



# 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

Email: \_\_\_\_\_ Firm's Tax ID Number: \_\_\_\_\_ Date Business Est.: \_\_\_\_\_

\*Does the Firm have more than one location? Yes  No  Website: \_\_\_\_\_  
*\*If yes, please complete a separate form for each location*

Annual Gross Receipts (per location): \$ \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Number of Principals: \_\_\_\_\_

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

### 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? \_\_\_\_\_ %

Building Information: Stories in Building: \_\_\_\_\_ Sq. Footage in Building: \_\_\_\_\_ 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., shopping center, mall, other offices, mercantile, restaurant):  
\_\_\_\_\_

Are you responsible for common area maintenance: \_\_\_\_\_ Any vacant area: (Y/N) \_\_\_\_\_ % of vacant area: \_\_\_\_\_

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, including computers, printers, plotters, servers, etc.: \$ \_\_\_\_\_  
*\*This figure should include office contents you own, leased equipment for which you are responsible, plus the cost of any improvements that you paid for and for which you should be reimbursed if they were destroyed*

Cost to replace valuable papers in your office (Often firms choose \$25,000) \$ \_\_\_\_\_

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  *Any insurance been cancelled, declined, or non-renewed? If so, when:* \_\_\_\_\_

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. Hired and Non-Owned Auto Coverage:

Does your Driving Involve? (select all that apply):  
 Outside sales (e.g. client visits & sales calls)  
 Routine errands (e.g. bank & post office runs)  
 Job site to job site

What is the maximum radius of operation of the vehicle (in miles)? \_\_\_\_\_  
How many employees under the age of 26 use their personal autos for business purposes? \_\_\_\_\_

### 5. Risky Services Information:

Please provide percentage of your firm's billings (**if any**) that are derived from:

- Construction and/or Project Management (does **not** mean administration of the construction contract on projects that you designed) \_\_\_\_\_
- Testing Services: \_\_\_\_\_ Inspection Services: \_\_\_\_\_ Safety Services: \_\_\_\_\_ Oil, Gas or Petrochemical Services: \_\_\_\_\_
- Directly or Indirectly responsible (through a subcontractor) for any construction activities: \_\_\_\_\_

**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**