



# MALONEY & COMPANY, LLC

*The Art of Risk Management*

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## Architects & Engineers Business Owners Policy Questionnaire

### 1. Firm Name:

\_\_\_\_\_ Today's Date \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

In which county is this?: \_\_\_\_\_ Professional License No: \_\_\_\_\_

Email: \_\_\_\_\_ Firm's Tax ID Number: \_\_\_\_\_ Years in Business: \_\_\_\_\_

\*Does the Firm have more than one location? Yes  No  Website: \_\_\_\_\_

*\*If yes, please complete a separate form for each location*

Annual Gross Receipts: \$ \_\_\_\_\_ Hours of Operation \_\_\_\_\_ to \_\_\_\_\_

- Professional Association
- Sole Proprietorship
- PC
- LLC or LLP
- Partnership
- Other \_\_\_\_\_

Number of people work for the firm, including principals: \_\_\_\_\_

### 2. Location Information (please fill out all fields to the best of your ability):

Is the Firm located in (please check one):

- a home
- an office in which you are a tenant
- an office in a building that you own\*

\*If you chose option 3, what is the replacement cost of the building? \$ \_\_\_\_\_

Also, what percentage of the building do you occupy? \_\_\_\_\_ %

Number of Stories of Your Building: \_\_\_\_\_ Sq. Footage of Your Building: \_\_\_\_\_

Is Your Building Sprinklered? Yes  No  Sq. Footage of Your Office: \_\_\_\_\_

#### Approximately:

-when was your building built? \_\_\_\_\_

-when was the roof replaced/updated? \_\_\_\_\_

-when was the electrical system updated with circuit breakers and three-prong grounded outlets? \_\_\_\_\_

-when was the HVAC system replaced/updated? \_\_\_\_\_

-when was the plumbing system replaced/updated? \_\_\_\_\_

Type of Construction: \_\_\_\_\_  
(e.g., Fire Resistive, Masonry Non-Combustible, Non-Combustible, Joisted Masonry, Frame)

Other occupancies (if any) in your building: (e.g., other offices, mercantile, restaurant):  
\_\_\_\_\_

Is your office within 1,000 feet of a navigable body of water? Yes  No

What is the distance from your building to the nearest fire hydrant? \_\_\_\_\_

What is the distance from your building to the nearest fire department? \_\_\_\_\_

Does your office have a burglar alarm or fire alarm (if so, which)? \_\_\_\_\_

**3. Office Contents Information:**

Cost to replace all the contents of your office that you own, NOT including computers\*: \$ \_\_\_\_\_  
*\*This figure should include office contents, leased equipment for which you are responsible, plus the cost of any office improvements that you paid for and for which you should be reimbursed if they were destroyed*

Cost to replace all computers (including printers, plotter, workstations, servers, etc.)? \$ \_\_\_\_\_

Do you have an artwork, antiques or collectibles in your office for which you would like coverage?  
 Yes  No  *If Yes, please describe:*

Have you had a property insurance policy or general liability insurance policy over the past three years?  
 Yes  No

Have you ever had claims under a property insurance policy or general liability insurance policy?  
 Yes  No  *If Yes, please describe:*

Do you have any tools or pieces of equipment that are taken out to job sites?  
 Yes  No  *If Yes, please list them below and give their approximate values:*

Type of Tool or Piece of Equipment	Approximate Value
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**4. Risky Services Information:**

What percentage of your firm's billings (if any) are derived from:

1. Construction and/or Project Management (including means, methods, techniques, sequences and procedures—does not mean administration of the construction contract on projects that you designed!): \_\_\_\_\_%
2. Testing Services: \_\_\_\_\_%
3. Inspection Services: \_\_\_\_\_%
4. Safety Services: \_\_\_\_\_%
5. The oil, gas or petrochemical industries: \_\_\_\_\_%

**To the best of my knowledge, these responses are accurate, true, and complete**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**After the form is completed, please fax or email it back to us.**  
**Fax: 800-720-5349**  
**Email: Mail@MaloneyLLC.com**