



# Renewal Application for Architects & Engineers Professional Liability Coverage

Renewal Policy # \_\_\_\_\_

FIRM INFORMATION	
Firm Name:	Contact Name:
Contact Email:	

RENEWAL INFORMATION	
1A. Would you like us to quote the same limits/deductibles as expiring? If so, check yes and skip to question 2. If no, please answer questions 1B and 1C.	<input type="checkbox"/> Y <input type="checkbox"/> N
1B. Please indicate the limits that you would like us to quote:	\$ _____,000 per claim    \$ _____,000 aggregate
1C. Please indicate the deductible(s) that you would like us to quote:\$	

2. How many licensed professionals in each category work at your firm?						
	Architects	Engineers	Land Surveyors	Landscape Architects	Other	Total
Principals						
Staff						
Total licensed:						

3A. What percentage of the professional staff at your firm belongs to these professional organizations?			
<input type="checkbox"/> AIA	%	<input type="checkbox"/> NSPE/PEPP	%
Other		%	
3B. Is your firm a member of ACEC?			<input type="checkbox"/> Y <input type="checkbox"/> N

ACCOUNTING YEAR DATA			
4. List your professional service billing information below, including billings to consultants.			
	Current Fiscal Year	Past Fiscal Year	Second Past Fiscal Year
4A. Date of Reporting Periods	From: To:	From: To:	From: To:
4B. Total Gross Billings	\$	\$	\$
4C. Direct Reimbursables (not to include sub-consultants)	\$	\$	\$
4D. Sub-consultants	\$	\$	\$
4E. International Work	\$	\$	\$
4F. Abandoned Projects	\$	\$	\$
4G. Separately Insured Projects	\$	\$	\$
4H. Approximate Construction Values	\$	\$	\$
4I. For projects currently covered by a project policy (separate from your practice policy), list below the project name, location, construction values, current status, insurance carrier, and limits of liability.			
4J. If you currently have a supplemental additional limit of liability endorsement (SALE), please provide your firm's billings for the most recently completed fiscal year and estimated billings for each project on the endorsement.			

<b>SERVICES</b>			
<b>5. During the past year, what percentage of your firm's billings were performed in these service areas? (Must total 100%)</b>			
Alarm Systems/Fire Protection	%	HVAC Engineering	%
Analytical Laboratory Testing	%	Interior Design	%
Architecture	%	Laboratory Testing	%
Chemical Engineering	%	Land Surveying	%
Civil Engineering	%	Landscape Architecture	%
Commissioning/Test & Balance	%	Machinery/Equipment Design	%
Concept Design without Construction Documents	%	Management Consulting	%
Construction/Program Management	%	Marine Engineering	%
Drafting Services	%	Mechanical Engineering	%
Electrical Engineering	%	Mining Engineering	%
Environmental Abatement	%	Nuclear Engineering	%
Environmental Impact Studies	%	Oil/Gas Well Engineering	%
Environmental Permitting	%	Process Engineering	%
Facilities/Operations Management	%	Structural Engineering	%
Feasibility Studies/Reports/Opinions/Master Plans	%	Schematic Design without Construction Documents	%
Forensic Engineering	%	Specialized Non-licensed Technical Consultants	%
Forensic Investigations & Testimony	%	Transportation Engineering	%
Geotechnical Engineering	%	Other (please provide description)	%

