

AFB Design build/contractors application

APPLICANT'S INSTRUCTIONS

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 AND 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 THE FIRM.

Firm information:

1. Name of Applicant and business establishment date (*please list all entities for which coverage is required*):

- X Key Contact and/or risk manager

Name:- _____ Title _____ Email _____

2. Address: _____ Street: _____

City: _____ State _____ Zip Code _____

Website: _____

- X Do you have any overseas locations? If 'yes', please provide a list by attachment Yes No

4. During the past five (5) years, 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 give full details (including dates): _____

6. Personnel (*please include all staff – professional **and** non professional*):

		Number
	Principals	
a	Architects, Engineers & other design Professionals	
c	Qualified project managers	
d	Project/Construction Managers	
e	Others (Construction Personnel/Administrative/Clerical)	
f	Total	

Revenues:

7. Please detail your revenues for each of the last 5 financial years and estimates for the current /coming years.

	<u>Last Complete Year -4</u>	<u>Last Complete Year -3</u>	<u>Last Complete Year -2</u>	<u>Last Complete Year -1</u>	<u>Last Complete Financial Year</u>	<u>Est. for current year</u>	<u>Est. for coming year.</u>
<u>Domestic</u>							
<u>Foreign</u>							

X; What percentage of your domestic turnover is generated from the following states.

<u>Alaska</u>		<u>Arizona</u>		<u>California</u>	
<u>Colorado</u>		<u>Florida</u>		<u>Hawaii</u>	
<u>Louisiana</u>		<u>Nevada</u>		<u>New York</u>	
<u>Texas</u>		<u>Washington</u>			

X. Please state the countries outside the United States where you generate revenues and allocate percentage splits to those territories

8. Please confirm your financial year end date.

X. Please provide details of your business activities normally undertaken including any areas of specialism.

8. a) Of the firm's gross turnover above, please break down as follows:

	LAST FINANCIAL YEAR	CURRENT FINANCIAL YEAR
	Construction Values	Construction Values
Construction Contracting Only (No responsibility for professional service inc. design)		
Design/Build where you undertake design and other professional services in house.		
Design/Build where you subcontract design or other professional services to others whom you are responsible for.		
Construction Management At Risk		
Construction Management Agency Fees -		
Fees for stand-alone professional services provided to third parties		
Other Turnover – Please describe. Eg Plant hire etc.	\$	\$
Total Revenue (Gross) <i>(These figures should equal those in question XX.)</i>		

Professional services:

11. Specify as a percentage of the Applicant's Professional Fee's . (Total must equal 100%)

	%	In House?		%	In House?
Architecture			Laboratory Testing		
Civil Engineering			Land Surveying		
Construction Management			Mechanical Engineering		
Electrical Engineering			Nuclear Engineering		
Environmental			Process Engineering		
Façade Engineering					
HVAC Engineering			Soil & Foundation Engineering		
Hydrogeology/Geology			Structural Engineering		
Interior Design			Other(<i>please state</i>)		

12. Does Applicant subcontract services? Yes No

- What percentage (%) of the Applicant's subconsultants/contractors are insured for professional liability and/or pollution liability: _____%
- Type of work subcontracted? _____
- Is evidence of insurance required from consultants/contractors? Yes No
- Are certificates annually updated for each consultant/contractor? Yes No

14. What percentage (%) of the Applicant's turnover for the last completed year was derived from the following project delivery methods:

