

Application for Specific Project Insurance Coverage

Schinnerer Use Only

ISN:

Broker #:

The insurance coverage for which you are applying is written on a CLAIMS-MADE AND REPORTED policy. Only claims which are first made against you and reported to us in writing during the policy period are covered, subject to policy provisions. The Limits of Liability stated in the Policy are reduced by the cost of defense. Legal defense costs also may be applied against your Deductible, if applicable to the Claim. Please consult your policy directly for specific coverage. If you have any questions about the coverage, please discuss them with your insurance agent or broker.

Please indicate the limits that you would like us to quote: \$ _____,000 per claim/aggregate

Please indicate the number of years needed for the discovery period (Extended Reporting Period): _____

APPLICANT INFORMATION

1. Name of Prime Design Firm:

Address:

City:

State:

Zip:

County:

Website URL:

Contact Name:

Contact Email:

Phone:

Fax:

PROJECT INFORMATION

2. Name and/or Designation of Project:

A. Location:

B. Name of Project Owner and Address:

C. Description of Project:

D. Services to be provided (including % breakdown of each service):

Architecture	%	Landscape Architecture	%
Civil Engineering	%	Land Surveying	%
Construction/Program Management	%	Mechanical Engineering	%
Electrical Engineering	%	Structural Engineering	%
Geotechnical Engineering	%	Other (please specify)	%
HVAC Engineering	%	Other (please specify)	%

E. Contractor/General Contractor Name and Address:

F. Is this a repeat client for the Prime Design Firm? Y N

G. How many projects have the prime design firm and the client worked on together over the past 10 years?

H. How many projects have the prime design firm and general contractor worked on together over the past 10 years?

I. Duration of Professional Services:

Design Phase: (From): _____ (To): _____

Construction Phase: (From): _____ (To): _____

J. Total Estimated Project Construction Values: \$ _____

K. Value of Equipment Included within Project Construction Values (other than HVAC Equipment): \$ _____

L. Total Estimated Project Billings for Professional Services: \$ _____

M. Prior Experience of the Prime with Project Type:

N. Type of Contract:

AIA Standard Contract

AGC Standard Contract

EJDC Standard Contract

Other

Owner Drafted

Other

Please provide a copy of the Owner/Prime professional agreement.

O. Method of Delivery:

<input type="checkbox"/> Design/Bid/Build	<input type="checkbox"/> Design/Build	<input type="checkbox"/> Integrated Project Delivery	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Other (please provide details)			

DESIGN TEAM INFORMATION

3. Name of Prime Design Firm:

A. Discipline – Prime Design Firm:

B. Insurance Coverage:

C. Complete the following regarding Prime Professional's consultants rendering services in connection with this project (use a separate sheet if necessary):

Name of Firm	Address	% of Fees	Type of Service
Hired by Prime Design Firm? <input type="checkbox"/> Y <input type="checkbox"/> N		%	
Hired by Prime Design Firm? <input type="checkbox"/> Y <input type="checkbox"/> N		%	
Hired by Prime Design Firm? <input type="checkbox"/> Y <input type="checkbox"/> N		%	
Hired by Prime Design Firm? <input type="checkbox"/> Y <input type="checkbox"/> N		%	

D. Design Team's Professional Liability Insurance (For those firms who do not currently carry professional liability insurance, please include an audited financial statement.)

Name of Firm	Insurance Company	Limit	Deductible
		\$	\$
		\$	\$
		\$	\$
		\$	\$

4. With regard to this project, does the Prime Design Firm or any of the consultants/subsidiaries/parents or other organizations related to the Prime Design Firm or any consultant, or any principal, partner, officer, director or employee have an:

A. Ownership interest in the project?	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Acting as General Contractor?	<input type="checkbox"/> Y <input type="checkbox"/> N
C. Engage in Actual Construction?	<input type="checkbox"/> Y <input type="checkbox"/> N
D. Manufacture, Fabrication or Supplying of Materials?	<input type="checkbox"/> Y <input type="checkbox"/> N
E. Involved with Financing for the Project?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Is your firm controlled, owned by or associated with, or does your firm control or own any other entity?	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Has your firm ever been party to any acquisition, consolidation, merger, change in name or change in business organization?	<input type="checkbox"/> Y <input type="checkbox"/> N
7. Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy? <i>If yes, provide full particulars on a separate sheet.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N

