

CPM Alliance, LLC.
P.O. Box 458
Spring, TX 77383
Phone: 713-574-1437
Fax: 866-521-9881
Email: nbaker@cpmalliance.com

APPLICATION FOR BUILDING DESIGNERS
PROFESSIONAL LIABILITY
(CLAIMS MADE COVERAGE)

1. Name of Applicant: _____ Telephone: _____
2. Address: _____
Street City State Zip Code
3. Addresses of all Branch Offices: _____

4. Internet Address: _____
5. When was firm established: _____ / _____ / _____
(Month) (Day) (Year)
6. Is firm: _____ Sole Proprietorship _____ Partnership _____ Corporation _____ Professional Corporation
_____ Other: _____
7. 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 (including dates) by separate attachment:
8. Staff:
 1. Principals, Partners, Officers and Directors: _____
 2. Draftsmen, Programmers and other Technical Personnel _____
 3. Clerical, Accounting, Non- Technical _____
 4. Total Staff (1 + 2 + 3) _____

By attachment please include resume of principles/officers/partners.
9. States in which a Professional License is held: _____
10. Foreign Work? _____ Yes _____ No. If Yes, please give full details including which countries: _____

11. Have any of the Principals, Officers or Partners listed in item 8 ever been subject to disciplinary action by authorities as a result of their professional activities? _____ Yes _____ No. If Yes, please give full details: _____

12. To what Professional Associations does the Applicant belong? _____

13. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, erection, manufacturing, fabrication? _____ Yes _____ No If Yes, please give details & project list -5 largest projects, by separate attachment.
14. Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? _____ Yes _____ No If Yes, please give full details by separate attachment.
16. Does the Applicant provide professional services on projects in which any principal officer, director or shareholder or an immediate family member of such person retains any ownership interest? _____ Yes _____ No
If Yes, please attach a complete description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds.

17. Please indicate the approximate percentage of billings derived from the following types of services: (Total Must Equal 100%)

- a. Design & Observation _____%
- b. Design without observation _____%
- c. Construction/Project Management _____%
- d. Inspection services on existing structures _____%
- e. Manufacture, sale or distribution of any product or process _____%
- f. Development, sale or leasing of computer software to others _____%
- g. Other _____%

18. Please indicate the approximate percentage of billings derived from the type of client:

- Owner _____%
- Contractors _____% Other _____%
- Developer _____%
- Design Professional _____%

19. Does the Applicant foresee any substantial changes in the percentages of items 18-21 during the next twelve months?
 _____ Yes _____ No If Yes, please give details:

20. Gross Billings and Construction Values -

Dates:	Present 12 Months		Previous 12 Months	
	From _____ To _____		From _____ To _____	
a. Direct Design	Total Gross Billings \$ _____	Construction Values \$ _____	Total Gross Billings \$ _____	
b. Published Plans	\$ _____	\$ _____	\$ _____	
TOTAL GROSS BILLINGS	\$ _____	\$ _____	\$ _____	

21. Estimates of the Applicant's Total Gross Billings and Construction Values for the next 12 months:

Gross Billings: \$ _____ Construction Values: \$ _____

22. What percentage of the Applicant's practice involves any of the following:

a. Subletting of work to others _____% Type of work sublet? _____

b. Is evidence of insurance from consultants required _____ Yes _____ No

23. Does any one contract or client represent more than 50% of annual work? _____ Yes _____ No If Yes, please give details:

24. Does the Applicant perform asbestos abatement services? _____ Yes _____ No

If coverage is desired, request Asbestos Supplemental Application.

25. If the Applicant has any direct or indirect responsibility for the design or re-design of HVAC systems? ___ Yes ___ No ___

26. Is the Applicant is involved in the selection of furnishings or building materials,? ___ Yes ___ No If yes, comment on any controls or procedures that are employed to minimize the introduction of sources of chemical contamination into public buildings.

27. Please detail present Professional Liability Insurance Coverage.

Insurance Company _____ Policy Number _____ Limits _____ Deductible _____

Expiring Premium: \$ _____ Expiration Date: _____

Present Policy Retroactive Date: _____

28. Please detail Professional Liability Coverage for the FIVE YEARS prior to the present coverage.

Insurance Company _____ Policy Number _____ Limits _____ Deductible _____ Policy Period _____

29. Date UNINTERRUPTED insurance began: _____

30. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy? _____ Yes _____ No

If Yes, please give details:

Insurance Company _____ Type of Coverage _____ Limits BI _____ PD _____ Effective From _____ To _____

31. Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused?

_____ Yes _____ No If Yes, please give details: _____

32. Has any claim ever been made against the firm or any persons named in Item No. 1 or Item No. 8? _____ Yes _____ No

If Yes, please attach details stating:

- (1) date when claim was made
- (2) date the act giving rise to the claim was committed;
- (3) name of the claimant
- (4) nature of the claim
- (5) amount of alleged damages
- (6) amount of reserves if claim is open
- (7) final disposition (include paid indemnity amounts and expense amounts)

33. After inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance which may possibly result in a claim being made against them? _____ Yes _____ No

If Yes, attach a statement giving full details.

34. Has the Applicant, any predecessors in business or any other person for whom coverage is requested ever reported a potential claim circumstance to a professional liability carrier? _____ Yes _____ No If Yes, attach a statement giving full details.

35. Coverage requested: Limit _____ Deductible _____

Please include the following information with this application:

- a. a list of the 5 largest jobs in the last five years.
Detail: (1) project name; (2) type of structure; (3) services performed; and (4) construction values
- b. a copy of the firm's brochure
- c. a copy of the firm's latest financial statement, annual report of 10-K

I/We warrant that the information contained herein is true and understand that the Application for Architects and Engineers Professional Liability Insurance shall be the basis for the contract of insurance should a policy be issued and that this Application together with any supplement will be attached to and become part of the policy issued.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

The LIMITS OF LIABILITY stated in the Policy are reduced by CLAIM EXPENSES. CLAIM EXPENSES are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker.

Date: _____

Signature: _____

Title: _____

(Owner, Partner, Authorized Officer)