Delivery method	% Revenues
Fast Track (<i>attach details</i>)	
P3	

Projects

15. Please indicate types of projects as a percentage of the Applicant's Gross Billings.

Schools, colleges, dormitories	___%	Bridges, Trestles or Tunnels	___%
Sports facilities, gymnasiums, sports stadiums, grandstands or bleachers.	___%	Roads/ Mass Transit	___%
Hotels, motels or resort properties	___%	Airports (not including runways)	___%
Country Clubs/Golf Courses	___%	Parking Garages	___%
Amusement / Water Parks/Playgrounds/swimming pools	___%	Earth Dams / Reservoirs / Retaining Walls	___%
Theatres/museums	___%	Pipelines	___%
Shopping Centers	___%	Petrochemical (no ethanol)	___%
Office/Mercantile/commercial buildings	___%	Water Systems, Waste Water Treatment Plants, Sewerage	___%
Ethanol	___%	Mines and Quarries	___%
Retirement homes or convalescent hospitals	___%	Public Utilities or Industrial/Manufacturing Buildings	___%
Churches	___%	Nuclear	___%
Apartments and other multi unit residential	___%	Machinery Design/Mechanical Design	___%
Custom Single Family Residential and High value homes	___%	Structures for offshore use	___%
Single Family Residential	___%	Harbours, Jetties, Docks, piers	___%
Condominiums (see Q16 below)	___%	Public Buildings	___%
Curtain Walls	___%	Hospitals	___%
Cranes, hoists or any other heavy lifting equipment	___%	Other (<i>please list</i>):	___%

16. In the past 5 years has your firm, a predecessor firm or any other insured provided services on residential condominium or townhouse projects? Yes No

If Yes, please provide details and complete the following:

Total Number of Condominium/Townhouse Projects? _____

Approximate total Construction Values? \$ _____

17. List of Five (5) Largest Projects in the Last Three (3) Years:

Project Name/Client: _____
 Construction Values: _____ Professional Fee: _____
 Start Date: _____ Completion Date: _____
 Services Provided: _____

Project Name/Client: _____
 Construction Values: _____ Professional Fee: _____
 Start Date: _____ Completion Date: _____
 Services Provided: _____

Project Name/Client: _____
 Construction Values: _____ Professional Fee: _____
 Start Date: _____ Completion Date: _____
 Services Provided: _____

Project Name/Client: _____
 Construction Values: _____ Professional Fee: _____
 Start Date: _____ Completion Date: _____
 Services Provided: _____

Project Name/Client: _____
 Construction Values: _____ Professional Fee: _____
 Start Date: _____ Completion Date: _____
 Services Provided: _____

18. What is the Applicant's current bonding capacity? \$ _____

Clients

19. What percentage (%) of the Applicant's professional services are attributable to the following types of clients:

PRIVATE SECTOR	% Revenues	PUBLIC SECTOR	% Revenues	FOREIGN	% Revenues
Contractors	%	Local Government	%	Private Owner	%
Design Professionals	%	State Government	%	Governmental	%
Developers	%	Federal Government	%	Design Professionals	%
Owners	%	Other (describe)	%	Other (describe)	%
Other (describe)	%				

20. What percentage (%) of Applicant's work is derived from repeat clients?
 _____ %

Financial and related interests

21. During the past twelve months, has the Applicant or any subsidiary, parent or other organisation related thereto, been engaged in:

- a. Development, sale or leasing of computer software. Yes No
- b. Manufacture, sale, leasing or distribution of any product, Process or patented production process. Yes No
- c. Design of a building, component or systems which might be used on more than one project. Yes No
- d. Real Estate development. Yes No

22. Has the Applicant entered into any Joint Venture? Yes No

Is Joint Venture coverage required. Yes No
 If yes, Supplement 4 must be submitted

23. 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
 If yes, Supplement 5 must be submitted

24. Does the Applicant have any abandoned projects? Yes No
 If yes, please give full details by attachment

Risk management:

25. Does the Applicant have a written in-house quality control procedure? Yes No

26. Do client deliverables undergo an internal peer review? Yes No

If Yes, please describe: _____

27. Does the Applicant perform project file audits on a routine basis? Yes No

If Yes, please describe: _____

28. Has the Applicant participated in a peer review program? Yes No

If Yes, please describe and provide the date(s) of the review: _____

29. What percentage (%) of the Applicants' professional services are performed under the following contract types:

- Professional Association Contract _____%
- Firm's Standard Agreement _____%
- Firm's Letter Agreement _____%
- Client Drafted Agreement _____%
- Purchase Orders _____%
- Verbal Agreements _____%

30. Are all non-standard agreements reviewed by Applicant's legal counsel or insurance broker before they are executed? Yes No

Please explain: _____

31. What percentage (%) of the Applicant's contracts include a waiver of consequential damages? _____%

32. What percentage (%) of Applicant's contracts use limitation of liability provisions, where the firm's liability is limited to:

