

# Contractors Professional Liability Application

## **NEW BUSINESS APPLICATION**

App	olicant Informa	ition								
	Name of Applic	ant (attach a separate	sheet, if necessary):							
	Applicant Addre	ess:	5	State:	Z	Zip Code:				
	Applicant Webs	ite Address:	]	Date of Formation:	/ / /	NAICS Code:				
Clai	erage under this	insurance on whose nings as defined in the	behalf the Applicant	udes the Applicant ar is authorized to subr do not have a copy o	nit the following info	rmation. Loss and				
1.	Have you been months?	involved in a merger, a	acquisition, or consolid	ation with another entit	y in the last 12	∕es □ No □				
	If yes, ple merger/ac		details including the na	ame and address of the	e merged/acquired ent	ity, and date of the				
2.	Are you owned	by or do you have any	controlling interest in a	another entity?	١	′es □ No □				
		ase provide additional attach a separate sheet		ame and address of the	e entity(ies), and perc	ent of ownership				
3.	Do you or any related entity have any ownership in any other company providing construction or design services?									
	If yes, please provide additional details, including the name and address of the entity(ies), and percent of ownership interest (attach a separate sheet, if necessary):									
4.		any services on any p greater than 20%?	roject or for any entity	in which you or any rela	ated entity has	′es □ No □				
		ase provide additional sheet, if necessary):	details, including the p	roject(s), services prov	ided, and the percent	of ownership (attach a				
Cor	ntractors Profe	essional Liability Co	overage							
Plea	se select all of th	e coverage(s) you requ	uest and provide us wi	th the following informa	tion:					
		☐ Professional Liability Insurance	☐ Contractors Pollution Liability	☐Rectification Expenses	☐Protective Indemnity Coverage (General Contractors only)	☐ Faulty Workmanship Coverage (Sub Contractors Only)				
	t of Liability uested:	\$	\$	\$	\$	\$				
Ded	uctible Desired:	\$	\$	\$	\$	\$				
	Contractors Professional Information  Please select whether you are applying as a:  1. General Contractor (including Design Builders and Construction Managers At Risk)  Yes No									
2.	Artisan/trade/su	ıb-contractor				Yes No No				
	If yes, ple	ase specify your trade:	If yes, please specify your trade:							

	perform all of your service perform any of your serv	rices in the following s		Inited States territo	ries?	Yes		f worl	
1. Do you	-			Inited States territo	ries'?	Yes	Ш	INO	
Locations								No	
d. Constructio	n Personnel:	e. Other	technical co	nsultants (please s	pecify):				
a. Principals:				Professionals:		c. Project Ma	anager	S:	
	otal number of employee					5			
	mber of your employees								
professionals			апи рап-шпе	employees, includi	ing registe	erea, licerisea	uesigii		
•	onal Structure y your total number of er	mpleyees below (full o	and part time	ampleyaga ingludi	ina rogiata	arad liganaad	doolan		
5. Do you	redane broissonna ligh	iny insurance from St	ib-consuitant	ə:		168		INU	<u> </u>
	yes, what percentage of require professional liabi					Yes		No	
	st completed year, were				iiitS?	Yes	<u> </u>	No	<u> </u>
C.	at completed year ware	any of your profession	anal hillings a	aid to out consults	unto?	Vac		No	
b.									
a.									
	yes, please list below wh	at professional discip	olines are sub	ocontracted:					
	st completed year, have	, , ,			your proj	ects? Yes		No	<u> </u>
	Itants Information		,						
- IN	lattie iv		555 Da	le of Creation/Acqu	IISILIOII		VICES		
	e the following details fo	r all subsidiaries to be lain/Registered Addre		te of Creation/Acqu	uisition		ervices		
	other information you gi			es that for the subs	sidiaries				
	e revenues and claims in			•		the subsidiary	(ies); a	and	
	complete list of the comp		•						
	We can extend this ins				•	re cover prov	rided t	hat:	
means any er	ete this section if you rec atity of which the named	insured has manager	ment control	before or as of the i	inception	of the policy p	eriod.		iary
Subsidiary	Information								
If y	yes, please describe and	specify the services:							
	self-perform or sub-contr	<u> </u>				Yes		No	

WCLANE A0003 CW (06/19) 2

New York

Washington

Texas

%

%

%

No 🗌

No 🗌

No 🗌

Yes

Yes 🗌

Yes

Arizona

California

Florida

%

%

%

Yes

Yes

Yes

No 🗌

No 🗌

No 🗌

Illinois	Yes 🗌	No 🗆	%	West Virginia	Yes 🗌	No 🗌		%
New Jersey	Yes	No 🗆	%	Other:	Yes 🗌	No 🗆		%
3. Do you p	perform any services inte	ernational	lly, outside of the Unites	States?			Yes	No 🗌

If yes, please list and provide details of all international locations where you perform services below:

