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Architects, Engineers & Surveyors
Professional Indemnity Proposal Form (claims made basis)

Risk Management Solutions
Proposal

Proposer, firm, business or organization (explain interrelationship on a separate business letterhead sheet)

Address City State Zip

State(s) of License or Registration Date Established Telephone number

Nature of Business

1. IS THE FIRM (please circle): CORPORATION PARTNERSHIP INDIVIDUAL

If "individual," is this a full time activity? [] Yes [] No

If "no," please give details of other employment:

2. GIVE THE PERCENTAGE OF TOTAL WORK IN EACH STATE LICENSED/REGISTERED:

3. IS THE FIRM NOW, OR HAS IT IN THE PAST, BEEN CONTROLLED, OWNED OR ASSOCIATED WITH ANY OTHER FIRM, CORPORATION OR COMPANY OTHER THAN STATED ABOVE? [] Yes [] No

If "YES," please give full details:

4. DURING THE PAST FIVE YEARS, HAS THE NAME OF THE FIRM BEEN CHANGED, OR HAS ANY OTHER BUSINESS BEEN PURCHASED OR ANY MERGER OR CONSOLIDATION TAKEN PLACE? [] Yes [] No

If "YES," please give full details:

5. PERSONNEL:

Qualifications and/or degrees

Univ. or College & date acquired

How long -with firm?

a. Principal(s), partners, directors, and officers

b. Other senior personnel

6. A. TOTAL PERSONNEL:

- a. Total number of persons in Q5 _____
- b. Total number of other qualified Architects & Engineers _____
- c. Total number of Surveyors _____
- d. Total number of other Technical Staff _____
- e. Total number of non-technical staff, such as clerks, secretaries, phone operators, typists, etc. _____
- f. Total personnel including persons in Q5 _____

7. IN WHICH OF THE FOLLOWING PROFESSIONS IS YOUR FIRM ENGAGED? (please show proportion)

	Average Prior Years	Current Year		Average Prior Years	Current Year
a. Architectural	_____	_____%	1. Structural Engineering	_____	_____%
b. Interior Designing	_____	_____%	k. Chemical Engineering	_____	_____%
c. Land Surveying	_____	_____%	1. Nuclear Engineering	_____	_____%
d. Civil Engineering	_____	_____%	m. Aerospace Engineering	_____	_____%
e. Soil Engineering	_____	_____%	n. Marine Engineering	_____	_____%
f. Electrical Engineering	_____	_____%	o. Process Engineering	_____	_____%
g. Mechanical Engineering	_____	_____%	p. Landscape Architectural	_____	_____%
h. Environmental Engineering	_____	_____%	q. Others not shown, please specify	_____	_____%
i. Heating & Ventilation Engineering	_____	_____%			
				TOTAL	100%

8. INDICATE PROPORTION OF WORK UNDER THESE HEADINGS IN WHICH THE FIRM ENGAGES

- a. Feasibility studies, surveys, reports and master planning where firm is not involved in design resulting in construction. _____ None Yes _____%
 - b. Design Services only _____ None Yes _____%
 - c. Observation, supervision, inspection services only. _____ None Yes _____%
 - d. Design and Supervision of Construction. _____ None Yes _____%
 - e. Land/Boundary Surveys. _____ None Yes _____%
 - f. Construction Management _____ None Yes _____%
- Total 100%**

9. * DOES OR HAS THE FIRM EVER OFFERED ANY OF THE FOLLOWING SERVICES?

- a. Machine Design None Yes _____%
- b. Material Testing None Yes _____%
- c. Energy Management None Yes _____%
- d. Failure Analysis None Yes _____%
- e. Active Solar Heating None Yes _____%
- f. Passive Solar Heating None Yes _____%
- g. Product Design None Yes _____%
- h. Laboratory Analysis None Yes _____%
- i. Real Estate Development None Yes _____%
- k. Special Foundation Design None Yes _____%
- 1. Soil Testing of any kind None Yes _____%
- m. Interpretation of Soils tests performed by others None Yes _____%
- n. Work in connection with mines None Yes _____%
- o. Asbestos Testing or abatement None Yes _____%

No coverage is provided for some of these services: therefore, if any of the above is answered "yes, give full details on a separate sheet.

