

Canopy Specialty Insurance Professional Liability

Architects & Engineers Application

1. All questions must be answered completely; please type or print clearly; if any questions are considered "not applicable", please explain why:
2. If you need more space, continue on a separate sheet & indicate question number
3. Please complete supplements where required
4. This application and all supplement forms must be signed and dated by a principal of a firm

I. Applicant Information

Expiring Policy Number:		Expiration Date:	
1. Name of Applicant			
2. Address:			
City:			
County:			
State:			
Zip:			
Website:			

II. Personnel

3. Number of Staff (Total Licensed Professionals)	
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III. Gross Billings

4. Total Gross Billings for professional services (whether collected or not). Do not include interest, rental, or other revenues unrelated to professional practice.			
Estimated Next Fiscal Year		Direct Reimbursables	
Last Fiscal Year		Direct Reimbursables	

5. Design/Build Fees	
Estimated Next Fiscal Year	
Last Fiscal Year	

6. Total Construction Values:	
Estimated Next Fiscal Year	
Last Fiscal Year	

7. Please indicate percentage of the Applicant's gross billings derived from projects outside the U.S.A and Canada	
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8. Were more than 20% of the Applicants billings during the past fiscal year derived from a single client or contract?	Yes	No
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IV. Professional Disciplines

9. Please indicate percentages of the Applicant’s Gross Billings derived from each of the following. (Total must equal 100%)			
Architecture		Laboratory Testing	
Chemical Engineering		Land Surveying	
Civil Engineering		Land Use Planning	
Construction Management		Landscape Architecture	
Design/Build		Marine/Coastal Engineering	
Electrical Engineering		Mechanical Engineering	
Environmental		Mining Engineering	
Forensic/Expert Witness		Nuclear Engineering	
Foundation Design		Processes Engineering	
HVAC Engineering		Project Management	
Hydrogeology/Geology		Soils Engineering	
Interior Design		Structural Engineering	
Other			
Total			

10. Please indicate types of projects as percentage of the Applicant’s billings (must equal 100%)		
Projects	Last Year	This Year
Bridges/Tunnels/Dams		
Condominiums		
Harbors/Piers/Ports		
Hospitals		
Hotels/Motels/Convention Centers		
Landfills/Industrial Waste		
Manufacturing/Industrial Facilities		
Nuclear		
Office Buildings/Retail Outlets		
Other Residential		
Parking Structures		
Petro/Chemical		
Roads/Highway/Runaways		
Schools/Colleges/Recreational		
Sports Arenas/Stadiums		
Utilities		
Warehouses		
Wastewater		
Other Please Specify		
Total		

11. Please indicate the percentage of the Applicant's billings derived from repeat business	
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V. Projects

12. Has there been any Condominium projects in the past 5 years.	Yes	No
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13. Since last year has there been any change in the types of projects undertaken.	Yes	No
<i>If yes, please explain:</i>		

14. Please list 3 projects.

VI. Contracts

15. Please confirm written contracts always used.	Yes	No
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16. Please confirm back to back contract with subcontractors	Yes	No
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VII. Clients

17. Confirm no changes from last years from last year's application form.	Yes	No
<i>If yes, please explain:</i>		

18. Has the applicant entered into any joint ventures	Yes	No
Is joint venture coverage required?	Yes	No
<i>If yes, please explain</i>		

19. Does the Applicant or any principal have any financial interest in any projects for which it has provided professional services?	Yes	No
Is coverage for Equity interest required?	Yes	No
<i>If yes, please explain:</i>		

20. Has the name of the Applicant changed or has any other firm or been merged organization amalgamated with or into the Applicant, or is any such change pending?	Yes	No
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21. Have there been any changes to the ownership or control of Assured.	Yes	No
<i>If yes, please explain:</i>		

VIII. Loss History

22. Have there been any changes or development of all previously reported claims and/or circumstances. <i>If yes, supplement must be attached</i>	Yes	No
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23. After enquiry, are any member(s) of the Applicant aware of any circumstances, allegations, or contentions as to any incident which may result in a claim being made against the Applicant? <i>If yes, supplement must be attached</i>	Yes	No
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24. Has the Applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities? <i>If yes, please give details by attachment</i>	Yes	No
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25. Please state coverage Limits and Deductibles required	
Coverage Limits of Liability:	
Self-Insured Retention:	

26. Please confirm General Liability coverage is in place to equal your E&O Limits	Yes	No
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The Applicant declares that, after enquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true, and no material facts have been suppressed, omitted, or mis-stated.

Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this renewal application, if subsequent to the date of this renewal application, but prior to the inception of such policy, there are any material alterations to the information contained herein.

Completion of this renewal application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

This renewal application is signed on behalf of all Owners, Principals, Partners, Shareholders, Directors and Employees.

Applicant Signature (Must be signed by Owner, Partner or Officer)

Date: