



Travelers 1st Choice+[®]
DESIGN PROFESSIONALS LIABILITY COVERAGE
APPLICATION

Travelers Casualty and Surety Company of America

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IF ISSUED, THE POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE OR DEEMED MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY CLAIMS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS PAID AS DEFENSE EXPENSES. THE DEDUCTIBLE WILL APPLY TO DEFENSE EXPENSES.

IMPORTANT NOTE – NEW YORK: DEFENSE EXPENSES WILL REDUCE UP TO 50% OF THE LIMIT OF LIABILITY, AND MAY BE APPLIED TO UP TO 50% OF THE DEDUCTIBLE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed Named Insured:

Today's Date:

"Trade" or "Doing Business As" Name(s):

Mailing Address:

Street:

City:

State:

Zip Code:

Physical Address (if different):

Street:

City:

State:

Zip Code:

Primary Contact Name and Title:

Telephone Number:

Email Address:

Web Address:

Type of Legal Entity:

☐ Individual

☐ General Partnership

☐ Limited Partnership

☐ Corporation

☐ Limited Liability Company

☐ Other:

Proposed Effective Date (mm/dd/yyyy):

Date Business Started:

APPLICANT INFORMATION

1. Indicate number of firm personnel:

| | Number of Full-Time Staff | Number of Part-Time Staff | Number of Registered Architects, Landscape Architects, Land Surveyors, and Licensed Engineers | Number Who Attended Training or a Seminar on Professional Liability Risk Management in the Past 12 Months |
|-----------------------|---------------------------|---------------------------|---|---|
| Principals/Management | | | | |
| Employees | | | | |

NEW FIRMS WITH NO HISTORICAL DATA SHOULD COMPLETE ALL QUESTIONS BASED UPON PROJECTIONS FOR THE FIRST YEAR IN BUSINESS

2. Indicate annual gross billings:

| | Most Recently Completed Fiscal Year: ___/___ to ___/___ MO/YR MO/YR | One Fiscal Year Prior: ___/___ to ___/___ MO/YR MO/YR | Two Fiscal Years Prior: ___/___ to ___/___ MO/YR MO/YR | Next 12 Months Projected: ___/___ to ___/___ MO/YR MO/YR |
|--|---|---|--|--|
| Billings Passed to Sub consultants Carrying Their Own Professional Liability Insurance | \$ | \$ | \$ | \$ |
| All Other Annual Billings* | \$ | \$ | \$ | \$ |
| Total Annual Gross Billings | \$ | \$ | \$ | \$ |

*Billings for non-professional services or expenses that are reimbursed under the terms of your client contract should not be included.

3. What percentage of annual gross billings from the most recently completed fiscal year were derived from contracts solely related to feasibility studies, master planning, reports, opinions, non-structural interior design, or forensic engineering? _____ %

4. Provide the percentage of annual gross billings for the most recently completed fiscal year attributable to the following disciplines, excluding billings to subconsultants. For unlicensed construction and design consultants, such as acoustical consultants, please specify your discipline in "Other".

| Discipline | % Of Annual Gross Billings | Discipline | % Of Annual Gross Billings |
|-----------------------------|----------------------------|-------------------------|----------------------------|
| Agency Construction Manager | % | Interior Designer | % |
| Architect | % | Landscape Architect | % |
| Civil Engineer | % | Land Surveyor | % |
| Electrical Engineer | % | Mechanical Engineer | % |
| Environmental Consultant* | % | Process Engineer | % |
| Forensic Engineer | % | Structural Engineer | % |
| Geotechnical Engineer | % | Other (please specify): | % |

*Complete the Environmental Additional Information Request

5. Provide the percentage of annual gross billings for the most recently completed fiscal year derived from each of the following project types. Please use whole numbers only.

| Project Type | % Of Annual Gross Billings | Project Type | % Of Annual Gross Billings |
|--|----------------------------|------------------------------------|----------------------------|
| Airports | % | Military Facilities | % |
| Amusement Parks/Zoos | % | Mines/Quarries | % |
| Apartments (do not include condominiums or cooperatives) | % | Museums/Libraries | % |
| Asbestos/Mold/Radon/Lead Abatement | % | Nuclear Facilities | % |
| Bridges (spans ≤ 500 ft.) | % | Parking Garages | % |
| Bridges (spans > 500 ft.) | % | Parks/Playgrounds/Sports | % |
| Building Façade Restoration/Inspection | % | Power Generation/Distribution | % |
| Civil/Site Development – Non-Residential | % | Public Safety/Police/Fire Stations | % |
| Civil/Site Development - Residential | % | Refinery/Petrochemical | % |
| Commercial/Office/Retail/Banks (≥15 stories) | % | Religious Facilities | % |
| Commercial/Office/Retail/Banks (<15 stories) | % | Roads/Highways | % |
| Condominiums – Commercial | % | Single Family Homes | % |
| Condominiums – Residential | % | Stadiums/Arenas/Convention Centers | % |

