every project? Yes No
If "No", please provide the percentage of projects where oral agreements were used: _____%
- b. Please specify the approximate percentage of professional services rendered under AIA or EJCDC standard contracts: _____%
- c. If non-standard contract, modified AIA/EJCDC contracts or letter agreements are used, are they reviewed by the Applicant's legal counsel prior to signing? Yes No
- d. Does the Applicant seek a limitation of liability clause in contracts with clients? Yes No
If "Yes", what percentage of contracts contain this clause? _____%
- e. Does the Applicant negotiate into its contracts a provision for alternative dispute resolution such as mediation? Yes No
If "Yes", what percentage of contracts contain this clause? _____%
- f. Does the Applicant subcontract any professional services? Yes No
If the answer is "Yes", please provide details on a separate sheet.

6. PRIOR INSURANCE

- a. Please provide the following information for any Errors & Omissions or Professional Liability Insurance the Applicant carried during the last three years:

COMPANY	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM	POLICY PERIOD	RETRO DATE*
	\$	\$	\$		/ /
	\$	\$	\$		/ /
	\$	\$	\$		/ /

*Applicants seeking a retro-active date other than the policy effective date should contact Fox Point Programs.

- b. Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined, cancelled, or non-renewed? Yes No If the answer is "Yes", please explain on a separate sheet.
- c. Please provide the following information on the Applicant's current General Liability coverage:

INSURANCE COMPANY	TYPE OF COVERAGE	LIMITS		EFFECTIVE	
		BI	PD	FROM	TO

PAYMENT OPTION: Check For Total Remittance Amount as calculated in Step B (page 1) payable to **Fox Point Programs, Inc.**

Applicant's Authorized Signature _____ Date _____

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.

5. CLAIMS/LOSS HISTORY

- a. Has the Applicant or any associated professional ever:
 - i) Had a professional license or registration denied, suspended, revoked, non-renewed, or restricted? Yes No
 - ii) Been formally reprimanded by any court, administrative or regulatory agency? Yes No
 - iii) Been formally accused of violating any professional association's code of ethics? Yes No
 - iv) Been convicted of a felony? Yes No
 - v) Been involved in or is aware of any fee disputes involving suits? Yes No
 If the answer any question under 5a is "Yes", provide details on a separate sheet.
- b. Has any Professional Liability claim(s), complaint or proceeding been made against the Applicant or any person or organization proposed for this insurance or any predecessor organization? Yes No
- c. Is (are) any person(s) or organization(s) proposed for this insurance aware of any fact, error, omission, circumstance, or situation that might provide grounds for any claim under the proposed insurance? . . . Yes No
If the answer to 5b or 5c is Yes, complete the Supplemental Claims Questionnaire for each Claim, Notice, or Circumstance.

NOTE: It is understood and agreed that with respect to Questions 5a, 5b, or 5c, that if such knowledge or information exists any claim or action arising there from is excluded from the proposed coverage.