

Insured		Agency	
Agent Contact		Agent's E-Mail and Phone No.	

1) Applicant Information

Please list all Named Insureds (if more than one) and a brief description of their operations by entity (attach separate sheet if necessary)

2) Professional Liability Information:

Does the insured have Professional Liability Insurance with an admitted carrier with a rating of "A-" or better from A.M. Best?

Yes No

If yes, does Professional Liability insurance include Pollution Incident coverage? Yes No

Professional Liability Insurer:	
Limits of Liability:	\$
Expiration Date:	

Please consider submitting a professional liability application to Victor O. Schinnerer & Company, Inc. Applications can be found in our website www.schinnerer.com/design. Telephone number 301-961-9800. Fax number 301-951-5444.

3) General Information:

Projected Total gross billings/revenues.	\$	Current YR Total gross billings/revenues.	\$	Is over 50% of gross billings/revenue derive from Engineer, Architects and/or Surveyor services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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4) Your Services by Client: Gross Billings %

CLIENTS DATA	Please indicate the approximate percentage of your total gross billings derived from each of the following categories of clients:				
Federal Government	%	State Governments	%	Local Governments	%
Foreign Government	%	Commercial Entities	%	Design-Build Contractors	%
Financial Institutions	%	General or Specialty Contractors	%	Institutional Entities (Non-Public)	%
Manufacturing/Industrial Entities	%	Other Design Professionals	%	Real Estate Developers	%
Owner	%	Schools/Colleges/Universities	%	Other (Describe)	%

5) **Services-Rendered, Type of Work Performed:** Using the approximate percentage of your firm's billings/revenue, please indicate which of the following services will be performed by your firm during the coming policy year. This section should equal 100%. Do not include billings from sub-consultants/subcontractors.

Architecture:

Architecture-Design-No Construction	%	Landscape Design	%	Architecture Design-With Construction	%
Drafting Services	%	Architecture Other-Please Describe	%	Interior Design	%

Construction Management:

<u>Construction Mgmt-Agency Observation Only</u> -- provide project administration and management services as agent of owner but hold no design or construction subcontracts	%	<u>Construction Mgmt-At Risk</u> Self perform construction, or sub-contracts out construction. Self-perform/sub-contract or hold and manage contracts for construction. Responsible for construction	%
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Engineering:

Chemical Engineering	%	Civil Engineering	%	Railroad Engineering	%
Electrical Engineering	%	Geo-Technical Engineering	%	Street/Road Design-Engineering	%
HVAC Engineering	%	Instrument-Controls Eng. (PLC)	%	Structural Engineering	%
Machinery-Equipment Design	%	Marine Engineering	%	Traffic-Signals	%
Mechanical Engineering	%	Mining Engineering	%	Water/Waste Water Treatment	%
Nuclear Engineering	%	Oil-Gas-Petro Engineering	%	Sprinkler Design	%
Street/Road Construction Mgmt.	%	Telecommunications	%	Water/Sewer Engineering	%
Other-Please describe	%				

Environmental:

Core Drilling	%	Environmental Testing-Air	%	Environmental Inspection Phase 1 and Phase 2	%
Environmental Remediation-Design Only	%	Environmental Testing-Soils	%	Environmental Inspection-Phase 3	%
Tank Investigation	%	Laboratory-Testing Analysis	%	Environmental Testing-Water	%

Other	%				
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Miscellaneous Engineering Operations:

Airport Facilities	%	Airport Terminals/Runways/Hangers	%	Process Piping	%
Apartments/Condos/Dorms	%	Assisted Living	%	Real Estate Development	%
Bridges-Design	%	Bridges-Inspection	%	Shopping Centers/Malls	%
Dams/Coffer Dams	%	Harbors/Piers/Ports	%	Utilities Electric	%
Hospital/Health Care	%	Houses/Single Family Dwelling	%	Utilities Water/Sewer Other Please Describe	%
Jails/Justice	%	Mass Transit	%	Recreation/Sports/Playgrounds	%
Office Bldgs	%	Petro/Chemical	%	School/Colleges/Universities	%
Pipelines-Gas	%	Pipelines-Oil	%	Utilities-Gas	%
Utilities Telecommunications	%	Other Please Describe	%		

Miscellaneous & Consulting Operations:

Acoustical Consultants	%	Food Handling / Kitchen	%	Molders/Renderers	%
Air Balancers	%	Forensic Consultants	%	Photogrammetrists	%
Audio Visual Consultants	%	Geologists	%	Roofing Consultants	%
Certified Planners	%	Graphics Consultants	%	Testing Lab (Construction)	%
Facilities/Operators	%	Management Consultants	%	Soil Consultants	%

6) Subcontracting:

Work Sub-Contracting to other Professionals: Architects, Engineers, Surveyors	Cost:	Work Sub-Contracted out to Construction Firms, Carpentry, Concrete, Drilling, Masonry, Rigging, Roofing, etc.	Cost:	Does our Insured require the Subs to Waive Subrogation on all the Subs Policies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Subs are used, are Risk Transfer contracts in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does our insured require certificate of insurance from the subs. at limits equal to or greater than	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does our insured require subs. to include our Named Insureds as Additional Insureds	Yes <input type="checkbox"/> No <input type="checkbox"/>

Property & Casualty Supplemental Application for Architects, Engineers and Surveyors

		those of our insured?		on their policies on a primary basis?	
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7) Misc. Questions:

Does the Insured accept any responsibility for Construction	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the Insured accept any responsibility for site safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the Insured accept any responsibility or authority to stop work on projects	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Insured accept any responsibility for scheduling	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the Insured accept any responsibility for Costs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does any Insured engage in operations outside of the United States? If If yes does the Insured have Foreign Liability Coverage?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Insured spend greater than 25% of their time outside of the office	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the Insured work in "fast track" projects where the construction is ongoing while the design is being completed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the Insured have surveyors on their staff? # of Surveyors _____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____

Additional Named Insured:

Name of Principal, Partner or Officer: (Please Type or Print)
Title:
Signature: (Principal, Partner or Officer)
Date:

Please email your completed application to: