



## DESIGN / BUILD COVERAGE ADDENDUM FOR ARCHITECTS' & ENGINEERS' LIABILITY INSURANCE

THIS ADDENDUM TO THE APPLICATION FOR ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY INSURANCE IS TO BE COMPLETED BY FIRMS PROVIDING PROFESSIONAL SERVICES USING THE DESIGN/BUILD METHOD OF PROJECT DELIVERY.

### 1. GENERAL INFORMATION

1. Name of Organization or Legal Entity (Applicant firm) including any subsidiaries :

(please show complete name as you wish it to appear on the policy)

2. Address (Not P.O. Box):

### 2. CONSTRUCTION VALUES / PROFESSIONAL FEES

3. Please indicate the Gross Billings attributable to each of the following:

|                               | Last Fiscal Year    |                   | Projected Current Fiscal Year |                   |
|-------------------------------|---------------------|-------------------|-------------------------------|-------------------|
|                               | 20_____             |                   | 20_____                       |                   |
|                               | Construction Values | Professional Fees | Construction Values           | Professional Fees |
| Design & Construction         | \$ _____            | \$ _____          | \$ _____                      | \$ _____          |
| Design Only – No Construction | \$ _____            | \$ _____          | \$ _____                      | \$ _____          |
| Construction Only – No Design | \$ _____            | \$ _____          | \$ _____                      | \$ _____          |
| Construction Management       | \$ _____            | \$ _____          | \$ _____                      | \$ _____          |
| Other (please specify) _____  | \$ _____            | \$ _____          | \$ _____                      | \$ _____          |
| <b>Total – All Operations</b> | \$ _____            | \$ _____          | \$ _____                      | \$ _____          |

### 3. DESIGN / BUILD SERVICES

4. Please describe the relationship between the design firm and the construction firm:

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

5. Please describe construction observation services performed by the design firm:

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

6. Please list the 10 largest Design/Build projects in the past five (5) years. Indicate names, locations, types of structures, services performed, construction values and completion dates.

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

7. What is the Applicant's current bonding capacity? \$ \_\_\_\_\_

8. Has a surety company ever declined to offer a bond?  YES  NO  
If YES, please provide details:

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

**4. LIABILITY ISSUES**

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For all "YES" responses to the questions below, please provide details on a separate sheet. Include project name and indicate if circumstance has been reported to insurance carrier.

9. Is the Applicant aware of any actual or alleged faulty or defective workmanship or faulty or malfunctioning equipment?  YES  NO

10. Is the Applicant aware of any unresolved construction dispute including an unexcused delay, a budget overrun, or a change order, which exceeds \$10,000?  YES  NO

11. Has the Applicant or any subcontractor ever defaulted, failed to complete a contract, or had liquidated damages or similar penalties assessed against them?  YES  NO

12. Has the Applicant or any subcontractor made a claim or lien against any party because of compensation due, or alleged to be due, which exceeds \$10,000?  YES  NO

13. Please provide the following details with respect to the Applicant's Commercial General Liability and Umbrella Liability coverages:

|            | CGL   | Umbrella |
|------------|-------|----------|
| Company    | _____ | _____    |
| Term       | _____ | _____    |
| Limit      | _____ | _____    |
| Deductible | _____ | _____    |

14. Please provide details with respect to the Applicant's Commercial General Liability loss for the past five (5) year:

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

I understand the information submitted herein becomes part of the Application for Architects & Engineers Professional Liability Insurance and is subject to the same representations and conditions.

SIGNED: \_\_\_\_\_  
(Must be signed by Owner, Partner or Officer)

DATE: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_