



A Division of NSM Insurance Group

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DESIGN/BUILD AND CONSTRUCTION MANAGERS
PROFESSIONAL LIABILITY INSURANCE RENEWAL APPLICATION
(Claims Made and Reported Basis)

NOTE: The insurance coverage for which you are applying is written on a CLAIMS MADE and reported basis. Only claims which are first made against you during the policy period are covered, subject to the policy provisions. The Limits of Liability stated in the policy are reduced by defense costs. Defense costs are also applied against your deductible. 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.

1. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip Code

2. Website Address: \_\_\_\_\_

3. During the past 12 months, has there been any change in the Applicant's ownership or has the name of the Applicant been changed or has any other business been purchased or any merger or consolidation taken place? Yes [ ] No [ ]
If yes, please provide full details (including dates):

\_\_\_\_\_
\_\_\_\_\_

4. Specify the approximate percentages of contract revenue derived from the following categories of projects. The total must equal 100%

- (a) General Construction \_\_\_\_\_ %
(b) Electrical Construction \_\_\_\_\_ %
(c) HVAC and Plumbing Construction \_\_\_\_\_ %
(d) Mechanical/Industrial/Process Construction \_\_\_\_\_ %
(e) Design/Build Construction \_\_\_\_\_ %
(f) Construction Management \_\_\_\_\_ %
(g) Real Estate Development \_\_\_\_\_ %
(h) \_\_\_\_\_ %
(i) \_\_\_\_\_ %
Total: 100 %

5. Total Personnel:

- i) Principals \_\_\_\_\_
ii) Total number of Professional registered Personnel \_\_\_\_\_
iii) Total number of technical personnel not registered \_\_\_\_\_
iv) Total number of field personnel \_\_\_\_\_
v) Total number of clerical and accounting employees \_\_\_\_\_
vi) Total number of administrative employees \_\_\_\_\_
vii) All others \_\_\_\_\_
Total: \_\_\_\_\_

6. During the past 12 months, have any personnel listed above been the subject of disciplinary action as a result of their professional activities? Yes  No   
 If yes, please provide full details:

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7. Specify the Applicant's exact contract revenue accrued during the immediate past fiscal year and that which is anticipated to be accrued for the entire present fiscal year, derived from the following categories.

FISCAL YEAR REVENUE

	Immediate Past Year	Present Year
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(a) <b>Contracting/Construction Only:</b> without any responsibility for the provision of the design document	\$ _____	\$ _____
(b) <b>Design/Build:</b> undertaking single contracts for the provision of both the design documents and construction services:	\$ _____	\$ _____
(c) <b>At-Risk Construction Management Services:</b> relative to projects for which the Applicant also acts as the general contractor:	\$ _____	\$ _____
(d) <b>Agency Construction Management Services Only:</b> relative to projects for which the Applicant is not also acting as the general contractor:	\$ _____	\$ _____
(e) Any other (describe): _____	\$ _____	\$ _____
Total Annual Revenues:	\$ _____	\$ _____

8. Does the Applicant foresee any substantial changes in the contract revenues shown in question 7 during the next twelve months? Yes  No  If yes, please provide full details.

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9. During the immediate past fiscal year, did the Applicant derive more than 50% of its contract revenue from any one single client? Yes  No  If yes, please provide full details.

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10. Specify the percentage of the Applicant's contract revenue attributable to the following project types for the immediate past fiscal year (**must total 100%**):

(a) Mines	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(b) Harbors & jetties	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(c) Bridges & tunnels	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(d) Dams	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(e) Nuclear & atomic projects	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(f) Petrochemicals, refineries, fertilizer, ammonia, urea plants	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(g) Hospitals	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(h) Schools	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(i) Industrial buildings	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(j) Commercial buildings	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(k) Municipal buildings	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(l) Private dwellings	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(m) Condominiums	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(n) Highrise apartment buildings	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(o) Sewage systems	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(p) Water systems	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(q) Asbestos	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(r) Environmental	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(s) Other (Specify)			
_____		Yes <input type="checkbox"/>	_____ %
_____		Yes <input type="checkbox"/>	_____ %
Total:			_____ 100 %