<b>PROJECTS</b>					
<b>6. What is the approximate percentage of your total gross billings from each project type? (Must total 100%)</b>					
Airports (excluding terminals)	%	Hotels/Motels	%	Recreation/Sports	%
Airport Terminals	%	Jails	%	Roads/Highways	%
Amusement Rides	%	Landfills/Solid Waste	%	Schools/Colleges	%
Apartments	%	Libraries	%	Shopping Centers/ Retail/Restaurants	%
Assisted Living Facilities	%	Manufacturing/Industrial	%	Single-Family Residential	%
Bridges	%	Mass Transit	%	Storm Water Systems	%
Churches/Religious	%	Multi-Family Residential	%	Tunnels	%
Condos/Co-ops	%	Nuclear	%	Utilities	%
Convention Centers/Arenas/ Stadiums	%	Office Buildings/Banks	%	Warehouses	%
Dams	%	Parking	%	Wastewater Treatment	%
Dorms	%	Parks/Playgrounds	%	Waste Treatment	%
Environmental Remediation	%	Petro Chemical	%	Water/Sewer/Pipelines	%
Harbors/Ports/Piers	%	Potable Water Systems	%	Other (please provide description)	%
Hospitals/Healthcare	%	Real Estate Development	%		

<b>CLIENTS</b>					
<b>7. What is the approximate percentage of your clients from each business type? (Must total 100%)</b>					
Commercial Companies & Entities	%	Government – Federal	%	Manufacturing/ Industrial Entities	%
Design-Build Contractors	%	Government – Foreign	%	Real Estate Developers	%
Design Professionals	%	Government – Local	%	Other (please provide description)	%
Financial Institutions	%	Government – State	%		
General/Specialty Contractors	%	Institutional Entities (non- public)	%		
<b>8. Approximately what percentage of your total gross billings is from repeat clients?</b>					%

<b>BUSINESS INFORMATION UPDATE</b>	
<b>9.</b> Does your firm, any subsidiary, parent or other organization related to your firm, or any principal, partner, officer, director, or employee have a percentage ownership interest, management, or control of a company engaged in:	
<b>9A.</b> Development, sale, or leasing of computer hardware and software to others?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>9B.</b> Actual construction, installation, fabrication or erection that is over 20% of the services?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>9C.</b> Real estate development?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>9D.</b> Manufacture, sale, lease, or distribution of any product, process, or patented production process?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>10.</b> Is your firm controlled/owned by or associated with any other entity?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>11.</b> Does your firm control any other entity?	<input type="checkbox"/> Y <input type="checkbox"/> N

<b>RISK MANAGEMENT AND LOSS PREVENTION</b>	
<b>12.</b> In the last year, did at least 50% of your firm's employees attend a Victor Risk Management seminar/webinar?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>13.</b> Have at least 50% of the firm's employees completed at least one course within the Victor School of Risk Management continuing education program?	<input type="checkbox"/> Y <input type="checkbox"/> N

**FRAUD NOTICE – Where Applicable Under The Law of Your State**  
 Applicant represents, on its behalf and on behalf of all other authorized representatives of the Applicant, that the person completing this application is authorized to do so on behalf of the Applicant. Applicant further acknowledges that he/she has read and understands the relevant fraud statement applicable to the headquarter state of the Applicant on the initial application for insurance, which is incorporated by reference in this Renewal Application.

Applicant acknowledges and agrees that this Renewal Application shall be the basis of the contract if a policy is issued, and CNA will have relied upon, as representations, the responses in the Renewal Application. Applicant further understands that any inaccurate, incorrect or incomplete statement may result in an exclusion or voiding of Applicant's insurance coverage.

**REPRESENTATION:**  
 Applicant represents on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee and manager that the person completing this application has the authority to do so on behalf of the applicant, and that after full investigation and inquiry, the information contained herein and in any supplemental applications or forms required hereby is true, accurate and complete and that no material facts have been suppressed or misstated. Further, it is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Applicant further acknowledges on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee or insurance manager:

A continuing obligation to report to the Company immediately any material changes in all such information after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes;

If a policy is issued, the Company will have relied upon as representations: the application and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.

Name of Principal, Partner or Officer: (Please Type or Print)	Title:
Signature: (Principal, Partner or Officer)	Date:

This application must be reviewed, signed, and dated by a principal, partner or officer of the firm within one month of submission.



**Victor Insurance Managers LLC**

Victor Insurance Services LLC in MN | DBA in CA and NY: Victor Insurance Services | CA Ins. Lic. # 0156109

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