



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

**DESIGN/BUILD AND CONSTRUCTION MANAGERS  
PROFESSIONAL LIABILITY INSURANCE 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: \_\_\_\_\_

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

	Street	City	State	Zip Code
Address of all Branches:	_____	_____	_____	_____
	Street	City	State	Zip Code

3. Website Address: \_\_\_\_\_

4. Specify the exact date upon which the Applicant was initially established, formed or incorporated: \_\_\_\_\_  
mo day yr

5. The Applicant is a  Proprietorship  Partnership  Corporation  Other (specify): \_\_\_\_\_

6. If the name or trading style of the Applicant has ever changed or if there has ever been any acquisition, consolidation, merger, dissolution, reformation or other change in business structure, provide full particulars by listing each proprietorship, firm or organization in chronological order. Specify the exact date of such acquisition, consolidation, merger, dissolution, reformation or other change.

7. 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	%

8. Describe briefly, in narrative form, the Applicant's specialty in terms of projects undertaken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. a. Principals Qualifications

Name of Principal	Registered	Education Degree	Date & Place Acquired	Years with Firm
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b. Total Personnel:

- i) Principals as above \_\_\_\_\_
  - 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: \_\_\_\_\_

c. Is any individual or principal employed by or an officer of any other firm, organization, political body or sub-division thereof? Yes  No  If yes, please give full details.  
 \_\_\_\_\_

10. States in which the Applicant or Principals and Professional Registered Personnel are licensed: \_\_\_\_\_  
 \_\_\_\_\_ Any foreign work? \_\_\_\_\_  
 If yes, give details. \_\_\_\_\_

11. Have any of those listed in question 9 ever been the subject of disciplinary action by authorities as a result of their professional activities? \_\_\_\_\_ If yes, give details. \_\_\_\_\_

12. Specify the Applicant's exact contract revenue accrued during the immediate past fiscal year and that which is anticipated to be accrued during the present fiscal year, derived from the following categories. Exclude all income accrued from participation in any joint venture.

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:	\$ _____	\$ _____
(g) <b>Agency Construction Management Services Only:</b> relative to projects for which the Applicant is not also acting as the general contractor:	\$ _____	\$ _____
(h) Any other (describe): _____	\$ _____	\$ _____

Total Annual Revenues: \$ \_\_\_\_\_ \$ \_\_\_\_\_

13. Does the Applicant foresee any substantial changes in the contract revenues shown in question 12 during the next twelve months? \_\_\_\_\_

14. Specify the percentage of the Applicant's contract revenue attributable to the following type of client for the immediate past fiscal year:

- (a) Federal Government and any Agency thereof \_\_\_\_\_ %
  - (b) State, County or Local Government and Agency thereof \_\_\_\_\_ %
  - (c) Real Estate Developers \_\_\_\_\_ %
  - (d) Other Private or Public Held Corporations \_\_\_\_\_ %
  - (e) Other Individuals, Partnerships or Joint Ventures \_\_\_\_\_ %
  - (f) Others (specify) \_\_\_\_\_ %
  - \_\_\_\_\_ %
  - \_\_\_\_\_ %
- Total: 100 %

15. 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, give details. \_\_\_\_\_

16. Specify the percentage of the Applicant's contract revenue attributable to the following type of projects for the immediate past fiscal year:

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

17. Does the Applicant utilize independent subcontractors or Design Professionals or Consultants for:

- (a) Construction work? Yes  No
- (b) Architectural, Engineering or Surveying Services? Yes  No
- (c) Construction Management Services? Yes  No

If yes, describe on a separate Exhibit the work or services which are subcontracted by the Applicant to others and the criteria utilized by the Applicant in the selection of such subcontractors, Design Professionals or Consultants.

18. For any work which the Applicant subcontracts, the Applicant warrants that they will 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

19. For any work which the Applicant subcontracts, the Applicant warrants that comprehensive general liability insurance will be required from subcontractors to whom he subcontracts such work. Yes  No

20. On projects where the applicant renders Construction Management services, of the Standard Form of Agreements between Owner and Contractor for use by Construction Managers, which of the following standard forms does the Applicant use:

- (a) The American Institute of Architects? Yes  No
- (b) The Associated General Contractor of America? Yes  No
- (c) The Construction Management Association of America? Yes  No

Also, if any other form of Agreement is used by the Applicant for these services, please submit a copy of the standard form used.

21. If cover for Joint Venture projects is required, please give details as under for each Joint Venture project

- (a) Names and Address of other Members: \_\_\_\_\_
- (b) Type of Project and location? \_\_\_\_\_
- (c) Nature of services by Applicant: \_\_\_\_\_
- (d) Total Contract revenue from Joint Venture for all Members: \_\_\_\_\_
- (e) Contract revenue for Applicant's share: \_\_\_\_\_
- (f) Contract revenue for Applicant's share during the next fiscal year: \_\_\_\_\_
- (g) Give duration of the Joint Venture including approximate dates for all phases of design and construction: \_\_\_\_\_
- (h) Has the Applicant's portion of the Joint Venture been insured for professional liability thus far? \_\_\_\_\_
- (i) Do the other Members carry professional liability insurance on the Joint Venture project? If yes, please give details. \_\_\_\_\_

22. Does the Applicant or any subsidiary, parent or otherwise related entity engage in manufacturing, fabrication, or real estate development? Yes  No  If yes, please give details on a separate Exhibit.

23. Does the Applicant wholly or partly own, manage or otherwise control any other firm or organization (whether directly or indirectly) or is the Applicant wholly or partly owned, operated, managed or otherwise controlled by any other person, firm or organization (whether directly or indirectly)? Yes  No  If yes, provide full particulars and describe any interrelationship on a separate Exhibit.