or please

10. INDICATE PROPORTION OF WORK UNDER THE FOLLOWING HEADINGS IN WHICH THE FIRM ENGAGES:

A. TRANSPORT

- 1) Highways & Roads None Yes _____%
- 2) Vehicular Parking Structures None Yes _____%
- 3) Airports None Yes _____%
- 4) Mass Transit None Yes _____%
- 5) Other Transport Projects None Yes _____%

B. COMMERCIAL

- 1) Banks, Hotels, Restaurants, Clubs, Shopping Centers, Stores None Yes _____%
- 2) Stadiums, Auditoriums, Sports Arenas of any kind None Yes _____%
- 3) Other Commercial Projects None Yes _____%

C..INDUSTRIAL

- 1) Light Industrial Buildings such as Factories and Warehouses None Yes _____%
- 2) Heavy Industrial Plants, Bulk Storage None Yes _____%
- 3) Petrochemical, Refinery, Fertilizer, Ammonia, & Urea Plants None Yes _____%
- 4) Other Industrial Projects None Yes _____%

D. RESIDENTIAL

- 1) Private Dwellings (One Family) None Yes _____%
- 2) Multi-unit Dwellings None Yes _____%
- 3) High Rise Apartments None Yes _____%
- 4) Government Funded Housing for Low Income Families None Yes _____%
- 5) Condominiums None Yes _____%
- 6) Other Residential Projects None Yes _____%

E. LEISURE

- 1) Amusement Rides, Theme Parks, Skateboard Parks, etc. None Yes _____%
- 2) Golf Courses None Yes _____%
- 3) Playgrounds, Parks None Yes _____%
- 4) Swimming Pools None Yes _____%
- 5) Health Clubs None Yes _____%
- 6) Other Leisure Facilities None Yes _____%

F. MUNICIPAL & PUBLIC FACILITIES

- 1) Sewage Systems None Yes _____%
- 2) Water Works None Yes _____%
- 3) Electric & Gas Utilities None Yes _____%
- 4) Power Generation Plants None Yes _____%
- 5) Other Municipal or Public Utility Projects None Yes _____%

G. MARINE

- 1) Harbors, Jetties, Docks, Offshore Structures None Yes _____%
- 2) Marine Surveys None Yes _____%
- 3) Other Marine Projects None Yes _____%

H. BRIDGES, TUNNELS & DAMS

- 1) Bridges, Tunnels & Dams under 150 ft. in Total Length None Yes _____%
- 2) Bridges, Tunnels & Dams over 150 ft. in Total Length (Give full detail on separate sheet) None Yes _____%

1. NUCLEAR & ATOMIC PROJECTS

- 1) Nuclear & Atomic Facilities None Yes _____%
- 2) Stand-alone non-nuclear buildings None Yes _____%

J. HOSPITALS, SCHOOLS, & RELIGIOUS

- 1) Medical Facilities, Hospitals, Nursing Homes and/or Schools, Colleges & Universities None Yes _____%
- 2) Churches, Religious or other Eleemosynary Buildings None Yes _____%

K. AGRICULTURAL

- 1) Farm Buildings, etc. None Yes _____%
- 2) Silos, Elevators and Bulk Storage None Yes _____%
- 3) Other Agricultural Projects None Yes _____%

L. OTHER (Please indicate)

_____ None Yes _____%

TOTAL 100%

11. IF ANY SECTION OF QUESTION 10 INVOLVES GOVERNMENT FUNDED WORK, PLEASE ADVISE WHICH SECTION AND THE PERCENTAGE OF THIS WORK THAT IS SO FUNDED.

12. FEES & CONSTRUCTION VALUES

Figures reported should include fees paid to consultants or subcontractors but should exclude fees from joint ventures.

	Prior Fiscal Period (Date of Period)	Current Fiscal Period (Date of Period)	Estimate for Next Fiscal Period (Date of Period)
	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
A) DOMESTIC OPERATIONS			
1) Construction Values	\$ _____	\$ _____	\$ _____
2) Gross Billings/Fees whether collected or not	\$ _____	\$ _____	\$ _____
B) OVERSEAS OPERATIONS			
1) Construction Values	\$ _____	\$ _____	\$ _____
2) Gross Billings/Fees whether collected or not	\$ _____	\$ _____	\$ _____