- A specific dollar amount which is less than the Applicants' insurance limit? _____%
- A specific dollar amount equal to the Applicants' insurance limit? _____%
- Other, please explain:

33. Does the Applicant have: _____

- An in-house continuing education program for professional employees? Yes No
- Procedures to evaluate and screen potential new clients? Yes No
- Procedures for monitoring and collecting outstanding fees? Yes No

Current insurance information:

34. Please provide a copy of the Applicants' current policy for which coverage is being requested and provide the following details regarding the Applicant's Professional Liability, Pollution Legal and General Liability Insurance Coverage for the most current year:

Professional Liability:

Policy Period	Insurer	Limits	Deductible / Retention	Premium	Retro Date
		\$	\$	\$	

Contractors Pollution Liability:

Policy Period	Insurer	Occurrence or Claims Made	Limits	Deductible / Retention	Premium	Retro Date
			\$	\$	\$	

Commercial General Liability:

Policy Period	Insurance Company	Occurrence or Claims Made	Limits	Deductible / Retention	Premium
			\$	\$	\$

Environmental liability information

35. Does Applicant want their quote to include the following environmental liability enhancements:

- a) Contractors Microbial Condition Liability Yes No.

If Yes please answer the following:

- i) Does your firm have written protocols/ procedures that specifically address water intrusion events? Yes No If 'yes', please provide a copy.
- ii) Does your firm have written protocols/ procedures that specifically address discovery of Microbial Conditions? Yes No If 'yes', please provide a copy.
- iii) Are water intrusion and Microbial Condition protocols/procedures communicated to subcontractors? Yes No
- iv) Are training programs in place to address water intrusion and Microbial Conditions. Yes No
- v) Are subcontractors required to carry Microbial Condition/ Mold coverage? Yes No If 'yes', please provide identify limits and trade _____

- vi) Percentage of services that are involved in new construction, if applicable: _____
- vii) Percentage of services that are involved in restoration services, if applicable: _____
- viii) Are hand over protocols/ communication procedures in place that address prevention of Microbial Conditions (regarding the proper operation of heating, ventilation and air-conditioning (HVAC) systems and what to do in the event of leaks or other water intrusion events and the importance of maintaining internal conditions that do not favor Microbial Conditions)?
 Yes No
- ix) Details of any past or potential water intrusion/ Microbial Condition/ Mold claims/ incidents including lessons learned (if appropriate). _____

- b) Transportation Pollution Liability Yes No
 If Yes please answer the following:
 - i) Do you transport or subcontract the transportation of any Hazmats that require a license or DOT placarding/liquids in bulk? Yes No *(if yes please provide additional details)*

- c) Non owned Disposal site Pollution Liability)? Yes No
 If yes please answer the following:
 - i) Does the applicant dispose or subcontract the disposal of any waste other than construction/demolition/municipal type waste? *(if yes please provide additional details)*

Claim and circumstance information:

- 40. Have any of the Applicant’s principals, partners, directors or officers ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No

If Yes, please provide details: _____

- 41. Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present partners in a prior firm ever been declined or has the insurance ever been cancelled or renewal refused? Yes No

If Yes, please give details: _____

- 42. Has any claim or legal action been brought against the Applicant, its predecessor(s) or any past principal, partner, director, or officer in the past ten (10) years? Yes No

If Yes, please complete supplement.

- 43. After inquiry, is the Applicant, its predecessor(s) or any other person or entity for which coverage is requested aware of any act, error, omission or circumstance (including, but not limited to any unresolved job dispute, fee disputes or accident) which may possibly result in a claim being made against them? Yes No

If Yes, please complete supplement.

- 44. Please provide details of any open claims under your CGL Policy (including products completed operations) and or any closed claims with a total incurred exceeding \$100,000(including expenses, indemnity and your deductible)

If none please tick None

45. Do you have any pending dispute concerning the payment of fee's to the firm for services rendered? Yes No

46. Is the Applicant aware of any actual or alleged faulty or defective workmanship or faulty or malfunctioning equipment? Yes No

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

Signed: _____

Date: _____

Print Name: _____
(Owner, Partner, Authorized Officer)

Title: _____