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The Hanover Insurance Group™

Architects and Engineers Advantage

Professional Liability Insurance

Small Firm Application

Underwritten by The Hanover Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

APPLICATION INSTRUCTIONS

- Whenever used in this Application, the term “you”, “your(s)”, “firm” or "Applicant" shall mean the **Named Insured** and all predecessor firms, unless otherwise stated.
- Please type or print (in ink) clearly.
- Answer all questions completely.
- If there is insufficient space to complete an answer, continue on a separate sheet on your firm’s letterhead and indicate the question number.
- This form must be completed, signed and dated by a principal or officer of the firm.

APPLICANT INFORMATION

1. Applicant Firm Name: (Please specify all entities, including predecessors, for whom coverage is desired):

_____

_____

Firm Type: ☐ Proprietorship(s) ☐ Professional Corporation ☐ Partnership(s) ☐ Other: _____

2. Date Current Firm Established: _____ **Date Earliest Predecessor Firm Established**: _____

3. Applicant Contact Information:

Firm Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Firm Telephone/Fax Number: _____

Contact Name/Email: _____

Firm Website: _____

Indicate the number of licensed professionals in each category:

	Full-Time	Part-Time	Clerical	Total
a. Principals, Partners, Officers & Directors:				0
b. Staff:				0

4. Professional Membership: Professional organizations or societies of which the applicant is a member: ☐ None

_____

_____

5. Professional Services:

Please indicate percentage of professional services rendered in-house by applicant, by current percentage of billings. (Percentages to equal 100%):

____% Acoustical Engineering	____% Electrical Engineering	____% Geotechnical/Soils Engineering	____% Structural Engineering
____% Architecture	____% Environmental Engineering	____% HVAC Engineering	____% Testing Lab
____% Civil Engineering		% Interior Design	____% Traffic Engineering
____% Construction Management Agency:____% At Risk:____%	____% *Forensic/Expert Witness (specify discipline below) _____	____% Land Surveying	____% *Other (describe and provide % for each service described)_____
		____% Landscape Architecture	
		____% Mechanical Engineering	
		____% Process Engineering	_

*Please provide details from above: _____

_____

6. Billings:

a. Please provide **EXACT** Gross Billings.

	Immediate Past Fiscal Year	**Projected for Current Fiscal Year (20)**	**Projected for Next Fiscal Year (20)**
Dates: e.g. MM/DD/YYYY	From _____ To _____		

TOTAL OPERATIONS	Total Gross Billings	Construction Values	Total Gross Billings	Total Gross Billings
i. Joint Venture Projects Applicant's Portion Only	$	$	$	$
ii. Projects Insured Under Separate Project Policies (Provide Copy of Declarations Page Including ERP, if applicable)	$	$	$	$
iii Permanently Abandoned Projects	$	$	$	$
iv. Contracts solely for Feasibility Studies, Master Plans or Space Planning	$	$	$	$
v Direct Reimbursables (e.g. travel per diem, etc.)	$	$	$	$
vi. Sub-consultants	$	$	$	$
vii. All Other Billings	$	$	$	$
TOTAL BILLINGS (i. through vii.)	$ 0	$ 0	$ 0	$ 0

b. Sub-consultants:

1) Indicate the type of professional services sublet: _____

2) What percentage does firm obtain evidence of insurance from sub-contractors? _____%

c. Foreign Work? ☐Yes ☐No

If yes, please indicate the percentage of foreign projects, and provide list with project location, services, billings, and construction value: _____

_____

7. Contracts: On what percentage of projects do you use a written contract::____%

8. Project Type (please provide percentages, to equal 100%):

___% Airports (indicate %) Runways/Taxiways___% Terminals___%	___% Hotels/Motels (High-Rise)	___% Recreational (Parks/Golf Courses)
___% Amusement Parks	___% Hotels/Motels (Low-Rise)	___% Refineries, Chemical Plants
___% Apartments	___% *Industrial (describe)	___% Religious
___% *Bridges/Tunnels/Dams (specify size & type) _____	___% Jails/Prisons	___% Residential Subdivisions/Tract Homes
___% Commercial (Under 50,000 Sq Ft)	___% Library/Museums	___% Retirement Homes/ Convalescent Hospitals
___% Commercial (50,000 Sq Ft or Greater)	___% *Marine	___% Sewer/Water Systems
___% **Condominiums (indicate %) Residential ___% Commercial___%	___% *Mass transit	___% Stadiums/Arenas/ Convention Centers
___% Custom Single Family Dwellings	___% Offices	___% Swimming Pools
___% Educational	___% Parking Garages	___% Toxic/Hazardous Waste Systems
___% FHA or Other Subsidized Housing	___% *Pipelines (Please Specify Type)	___% Warehouses
___% Governmental	___% Playground Equipment	___% Waterslides
___% Highways/Roads	___% Power Plants	___% *Other (describe) _____
___% Hospitals/Health Care	___% Recreational (Other Excluding Swimming Pools/Waterslides)	_____ _____

*Please provide details from above: _____

_____

9. Clients:

a. Please indicate percentage of billings derived from repeat clients: _____%

b. Were 50% or more of firm's gross billings derived from a single client or contract? ☐Yes ☐No

If **yes** to 9.b. above, please specify client name, project name, percentage of billings, and services rendered.