| Project Type | % Of Annual Gross Billings | Project Type | % Of Annual Gross Billings |
|---|----------------------------|---|----------------------------|
| Cooperatives – Residential | % | Swimming Pools | % |
| Education/Schools | % | Telecommunications/Cabling | % |
| Harbors/Piers/Ports | % | Townhouses | % |
| Hospitals/Healthcare/Assisted Living Facilities | % | Toxic/Hazardous Waste Sites | % |
| Hotels/Motels | % | Tunnels/Dams/Levees | % |
| Industrial/Manufacturing | % | Underground Storage Tanks | % |
| Jails/Prisons/Detention Centers | % | Water/Sewer Pipelines | % |
| Judicial Courts | % | Water/Wastewater Treatment Plants/Facilities - Industrial | % |
| Laboratories/Clean Rooms | % | Water/Wastewater Treatment Plants/Facilities – Municipal | % |
| Landfills | % | Other (please specify): | % |

6. Has the applicant firm, any subsidiary, or any predecessor rendered services in the past 3 years, or do they expect to render services in the next 12 months, for any project where all or a portion of the project is currently titled, or is expected to be sold, under a condominium or cooperative form of ownership? (Note: Do not include services provided for the owner of a single condominium or co-op unit)..... ☐ Yes ☐ No

If yes, please provide the firm's total gross annual billings derived from condominium and cooperative projects below. Include 100% of the billings for projects where all or a portion of the project is currently titled, or expected to be sold, under a condominium or cooperative form of ownership.

| | Most Recently Completed Fiscal Year: _/_ to _/_ MO/YR MO/YR | One Fiscal Year Prior: _/_ to _/_ MO/YR MO/YR | Two Fiscal Years Prior: _/_ to _/_ MO/YR MO/YR | Next 12 Months Projected: _/_ to _/_ MO/YR MO/YR |
|----------------------|---|---|--|--|
| Condominium Projects | \$ | \$ | \$ | \$ |
| Cooperative Projects | \$ | \$ | \$ | \$ |

7. For the five largest projects based on construction value over the past three years, provide:

| Project Name | Location | Services Rendered | Project Type | Construction Value | Fees Billed |
|--------------|----------|-------------------|--------------|--------------------|-------------|
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |

8. In the most recently completed fiscal year, what percentage of your annual gross billings were derived from the following clients:

| Firm's Client | % Of Annual Gross Billings | Firm's Client | % Of Annual Gross Billings |
|----------------------|----------------------------|----------------------------|----------------------------|
| Contractors | % | Private Owners | % |
| Design Professionals | % | State or Local Governments | % |
| Developers | % | Other(please specify): | % |

| | | | |
|---------------------|---|------------------------|------|
| Federal Government | % | Other(please specify): | % |
| Non-Profit Entities | % | Total | 100% |

9. What percentage of annual gross billings from the most recently completed fiscal year were derived from repeat clients? _____ %

10. Is more than 50% of annual gross billings from the most recently completed fiscal year derived from one client? ☐ Yes ☐ No
If yes, please provide details in the Additional Information section at the end of this application.

11. What percentage of annual gross billings from the most recently completed fiscal year were derived from projects located outside the U.S., its territories, or possessions ? _____ %

Provide the following for the three largest current or proposed foreign projects:

| Project Name | Location | Services Rendered | Project Type | Construction Value | Fees Billed |
|--------------|----------|-------------------|--------------|--------------------|-------------|
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |

12. Is the firm, or any parent, subsidiary, or other related organization domiciled outside of the U.S., its territories, or possessions? ☐ Yes ☐ No

13. Does any partner, principal, member, officer, director, shareholder, or immediate family member have an ownership interest in any entity for whom professional services are rendered?..... ☐ Yes ☐ No
If yes, please provide details in the Additional Information section at the end of this application.

14. Is the firm or any parent, subsidiary, or other related organization engaged in any of the following:
a. Actual construction, fabrication, installation, or erection? ☐ Yes ☐ No
b. Real estate development? ☐ Yes ☐ No
c. Designing, manufacturing, selling, leasing, or distributing any other product, process, or patented design? ☐ Yes ☐ No
If yes to any of the above, please attach sample contracts and provide details, including relationships, description of services rendered, construction values, and fees received in the Additional Information section at the end of this application.

15. Does the firm or any parent, subsidiary, or other related organization ever have single-point responsibility for both the design and construction of a project? ☐ Yes ☐ No
If yes, please complete the Design/Build Additional Information Request.

