



MALONEY & COMPANY, LLC

THE ART OF RISK MANAGEMENT

Professional Liability Application

For Architects, Engineers, Surveyors and Consulting Firms

1. Firm Name (please include any DBA names):

Address: _____
Street City State Zip

Phone: _____ Mobile: _____ Email: _____

Are there any additional locations? Yes No Website: www. _____

2. Who owns the firm listed in question 1? Please list the full name of each owner and show the percentage of ownership (total should equal 100%):

_____ % _____ %
_____ % _____ %

3. Previous entities of which any owner of the firm was a principal:

Year earliest entity (in question 1 or 3) was formed: _____

4. Brief description of practice: _____

5. Types of Services (must total 100%):

- | | |
|---------------------------------|---|
| _____ % Architecture | _____ % Structural Engineering |
| _____ % Civil Engineering | _____ % HVAC Engineering |
| _____ % Construction Management | _____ % Environmental Consultant |
| _____ % MEP | _____ % Interior Design (selection of furniture, fixtures, finishes and space planning) |
| _____ % Surveying | _____ % Other _____ |

6. Types of Projects (must total 100%):

- | | |
|-----------------------------------|---------------------------------------|
| _____ % Single Family Residential | _____ % Schools/Colleges/Universities |
| _____ % Commercial | _____ % Religious |
| _____ % Condominiums | _____ % Office Buildings |
| _____ % Retail | _____ % Apartments |
| _____ % Industrial | _____ % Other _____ |
| _____ % Hospitals | _____ |

7. Types of Clients (must total 100%):

- | | |
|------------------------------|-----------------------------|
| _____ % Contractors | _____ % Developers |
| _____ % Private Owners | _____ % Public Institutions |
| _____ % Design Professionals | _____ % Other _____ |



8. Staffing:

Licensed Architects_____ Licensed Engineers_____ Surveyors_____ Technical_____ Admin_____

9. Gross Billings:

Estimated Full Year Billings in GEF: _____

2017: _____ 2016: _____ 2015: _____

Percentage of billings attributed to low risk services (Feasibility Studies, Master Plans, Reports, and Opinions, etc.) _____ %

Does your firm perform any high risk services (e.g. Geotechnical, Asbestos, Underground Storage Tanks, and Lead Abatement)? Yes No

If yes, please describe _____

Direct reimbursable expenses included in the billings shown above (e.g. Travel, Blueprinting, and Filing Fees, etc.) _____ %

10. Risk Management:

a. **What percentage of your firm’s contracts are written?** _____%

b. **What percentage of written contracts are AIA, ConsensusDoc or EJCDC?** _____%

c. **Does your firm incorporate a limitation of liability clause in its contracts?** _____

If yes, what percentage of your contracts contain a limitation of liability clause less than or equal to \$250,000? _____%

d. **Does your firm retain subconsultants?** _____

What percentage of your fees is paid to subconsultants? _____%

What percentage of your subconsultants maintain professional liability insurance? _____%

e. **Does your firm have in-house quality control procedures?** _____

11. Do you have a professional liability policy in force? Yes No

If yes, please provide us with:

a. **Name of Insurance Company** _____

b. **Limits of Liability & Deductible** _____

c. **Effective Dates** _____

d. **Retroactive Date** _____

e. **Premium** _____

Are you a named insured on a policy dedicated to one specific project? Yes No

Do you have a specific project excess endorsement on your current policy? Yes No

Have you ever had a professional liability policy cancelled or non-renewed? Yes No

If yes please explain: _____

12. Claims Information:

- a. Have any claims been made or legal action been brought in the past five years (or made earlier and are still pending) against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee?** Yes No

If yes, please provide the following information for each claim on a separate sheet:

- | | |
|--|---|
| a. Date of Claim | e. Deductible applicable |
| b. Claimant or Plaintiff | f. Amount paid for indemnity (if closed) |
| c. Allegations | g. Insurance company reserve |
| d. Defense attorney's or insurance company's evaluation of exposure/potential liability | h. Amount of claim |

- b. Are you aware of any circumstances that may give rise to a claim?** Yes No

If yes, please provide the following information for each circumstance on a separate sheet:

- | | |
|------------------------------------|---|
| a. Date reported to Insurer | d. Claimant |
| b. Name of project | e. Allegation/nature of situation |
| c. Date of incident | f. Demand/amount of damages (if known) |

Authorization and Signature

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by the insurance company in the event an insurance policy is issued.
- The insurance companies are authorized to make an investigation and inquiry in connection with this application.
- The insurance companies are not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Please Note: This information is collected to request premium indications. Any insurer that offers you a policy is likely to require that its application be completed before binding coverage for your firm.

Principal Name (please print)		
Principal Signature		Date

After completing the form, please return it to us. It can be sent to:

Email

Mail@MaloneyLLC.com

Fax

(800) 720-5349

Mailing Address

**Maloney & Company, LLC
1110 Boston Post Road
Guilford, CT 06437**