24. 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"/>

25. Does the Applicant currently carry professional liability insurance? Yes  No  If yes, provide full particulars of insurance carried for the past five years.

<u>Company</u>	<u>Policy No.</u>	<u>Limits</u>	<u>Deductible</u>	<u>Period (Including Dates)</u>	<u>Premium</u>
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26. Specify the exact date upon which professional liability insurance for the Applicant was initially placed in force and continuously maintained: \_\_\_\_\_  
 mo      day      yr

27. Has any application for similar insurance made on behalf of the Applicant, any predecessors in business or present partners, directors, officers or employees ever been declined or has any such insurance ever been cancelled or renewal refused? Yes  No  If yes, please give details: \_\_\_\_\_

**Important information required to obtain “Prior Acts” coverage as well as qualify the Applicant for insurance.**

**As used in the questions below, the term “claims” shall have the following meaning:**

The word “**claim**” means a demand received by the Applicant for money or services, including the service of suit or institution of arbitration proceedings against the Applicant.

28. a. Have any claims been made during the past five years against the Applicant, its predecessors in business, any of the present partners, directors or officers of the applicant or to the knowledge of the Applicant against any past partners, past officers or past directors of the Applicant? Yes  No  If yes, state briefly the cause, nature of claim, the amount involved and the name of the project and claimant, the date when the claim was made, the date the act which gave rise to the claim was committed and the final disposition of the claim including amounts of settlement: \_\_\_\_\_

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b. Is the Applicant (after proper inquiry of each director, officer or partner of the Applicant or other prospective insured party) aware of any circumstance, incidents, situations or accidents that have occurred during the past five years which may result in claim being made against the Applicant, his predecessors in business, or any of the present or past partners, officers or directors of the Applicant? Yes  No  If yes, give full details similar to question 28a and also indicate if the circumstance, incident, situation or accident has been reported to the Applicant's professional liability carrier: \_\_\_\_\_

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c. Other than as may have been answered in the foregoing, please provide the following responses with respect to projects where the Applicant under contract has performed, worked or provided services, irrespective of whether performed by the Applicant or by others on behalf of the Applicant, during the past five years:

(i) Is the Applicant owed compensation that any party refuses to pay or is unable to pay, either in whole or in part, for any reason whatsoever? This question shall include, but is not limited to, any claim that the Applicant has pursued or anticipates pursuing involving "extras" allegedly owed him. Yes  No  If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's professional liability carrier: \_\_\_\_\_

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(ii) Is the Applicant aware of actual, alleged or suspected defective, inadequate or otherwise faulty assembly, erection, excavation, fabrication or installation (including roof leakage) that has not been remedied to the full satisfaction of all parties? Yes  No  If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's general and professional liability carriers: \_\_\_\_\_

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(iii) Is the Applicant aware of actual, alleged or suspected defective, malfunctioning or otherwise faulty equipment, materials, products, components, processes or systems that have not been remedied to the full satisfaction of all parties? Yes  No  If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's general and professional liability carriers: \_\_\_\_\_

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(iv) Is the Applicant aware of any actual, alleged or suspected structural deficiencies (including a collapse)? Yes  No  If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's general and professional liability carriers: \_\_\_\_\_

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(v) Is the Applicant aware of a delay, budget, contract sum or contract time having been exceeded not authorized by an approved change order, a change order for which additional compensation has not been agreed upon? Yes  No  If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's professional liability carrier: \_\_\_\_\_

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(vi) Is the Applicant aware of an injury having been sustained by a person or persons (other than an employee of the Applicant) that resulted in his total or partial disability or death? Yes  No  If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's general and professional liability carriers:

(vii) Has the Applicant, a predecessor in business or a person, firm or organization for whom the Applicant has assumed the liabilities:

(1) ever been declared in default? Yes  No

(2) otherwise failed to complete a construction contract in time for any reason whatsoever where the delay in substantial completion is beyond 90 days of the contract completion date? Yes  No

(3) has abandoned a project at any state after completion of working drawings and prior to substantial completion of the project? Yes  No

If any of the above are answered yes, please provide full particulars.

**It is agreed that if there be knowledge of any fact, circumstance, incident, situation or accident or other matter which subsequently results in claim being made against the applicant or other insured party, that coverage under the proposed insurance shall not apply; and it is agreed by all parties that any future claim or action emanating therefrom shall be excluded from coverage under the proposed insurance.**

- 29. Attach a complete description of each of the Applicant's ten largest jobs in the last five years. Specify the name, client, services provided, value of construction and gross accrued income and the date construction was completed or will be completed.
- 30. Attach a copy of each of the Applicant's current brochures and include any other current literature advertising his capabilities.
- 31. Attach a copy of the Applicant's most recent twelve month audited financial statements.
- 32. Attach a resume for each of the Applicant's principals, partners, directors or officers and any other key professional personnel.
- 33. Attach a claims summary under the Applicant's Comprehensive General Liability policy for the last three years.
- 34. Coverage requested:

Limit: \$

Deductible: \$

Effective from \_\_\_\_\_ to \_\_\_\_\_

**The Applicant accepts notice that any Policy or Certificate which may be issued will apply on a "claims made" basis.**

I/we hereby declare that the above statements are true to the best of our knowledge. This Application shall be the basis of any Policy or Certificate issued and shall become a part thereof. Should the Applicant become aware of any claim, suit or dispute subsequent to the completion of this Application, but prior to the effective date of the Policy or Certificate applied for, the Applicant shall submit immediate written notice to the Company, which may alter any quotation previously give.

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

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

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

It is agreed that the completion of this Application does not bind the Underwriters nor the Applicant to complete the Insurance