	U.S. / Canada	Europe (Excluding U.K.)	Other Countries	Total
Total number of employees				
Total sales or revenue for the last completed year	\$	\$	\$	\$
Of total revenue, sales from online sales or services	\$	\$	\$	\$

#### Construction Value and Revenue Information

Please provide the construction value and revenue information for your organization below:

		Last Completed Year (\$ Construction Revenue)	Last 2 Prior Years (\$ Construction Revenue)	Upcoming Year Projection (\$ Construction Revenue)
1.	General Construction Only Holds prime contract for construction installation only with no design or construction management responsibilities	\$	\$	\$
2.	Construction Management At Risk Holds prime construction contract and provides consulting services, advice during preconstruction	\$	\$	\$
3.	Design Build with In House Design Holds prime design and construction contract with self-perform design work	\$	\$	\$
4.	Design Build with Subcontracted Design Holds prime design and construction contract with subcontracted design work	\$	\$	\$
5.	Other Revenues ( i.e. services): Please specify:	\$	\$	\$
Tota	al Construction Revenues:	\$	\$	\$
		Last Completed Year (Professional Fees)	Last 2 Prior Years (Professional Fees)	Upcoming Year Projection (Professional Fees)
1.	Design Only  Design performed for third parties for fee with no contractual obligation for construction	\$	\$	\$
2.	Construction Management Agency Includes project management, owners representative services for third parties for fee with no contractual obligation for construction	\$	\$	\$
3.	Other professional or technical fees Please specify:	\$	\$	\$
Tota	al Professional Fees:	\$	\$	\$

## **Project Information**

Based upon total revenue and fees derived from all firm projects and services, please estimate the percent of projects attributable to the following:

Project	%	Project	%	Project	%
Airport Terminals	%	Mines	%	Single family custom homes	%
Airport Runways/Facilities	%	Mixed use with apartments	%	Sewage systems	%
Amusement rides	%	Mixed use with townhouse/condos	%	Sewage plants	%

Apartments	%	Municipal buildings	%	Superfund/pollution	%
Arenas/stadiums	%	Nuclear/atomic	%	Telecommunications	%
Bridges	%	Office buildings	%	Theatres	%
Condos/townhouses	%	Parking structures	%	Tract homes/ Subdivisions	%
Convention centers	%	Petro/chemical	%	Tunnels	%
Dams	%	Pools	%	Underground storage tanks	%
Harbors/piers	%	Playgrounds	%	Utilities	%
Hospitals/healthcare	%	Pre-engineered structures	%	Warehouses	%
Hotels/motels	%	Private dwellings	%	Wastewater treatment plants	%
Industrial waste treatment	%	Recreations	%	Water systems	%
Jails	%	Religious buildings	%		
Landfills	%	Roads/highways	%		
Libraries	%	Renovations (including condos)	%		
Manufacturing/industrial	%	Retail structures	%		
Mass transit	%	Schools/colleges	%		
Other (Please specify):		%			

## **Client Information**

1. Please indicate the percentage of work performed for the following:

	a.	Federal Government	%
	b.	State Local Government	%
	C.	Other Contractors	%
	d.	Developers, Companies, Organizations	%
	e.	Private Individuals	%
	f.	Other – Please specify:	%
2.	Wh	at percentage of your work is negotiated?	%
3.	Wh	at percentage of your work is hard bid?	%

## Risk Management Information

1. Does your firm:

	a.	Have a written Quality Assurance/Quality Control Program?	Yes 🗌	No 🗌
	b.	Have a dedicated Risk Manager?	Yes 🗌	No 🗌
	C.	Use third party inspection or peer review?	Yes 🗌	No 🗌
	d.	Employ Building Information Modeling BIM or similar software/system?	Yes 🗌	No 🗌
2.	Plea	se indicate the percentage of work by contract type:		
	a.	Standard Industry (AIA, AGC, BIA etc.)		%
	b.	Firms Own Contract		%
	C.	Client Contract		%
	d.	Purchase Order		%
	e.	Oral Contracts		%