13. ADVISE LOCATION AND NATURE OF OVERSEAS WORK: _____

14. DOES THE PROPOSER FORESEE ANY SUBSTANTIAL CHANGES IN THE PERCENTAGES SHOWN IN QUESTIONS 7, 8, 10, & 11 IN THE NEXT TWELVE MONTHS? Yes No

If "YES" please give full details: _____

15. WILL THE PROPOSER EMBARK ON ANY NEW OPERATION OR PROJECT NOT DETAILED IN QUESTIONS 7, 8, 10 & 11 DURING THE NEXT TWELVE MONTHS? Yes No

If "YES" please give full details: _____

16. A. DOES THE PROPOSER SUBLET OR SUBCONTRACT WORK TO OTHERS? Yes No

If "YES", Specify what is sublet or subcontracted and indicate proportion as a percentage of work volume.

B. WHEN THE PROPOSER DOES SUBLET OR SUBCONTRACT WORK TO OTHERS, ARE CERTIFICATES OF "EVIDENCE OF PROFESSIONAL LIABILITY INSURANCE" REQUIRED ANNUALLY FROM THOSE PROFESSIONALS TO WHOM WORK IS SUBLET OR SUBCONTRACTED? Yes No

17. DOES ANY ONE CONTRACT OR CLIENT REPRESENT MORE THAN 50% OF THE PROPOSER'S ANNUAL WORK? Yes No

18. A. DOES THE PROPOSER, OR ANY SUBSIDIARY, PARENT OR OTHERWISE RELATED ENTITY ENGAGE IN ACTUAL CONSTRUCTION, MANUFACTURING, FABRICATION OR REAL ESTATE DEVELOPMENT OR HAVE THEY BEEN SO INVOLVED IN THE PAST? Yes No

B. ARE OR HAS THE PROPOSER OR ANY PERSONS NAMED IN QUESTION 5, OWNERS, PARTNERS, DIRECTORS, OFFICERS OR EMPLOYEES OF THE FIRM ENGAGED IN SUCH WORK? Yes No

C. IF "YES", PLEASE GIVE DETAILS CONCERNING THE EXTENT OF SUCH WORK AND IN THE CASE OF INDIVIDUALS NAMED IN QUESTION 5, THE EXACT RELATIONSHIP OF THE INDIVIDUALS TO THE FIRM ENGAGED IN ACTUAL CONSTRUCTION, MANUFACTURING, FABRICATION OR REAL ESTATE DEVELOPMENT. ALSO, WHAT PERCENTAGE OF THE FEES SHOWN UNDER QUESTION 15 APPLY TO THIS WORK? _____

19. DOES OR HAS THE PROPOSER, PRINCIPALS, DIRECTORS OR OFFICERS INDIVIDUALLY OR COLLECTIVELY MAINTAINED A FINANCIAL INTEREST IN ANY PROJECT FOR WHICH THE PROPOSER HAS RENDERED PROFESSIONAL SERVICES? Yes No

If "YES", please provide full details of the project including the name of the project, the construction values, gross billing and percentage of the proposer's, principals', directors' or officers' ownership. _____

20. IS THE PROPOSER CURRENTLY INSURED UNDER A COMPREHENSIVE GENERAL LIABILITY POLICY? Yes No

If "YES", does he intend to maintain such coverage? Yes No

21. IS THE PROPOSER EVER ENGAGED IN DESIGNS, PLANS AND SPECIFICATIONS FOR EXPERIMENTAL OR UNTESTED MEANS OF CONSTRUCTION? Yes No

If "YES", please give full details: _____

22. DOES THE APPLICANT USE WRITTEN CONTRACTS ON EVERY PROJECT? Yes No

If "NO", please give full details: _____

23. ON PROJECTS IN WHICH THE FIRM ENGAGES IN CONSTRUCTION MANAGEMENT SERVICES, DO YOU USE AN UNALTERED A.I.A. OR A.G.C. STANDARD FORM OF AGREEMENT BETWEEN THE OWNER AND CONSTRUCTION MANAGER? Yes No

If "YES", advise A.I.A./A.G.C. contract form number: _____

If "NO", please attach a copy of form of the agreement which is used

24. DOES THE APPLICANT WORK WITH OTHER FIRMS IN JOINT VENTURES?

Yes No

If "YES", please give the following details on a separate sheet:

- a. Names and addresses of other Members
- b. Type of project and location
- c. Nature of work to be performed
- d. Total construction value of Joint Venture
- e. Gross Receipts from Joint Venture for all members
- f. Gross Receipts for Applicant's Share
- g. Gross receipts for Applicant's share during next twelve months
- h. Duration of the Joint Venture Project including approximate dates construction will start
 - i. Details on current Joint Venture coverage
 - l. Details of all other members' professional indemnity insurance for this project

25. A. PREVIOUS COVERAGE:

Please give particulars of last year's and previous four year's Professional Liability Insurance.