_____

10. Special Activities: Is your firm or any subsidiary, parent, or other organization related to your firm engaged:

Actual construction, fabrication, or erection	☐Yes ☐No
Responsible for construction means, methods, techniques, procedures, or job site safety (including firm's sub-consultants)	☐Yes ☐No
Design/Build or Projects as Prime	☐Yes ☐No
Hiring contractors	☐Yes ☐No
The manufacture, sale, leasing, or distribution of any product, process or patented production process	☐Yes ☐No
The development, sale, or leasing of computer software to others	☐Yes ☐No
Real estate development	☐Yes ☐No
Equity interest projects (if yes, provide full details on Equity Interest Supplement)	☐Yes ☐No
Services for any entity where a principal of firm or family member is an officer, manager, or owner	☐Yes ☐No

If the answer to any item in #10 above is yes, please provide full details on a separate attachment, including a description of the services performed, sample contract(s), construction values, and billings for professional services.

11. Is your firm controlled, owned by or associated with, or does your firm control or own any other firm, corporation or company? ☐Yes ☐No

If yes, please provide full details including percentage of services rendered for related entity and provide evidence of applicable insurance for such related entity.

_____

_____

12. **(Not Applicable In Missouri)** Within the past 5 years has any professional liability insurance policy of yours been canceled or non-renewed?

☐***Yes** ☐*No *Question Not Applicable in Missouri

If **yes**, please provide full details: _____

_____

13. **Largest Projects**: Please provide the following on the firm's three (3) largest projects.

Project Name/ Location	Client	Project Type	Services	Billings (Current Year Total)	Construction Value	Start Date/ End Date

14. We currently carry Professional Liability coverage ☐Yes ☐No

If **yes**, please answer the following questions:

a. Our insurance company is: _____

b. Our current insurance coverage is (Limit/Deductible/Premium): _____

c. Our current policy expires on (MM/DD/YYYY): _____

d. Retroactive coverage date in current policy (MM/DD/YYYY): _____

15. We currently carry General Liability coverage ☐Yes ☐No

If **yes**, please answer the following questions:

a. Our insurance company is: _____

b. Our current insurance coverage is (Limit/Deductible/Premium): _____

c. Our current policy expires on (MM/DD/YYYY): _____

CYBER PRIVACY AND SECURITY INFORMATION

16. Are your portable electronic devices and removable electronic media protected by encryption? ☐Yes ☐No

17. Are your computer systems protected with regularly updated firewall, anti-virus, and anti-malware software? ☐Yes ☐No

18. Do you require annual training on information security for all personnel? ☐Yes ☐No

19. Do you back up your computer systems at least weekly? ☐Yes ☐No

20. Within the past three (3) years, has the firm had any security breaches including unauthorized access/use/disclosure, virus, denial of service, theft of data, fraud, electronic vandalism, sabotage or any other security event? ☐Yes ☐No

If the answer to Questions 16, 17, 18 or 19 is **no**, or if Question 20 is **yes**, please provide full details: _____

_____

_____

LOSS INFORMATION

21. During the past 5 years, or earlier if still pending, has any suit ever been filed, or any claim otherwise made, against the applicant or the applicant's predecessors in business, or any of the past or present partners, owners, officers or employees, or against any person, firm, or entity on whose behalf the applicant has assumed liability? ☐Yes ☐No

22. Awareness: Is the applicant, after inquiry of each person or entity proposed for insurance, aware of any facts, circumstances, incidents, situations, or accidents (including, but not limited to: faulty or defective workmanship, product failure, construction dispute, fee dispute, roof failure or leakage, construction worker injury or construction delays) that may give rise to a claim, whether valid or not, which might directly or indirectly involve the applicant? ☐Yes ☐No

23. Has the applicant, after inquiry of each person or entity proposed for insurance, been deposed or had your records subpoenaed? ☐Yes ☐No

24. Is the applicant, after inquiry of each person or entity proposed for insurance, aware of any fee disputes (including fees being withheld, late payments, or fees uncollected) or has any legal action been instituted by the applicant or others in regards to such fee disputes? ☐Yes ☐No

25. In addition to Questions 21, 22, 23 & 24, has the applicant, or any predecessors in business, or any of the past or present partners, officers, owners, or employees, or any person, firm, or entity on whose behalf the applicant has assumed liability, ever reported to any professional liability carrier any fact, circumstance, incident, situation, or accident that was not a suit or otherwise a claim at the time of reporting? ☐Yes ☐No

If the answer to any of the above questions is yes, please provide full details on Claim Information Form.

Report knowledge of all such incidents to your current carrier prior to your current policy expiration. The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or potential claim identified or that should have been identified in Questions 21, 22, 23, 24, or 25 of this application.

DECLARATIONS AND NOTICE

The undersigned, acting on behalf of all Applicants, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and that they are material and are the basis for issuance of the insurance **policy** provided by **us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **us**.

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicant's Organization between the date of this Application and the **policy** inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us as soon as practicable;
- Any **policy** issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied or canceled if such information was material to issuance of the **policy**. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied or canceled if such information was material to issuance of the **policy**;

- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this Application does not bind the undersigned to purchase insurance.

NOTICE TO ALABAMA APPLICANTS: 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 is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS*:* 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material there.

NOTICE TO KENTUCKY 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: 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.

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

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance 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 subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: 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.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Dated	**(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)**
	(Print Name)

Agent's Signature: _____

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.
Please submit this Application including appropriate documentation to:

The Hanover Insurance Company
333 W. Pierce Road, Suite 300
Itasca, IL 60143