RISK MANAGEMENT QUESTIONS

8. Will the project utilize an automated master specification system?	<input type="checkbox"/> Y <input type="checkbox"/> N
9. Will the project utilize a model-based technology linked to a database of project information such as Building Information Modeling (BIM)?	<input type="checkbox"/> Y <input type="checkbox"/> N
10. Will the Prime Design Firm :	
A. Have a procedure for monitoring and collecting fees?	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Engage in pre-project planning process resulting in a project definition document?	<input type="checkbox"/> Y <input type="checkbox"/> N
C. Have contract deliverables either internally or externally peer reviewed?	<input type="checkbox"/> Y <input type="checkbox"/> N
D. Complete a constructability review during project design?	<input type="checkbox"/> Y <input type="checkbox"/> N
E. Maintain documented submittal or shop drawing by indicating as planned dates, actual dates of receipt and response?	<input type="checkbox"/> Y <input type="checkbox"/> N
F. Is there a system in place to identify crucial timing for construction site visits and project meetings between the design and construction team?	<input type="checkbox"/> Y <input type="checkbox"/> N
G. Does this system assist with the coordination and facilitation of visits/meetings by various design disciplines?	<input type="checkbox"/> Y <input type="checkbox"/> N
H. Does this system facilitate the collection of field/site visit reports in one centralized location?	<input type="checkbox"/> Y <input type="checkbox"/> N

INTEGRATED PROJECT DELIVERY (IPD) QUESTIONS

11. Does the contract address:

A. Waivers of Subrogation:	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Waivers of Claims:	<input type="checkbox"/> Y <input type="checkbox"/> N
C. Waivers of Consequential Damages:	<input type="checkbox"/> Y <input type="checkbox"/> N
D. Limitations of Liability:	<input type="checkbox"/> Y <input type="checkbox"/> N
E. Indemnifications:	<input type="checkbox"/> Y <input type="checkbox"/> N
F. Dispute Resolution:	<input type="checkbox"/> Y <input type="checkbox"/> N
G. Any Incentive Compensation Plan:	<input type="checkbox"/> Y <input type="checkbox"/> N

CLAIMS QUESTIONS

12. Have any claims been made or legal action been brought in the past ten years (or made earlier and still pending) against you're the prime design firm or any consultants hired by the prime design firm, its predecessors(s) or any past or present principal, partner, officer, director, shareholder or employee?

Y N

If yes, provide a loss run and the following information for each claim on a separate sheet:

A. Date of claim	E. Insurance company reserve, if any
B. Claimant or Plaintiff	F. Defense attorney's or insurance company's evaluation of exposure potential liability
C. Allegations	G. Defense and indemnity paid to date and status (open/closed)
D. Demand or amount of claims	H. Deductible applicable

13. After complete investigation and inquiry, do any of the principals, partners, officers, directors, members, shareholders, employees, or insurance managers of the prime design firm or any consultants hired by the prime design firm have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute (including owner-contractor disputes), accident, or any other circumstance that is or could be the basis for a claim under the proposed insurance policy?

Y N

If yes, on a separate sheet please give details of this situation, including name of project and claimant, dates, nature of situation and amount of damages.

The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in Questions 11 and 12 of this application.

14. A. Has any insurer declined, cancelled or refused to renew any similar insurance for the prime design firm or any predecessor firm? (N/A in Missouri)

Y N

B. Do you or any subsidiary or predecessor firm have any curent outstanding professional liability deductible or Self Insured Retention obligations?

Y N

If yes, please provide details on a separate sheet, including the exact amount owed to insurance company and if a payment schedule is in place, the amount and dates of repayments. Please note that the Policy provides that the 1st Named Insured is responsible for the payment of all Self Insured Retention obligations.

AGENT OR BROKER MUST COMPLETE THE FOLLOWING	
Contact Name:	<i>License Number Expiration Date</i>
Agency Name:	CNA Agent (Casualty Lines)
Address:	E&S License
Contact Email Address:	Other Casualty Agent License
Phone:	Non-Resident License (If Applicable)
Fax:	Licensed Broker
Have you included: <input type="checkbox"/> Explanations of answers that require further clarification <input type="checkbox"/> Copy of the Owner/Prime Professional Agreement <input type="checkbox"/> Your E&S license number <input type="checkbox"/> Copy of current loss runs if not currently insured with the CNA/Schinnerer program	

FRAUD NOTICE—Where Applicable Under The Law of Your State

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties (For DC residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by applicant.) (For FL residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.) (For LA residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For ME residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.) (For NY residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For PA residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

REPRESENTATION

Applicant represents on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee and manager that the person completing this application has the authority to do so on behalf of the applicant, and that after full investigation and inquiry, the information contained herein and in any supplemental applications or forms required hereby is true, accurate and complete and that no material facts have been suppressed or misstated. Further, it is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Applicant further acknowledges on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee or insurance manager:

1. A continuing obligation to report to the Company immediately any material changes in all such information after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes;
2. If a policy is issued, the Company will have relied upon as representations: the application and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.

Name of Principal, Partner or Officer of the Prime Design Firm: Mr. Mrs. Ms.
(Please Type or Print)

Title:

Signature: (Principal, Partner or Officer) _____

Date:

NOTE: This application must be reviewed, signed and dated within a month of submission by a principal, partner or officer of the applicant firm.



Underwriting Managers and Program Administrators
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