<u>COMPANY</u>	<u>POLICY NO.</u>	<u>LIMITS</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>	<u>PERIOD</u>
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B. HAS ANY PROPOSAL FOR SIMILAR INSURANCE MADE ON BEHALF OF THE FIRM, ANY PREDECESSORS IN BUSINESS OR PRESENT PARTNERS EVER BEEN DECLINED OR HAS ANY SUCH INSURANCE EVER BEEN CANCELLED OR REFUSED? Yes No

If "YES", please give details: _____

C. IF SIMILAR PROFESSIONAL LIABILITY HAS BEEN IN FORCE, HAS THE COVERAGE BEEN CONTINUOUSLY IN FORCE SINCE THE INITIAL POLICY INCEPTION DATE? Yes No

D. IF SIMILAR PROFESSIONAL LIABILITY COVERAGE HAS BEEN IN FORCE CONTINUOUSLY, PLEASE STATE THE RETROACTIVE DATE IN LAST YEAR'S POLICY: _____

26. HAVE OR HAS THE PROPOSER OR ANY PREDECESSOR IN BUSINESS, OR PARTNER, DIRECTOR OR OFFICER, DISPUTED OR REFUSED TO PAY ANY AMOUNT DUE AS A DEDUCTIBLE UNDER ANY SIMILAR PROFESSIONAL LIABILITY POLICY? Yes No

If "YES" please give full details: _____

27. HAS ANY CLAIM(S) OR SUIT(S) EVER BEEN MADE AGAINST THE PROPOSER OR ANY ENTITY NAMED HEREIN, OR AGAINST THEIR PREDECESSORS IN BUSINESS OR AGAINST ANY PAST OR PRESENT PRINCIPAL, PARTNER, DIRECTOR, OFFICER OR EMPLOYEE OF ANY ENTITY NAMED HEREIN? Yes No

If "YES," state briefly the cause and nature of the claim, including the amount involved, the date when the claim was made, the date the act giving rise to a claim was alleged to have been committed and the final disposition:

28. IS THE PROPOSER AWARE OF ANY CIRCUMSTANCES WHICH MAY RESULT IN A CLAIM AGAINST HIM OR AGAINST ANY ENTITY NAMED HEREIN, OR AGAINST THEIR PREDECESSORS IN BUSINESS, OR AGAINST ANY PAST OR PRESENT PRINCIPAL, PARTNER, DIRECTOR, OFFICER OR EMPLOYEE? Yes No

If "YES" please give full details: _____

COVERAGE REQUESTED:

Limit \$_____ annual aggregate. This limit shall be inclusive of loss payments, if any, as well as adjustment, investigative and legal fees, costs, charges and expenses.

Deductible \$_____ per claim. The deductible includes loss payments, and adjusting, investigative and legal fees, costs and expenses, whether or not loss payment is involved, unless otherwise stated.

Effective from _____

I/we (PROPOSER) declare(s) that the above statements and particulars are true and that no facts have been suppressed or misstated and agree that this proposal form shall be the basis of any policy of insurance which may be issued by underwriters and shall be deemed a part thereof. In addition, PROPOSER agrees and acknowledges that if PROPOSER, subsequent to the completion of this proposal, becomes aware of any changes in the statements and particulars contained herein, that PROPOSER shall immediately advise underwriters of such changes. It is further understood and agreed that upon receipt of such supplemental advices, underwriters may alter or withdraw any quotation previously offered, or amend the terms of or void any policy which has been issued based upon the statements and particulars contained herein.

Dated _____ At _____ Proposer _____

By (Principal, partner, director or officer ONLY) _____ Title _____

Describe the precise nature of operations and attach brochure and letterhead of the firm, and a list of the proposers ten largest jobs (including construction values). It is agreed that the signature of this form does not bind the underwriters nor the proposer to complete this insurance.