11. Does the Insured use a written a contract with all subcontractors where professional services are subcontracted out requiring that such subcontractors maintain their own E&O insurance? **Yes**  **No**

12. Other than as previously reported to the Insurers, does the Applicant or any of its partners, officers, directors, or employees have any knowledge or information of:
- Any error, omission, or negligent act in the performance of professional services for others? **Yes**  **No**
  - Any circumstances, incidents, situations, or accidents which may result in claim being made against the Applicant, his predecessors in business, or any present or past partners, officers, or directors? **Yes**  **No**
  - Any disputes with respect to fees or other compensation due to the Applicant for any professional services rendered which have not been resolved? **Yes**  **No**
  - Any injuries to people or any damage to property on or at projects where the Applicant has rendered professional services? **Yes**  **No**
  - Any insolvency of any contractor, subcontractor, supplier or other party? **Yes**  **No**
  - Any delay in substantial completion beyond 90 days of any contract completion date? **Yes**  **No**
  - Any abandonment of any project at any state after completion of working drawings and prior to substantial completion of project? **Yes**  **No**

If yes to any of these questions, please provide full details:

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13. Does the Applicant currently carry general liability and umbrella liability insurance? **Yes**  **No**  If yes,

provide full particulars relative to his present policies.

	General Liability	Umbrella Liability
(a) Carrier	_____	_____
(b) Limit of Liability:	_____	_____
(c) Anniversary Date:	_____	_____
(d) Blanket Contractual?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(e) Blanket X.C.U.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(f) Broad Form Property Damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(g) Completed Operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(h) Professional Services Exclusion as a separate endorsement applicable to all coverage parts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(i) Following Form?		Yes <input type="checkbox"/> No <input type="checkbox"/>

14. Attach a complete description of each of the Applicant's 3 largest jobs in the last year. Specify the name, client, services provided, value of construction and gross accrued income and the date construction was completed or will be completed.

15. Attach a copy of the Applicant's most recent twelve month audited financial statements.

16. Attach a claims summary under the Applicant's Comprehensive General Liability policy for the last three years.

This insurance application, duly completed, together with any supplementary information, must be signed, in ink, by the Applicant. One signed copy will be attached to and form a part of any policy issued. Completion of this insurance application does not bind or obligate the Company to offer this insurance.

**Signing this form, and tendering any payment, does not bind the Insurers or the applicant to complete the insurance. The insurance application must be signed to be considered for an indication. By signing below you certify that all information you have provided is correct. You herewith authorize Insurers or their representatives to gather any additional information they may deem necessary in order to process this application for quotation or to issue a policy. Your signature below authorizes, but does not obligate Insurers to obtain additional information or to verify the information provided from any regulatory agency, provider of services to you or your business, and any financial institution or credit rating company relating to information about you or your business. By your signature, you herewith authorize the release of information regarding your losses, any financial information, or any regulatory compliance matters to Insurers.**

**NOTICE: IN NEW YORK, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

The Applicant hereby acknowledges that the persons or entities proposed for insurance are aware that the limits of liability contained in the policy applied for shall be reduced, and may be completely exhausted, by Defense Expenses and, in such event, Insurers shall not be responsible for the continued defense of any Claim or liable for Defense Expenses or for the amount of any judgment or settlement to the extent that any of the foregoing exceed the limits of liability of such policy

The applicant hereby further acknowledges full awareness of the professional liability insurance policy, its terms and conditions (especially the policy exclusions) including any endorsements and/or agreed amendments.

Note: If the applicant does not understand any part of the Professional Liability coverage then the applicant should contact their relevant Insurance Broker / Advisor and not sign the application.

The applicant hereby further acknowledges that the persons or entities proposed for insurance are aware that Defense Expenses that are incurred shall be applied against the deductible amount. The undersigned authorized by, and acting on behalf of the applicant and all persons concerned seeking professional liability insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate.

Signature of Owner, Partner, Officer \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_