3.	Wha	at percentage of contracts contain t	ne following pro	ovisions:				
	a.	Limitation of Liability Clauses und	er \$250,000					%
	b.	Alternative dispute resolution clau	ises, such as n	nediation				%
	C.	Waiver of Consequential Damage	es .					%
		ntractor Management Informa						
Plea	ase ar	swer the following if you hire sub co						
	a.	What limit of professional liability					\$	
	b.	What percentage of design is sub	contracted, ple	ease describe:	%			
	C.	What limit of general liability insur	ance do you re	equire from subc	contractors?		\$	
	d.	What percentage of construction	is subcontracte	ed, please desc	ribe: %			
	e.	What limit of contractors pollution	insurance do y	you require from	subcontractors?		\$	
	f.	Do you obtain current certificates	of insurance fr	om subcontract	ors and design pr	ofessionals?	Yes	No 🗌
	g.	Do you have a prequalification prosubcontractors?	ocess for subco	ontracted desigr	n professionals ar	nd	Yes 🗌	No 🗌
	h.	Do you collect lien waivers?					Yes	No 🗌
Plea	ase ar	tors Pollution swer the following if you are reques			/erage:			
1.	Do	you participate in any environmenta		-			Yes 🗌	No 🗌
		If yes, please describe all current of participation:	and planned o	perations in det	ail, including the e	extent of your ro	le, location a	and length
2.	Wha	at are total revenues attributed to op	perations above	e?			\$	
3.	Do	you transport any liquids, chemicals	or hazardous	materials?			Yes	No 🗌
		If yes, please describe in detail al	l liquids, chemi	icals or hazardo	ous materials sch	eduled or currer	itly transport	:
4.	Do	you dispose of any hazardous mate	rials at a non-c	wned disposal	site?		Yes	No 🗌
		If yes, please describe in detail:						
5.	Do	you have written water intrusion cor	ntrol procedure	s?			Yes	No 🗌
		If yes, please attach a copy of you	ur written proce	edures to this ap	plication			
6.	Do	you have a Mold mitigation plan?					Yes	No 🗌
		If yes, please attach a copy of you	ur plan to this a	application				
7.	Do	you require third parties to have Co	ntractors Pollut	tion Insurance?			Yes	No 🗌
Ins		ce History						
1.		you currently have Professional Lia	-				Yes	No 🗌
2.		ase provide professional insurance	information for				_	
Insu	uranc	e Carrier	Term	Limits	Deductible	Premium	Retroact	ive Date
					\$	\$		
					\$	\$		
					\$	\$		
3.	Do	you currently have General Liability	coverage?				Yes	No 🗌
		If yes, please provide professional	l insurance info	ormation for the	last three years:			

11130	mance carrier	101111	Lillits	Deductible	1 Tellilalli	Retroacti	ve Date
				\$	\$		
				\$	\$		
				\$	\$		
4.	Does your current general liability cove	rage provide an	y of the following	g ISO coverage e	ndorsements?		
	a. CGL 2243 – Engineers, Architects	or Surveyors F	Professional Liab	ility Exclusion		Yes	No 🗌
	b. CGL 2279 – Contractors Professi	onal Liability Ex	clusion			Yes	No 🗌
	c. CGL 2280- Design Builders Exclu	ısion				Yes	No 🗌
Cla 1.	Does any person to be insured have kn might reasonably be expected to give ri			ct, error, or omis	sion which	Yes 🗌	No 🗌
2.	If yes, please explain:  After inquiry, have any claims been ma years?	de against any բ	proposed Insure	d(s) during the pa	ast ten (10)	Yes 🗌	No 🗆
	If yes, please explain:						
If Y	es to any of the Claims Details questio	ns above, plea	se specify deta	ils below and/or	r submit additi	onal inform	ation.
	ails of Claim: Please include the date of claim:	claim, parties to	the claim, and	current status of	the claim, in add	dition to the	details of
rela	ase note: It is agreed that if such know ted to such error, misstatement, misle wledge or information will be exclude	ading stateme	nt, act, omissio	n, neglect, or br	each of duty o		

Limite

Doductible

Dromium

Petroactive Date

Torm

#### NOTICES:

Incurance Carrier

Completion of this application will in no way be considered a binder of coverage, and Hiscox does not guarantee that a policy will actually be issued upon receipt of a completed application. Whoever fills out this application must be a principal, partner, director, officer, senior manager (or equivalent positions) authorized to do so and should make all the proper inquiries to answer the questions. The application should be completed for the applicant inclusive of every subsidiary or other affiliated company seeking coverage under the policy.

If a policy is issued, it will provide coverage only for claims that are first made against you, or any first party events discovered by you, and properly reported to us during the policy period, or any extended reporting period, if applicable. This application is for insurance in which the policy limits available to pay judgments or settlements shall be reduced by defense costs. Further note that defense costs shall be applied against the retention amount.

You must read, complete, sign, and date the entire application form. If you are unable to fully complete, sign, and date, please submit additional details so that you may still be considered for coverage.

#### **APPLICATION DISCLOSURES:**

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing. In such case, we have the right to cancel, withdraw, or modify any outstanding quote for insurance coverage or any policy that may have been issued.

Your submission of this Application does not obligate us to issue, or require you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials provided to us in conjunction with this Application are incorporated into this Application and made a part of it.

The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this Application are true, accurate, and complete. The undersigned agrees that we will rely on this Application in issuing any insurance policy providing the requested coverage, and that this Application will form the basis of any such insurance policy.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

You may choose to sign this form electronically by inserting your typed name or a digital or imaged signature in the space below. If you elect to do so, you hereby consent and agree that such action 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. Once completed, please forward the form to your agent or broker via email. If you choose to otherwise sign the form, please print the completed form and then sign and forward the document to your broker by email or mail.