16. Has the firm or any subsidiary or predecessor firm ever filed for, or been in, receivership or bankruptcy? ☐ Yes ☐ No
If yes, please provide details in the Additional Information section at the end of this application.

RISK MANAGEMENT

17. For all contracts used in the most recently completed fiscal year, provide the breakdown of contracts used by type:

| Type Of Contract | % All Contracts | Type Of Contract | % All Contracts |
|-----------------------------------|-----------------|-------------------------|-----------------|
| Professional Association Contract | % | Letter of Agreement | % |
| Client Drafted Contract | % | Verbal Agreement | % |
| Purchase Order | % | Other (please specify): | % |
| Firm's Drafted Contract | % | Total | 100% |

18. Is a limitation of liability provision incorporated into contracts and agreements? ☐ Yes ☐ No
If yes, what percentage of contracts contain a limitation of liability clause less than or equal to \$250,000? _____ %

19. Provide the breakdown of design services based on annual gross billings from the most recently completed fiscal year:
a. Percentage with construction observation: _____ %
b. Percentage without construction observation: _____ %

20. Do you use a written contract with all subconsultants?..... ☐ Yes ☐ No
If no, please explain: _____
21. What percentage of your accounts receivable are more than 90 days past due? _____ %
22. In the past three years has any suit been brought against any client to collect fees? ☐ Yes ☐ No
If yes, please provide details including date of suit, circumstances, amount of fees, and whether or not any counter-suits or allegations were made or brought in the Additional Information section at the end of this application.

PRIOR INSURANCE AND CLAIM HISTORY

23. Has any claim involving professional services been made against any of the following during the past five years (ten years if gross annual billings are greater than \$5 million), or earlier if still pending:
- a. You, your firm, or any member of your firm? ☐ Yes ☐ No
 - b. Any predecessor firm? ☐ Yes ☐ No
 - c. Any former member of your firm or a predecessor firm for professional services while a member of such firm? ☐ Yes ☐ No
24. Do you or any person seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission involving professional services that could reasonably be expected to be the basis of a claim? ☐ Yes ☐ No

If yes to any part of question 23 or 24, please complete a Claim, Suit, or Incident Additional Information Request for each claim, incident, act, error, or omission.

ATTACH A COPY OF THE FIRM'S PROFESSIONAL LIABILITY LOSS RUNS FOR THE PAST FIVE YEARS (TEN YEARS IF GROSS ANNUAL BILLINGS EXCEED \$5 MILLION)

25. Complete the following chart for professional liability insurance coverage carried during the past five years:
(Check here if none: ☐)

| | Carrier | Policy Period | Per Claim Limit Of Liability | Aggregate Limit of Liability | Deductible Amount | Premium | Retroactive Date |
|--------------|---------|---------------|------------------------------|------------------------------|-------------------|---------|------------------|
| Current year | | to | \$ | \$ | \$ | \$ | |
| Prior Year 1 | | to | \$ | \$ | \$ | \$ | |
| Prior Year 2 | | to | \$ | \$ | \$ | \$ | |
| Prior Year 3 | | to | \$ | \$ | \$ | \$ | |
| Prior Year 4 | | to | \$ | \$ | \$ | \$ | |

26. Provide the following for general liability insurance coverage currently in force (Check here if none ☐):

| Carrier | Policy Expiration | Limits of Liability |
|---------|-------------------|---------------------|
| | | \$ |

27. Has any person or entity seeking professional liability insurance ever been declined or had such insurance nonrenewed or cancelled, including for nonpayment of premium?
(Missouri applicants: Do not complete) ☐ Yes ☐ No
If yes, please provide details in the Additional Information section at the end of this application.

COMPENSATION NOTICE

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with this application or any renewal of any policy issued, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a

representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD WARNINGS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURES

I declare that I have examined this application and accompanying supplements and materials, and to the best of my knowledge and belief, after reasonable inquiry, they are true, correct, and complete, and may be relied upon by Travelers. I understand that if any of this information changes prior to the issuance of the insurance applied for that I am obligated to notify Travelers of such changes and that Travelers may modify or withdraw any proposal for insurance. Travelers is authorized to make inquiry in connection with this application.

| | | |
|---|---|----------------------|
| Authorized Representative Signature:* (Principal, Officer, or Shareholder) X | Authorized Representative Name - Printed: | Date (mm/dd/yyyy): |
| Producer Signature:** X | State Producer License No.: | Date (mm/dd/yyyy): |
| Agency: | Agency Contact: | Agency Phone Number: |

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- ☐ Electronic Signature and Acceptance – Authorized Representative
- ☐ Electronic Signature and Acceptance – Producer

**Producer information only required in Florida and Iowa.

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Reference the question number.