



*Promark Associated*  
**Agencies, Inc.**  
*As Unique & Innovative as Our Clients*

**PROFESSIONAL LIABILITY APPLICATION**

**I. Applicant Information**

1. Principal Firm Name:

DBA						
Street Address				Contact Name		
City				Contact Email		
State	Zip	County		Phone	Fax	
Website URL						
Partnership	Sole Proprietorship	PLLC LLC	Corporation	Prof Corporation	S Corp	Other:
Tax ID Number				Date Firm Established / /		

a. Predecessor firms for which coverage is desired:

b. During the past five years, has any merger or consolidation taken place?

Yes      No

*Details:*

c. Branch office locations:

*Please indicate % of total billings at branch offices:*

\_\_\_\_\_ %



**II. Financial Information**

**4. Billing Information**

*Please forward two years financial information with this application.*

	Second Most Recently Completed Fiscal Year		Most Recently Completed Fiscal Year		Projected Billings for Current Fiscal Year	
	From:	To:	From:	To:	From:	To:
a. Projects Covered by a Separate Project Policy						
b. Feasibility studies, Master Plans, Reports and Opinions						
c. Abandoned Projects						
d. Non-Structural Interior Design						
e. Landscape Architecture						
f. Land Surveying						
g. International Work						
h. Construction or Program Management						
i. Facilities or Operations Management						
j. Fees Paid to Subconsultants						
k. All Other Billings						
l. Direct Reimbursables						
<b>m. Total Gross Billings</b>						
n. Approximate Construction Values						

<b>Please list your firm's total gross billings <u>minus direct reimbursables</u> for the following:</b>	<b>Fiscal Year</b>	<b>Billings</b>
a. Third Most Recently Completed Fiscal Year	to	
b. Fourth Most Recently Completed Fiscal Year	to	
c. Projected billings for the next fiscal year	to	

### III. Firm Practice Information

5. Please complete the following chart for your five largest projects based on construction value over the past three years.

Project Name	Location	Services Rendered	Project Type	Construction Value	Your Fees

6. How many professionals within your firm LEED AP Accredited?

*Have any of your projects achieved Gold or Platinum certification?*

Yes No

7. Please complete the following chart based on your annual gross billings from the past fiscal year attributable to the following disciplines provided by you, excluding sub consultants.

*Some categories may require that you complete a supplemental application.*

Discipline	% of Annual Gross Billings	Discipline	% of Annual Gross Billings
Architect	%	Irrigation Engineering	%
Acoustical Engineer	%	Kitchen Consulting	%
Acoustical Consulting	%	Laboratory Consulting	%
Agricultural Engineering	%	Lab Testing (excl soils & const. materials)	%
Air Balancing	%	Land Surveyor – Const. Staking	%
Audio/Visual Consulting	%	Land Surveyor – Topo./Boundary	%
Civil Engineer	%	Land Surveyor – Other:	%
Commissioning Consulting	%	Landscape Architect	%
Construction/Project Manager	%	Management Consulting	%
Drafting Services	%	Mechanical Engineer	%
Electrical Engineer	%	Mining Engineer	%
Elevator Consulting	%	Modelers/Renderers	%
Energy Efficiency Consulting	%	Naval Marine Engineer	%
Environmental Consultant	%	Non-Destructive Testing	%
Environmental Engineering	%	Photogrammetry	%
Facilities/Operations Management Consulting	%	Process Engineer	%
Forensic Consulting	%	Roof Consulting	%
Forensic Engineer	%	Soils Engineering	%
Geology %		Sprinkler Design	%
Geotechnical Engineer	%	Structural Engineer	%
Graphic/Signage Consulting	%	Telecommunication/Communication Engineering	%
HVAC %		Transportation Consulting	%
Hydrology %		Urban/Rural Planning	%
Illumination Engineer	%	Other:	%
Interior Design	%	Other:	%

PO Box 530, 6571 Main St. Williamsville, NY 14231-0530

Ph: (716) 633-8401

Fax: (716) 633-8429

www.promarkinsurance.com

8. Please complete the following chart based on your annual gross billings from the past fiscal year derived from each project type or category.

Some categories may require that you complete a supplemental application.

<b>Project Type or Category</b>	<b>% of Annual Gross Billings</b>	<b>Project Type or Category</b>	<b>% of Annual Gross Billings</b>
Air Emission Control Systems	%	Mines/Quarries	%
Airport Runways	%	Museums/Libraries	%
Airport Terminals	%	Mold Abatement	%
Amusement Parks/Zoos	%	Parking Garages	%
Apartments	%	Parks/Playgrounds	%
Asbestos Abatement	%	Phase I Prop Assessment	%
Banks	%	Phase II & III Prop Eval.	%
Bridges/Tunnels	%	Power Plants/Nuclear	%
Casinos	%	Refinery/Petro	%
Chemical/Pharmaceutical Plants	%	Religious	%
Condominiums – Residential	%	Remediation Engineering	%
Condominiums - Commercial	%	Research & Development Labs	%
Convention Centers	%	Residential Subdivisions	%
Courthouses	%	Restaurants	%
Dams/Reservoirs	%	Retail/Malls/Shopping Centers	%
Educational:		Sewer/Water Systems	%
Colleges/Universities	%	Single Family Homes	%
Private	%	Stadiums/Arenas	%
Public- K-12	%	Superfund Sites	%
Façade Restoration/Maintenance	%	Swimming Pools	%
Harbors/Piers/Ports	%	Townhouses/Multi-family	%
High Rise Commercial/Office >15 stories	%	Toxic/Hazardous Waste Sites	%
Highways/Roads	%	Underground Storage Tanks	%
Hospitals/Assisted Living Facilities	%	Utilities	%
Hotels/Motels	%	Waste Brokering	%
Industrial Manufacturing/Processing	%	Wastewater Treatment Plants/Systems Municipal	%
Jails/Prisons	%	Wastewater Treatment Plants/Systems Industrial	%
Landfills	%	Wetland Mitigation	%
Laboratories	%	Other:	%
Low Rise Commercial/Office	%	Other:	%
Mass Transit Systems	%	Other:	%
Military Facilities	%	Other:	%

9. Please complete the following chart for your annual gross billings from the past fiscal year for the following categories of project **owners**:

Categories of Project Owners	% of Annual Gross Billings	Categories of Project Owners	% of Annual Gross Billings
Federal Government	%	Private	%
State or Local Government	%	Other:	%
Institutional	%	<b>Total must equal 100%</b>	<b>%</b>

10. Please complete the following chart for your annual gross billings from the past fiscal year derived from the following **clients**:

Private Sector	% Revenues	Public Sector	% Revenues	Foreign	% Revenues
Contractors	%	Local Gov't	%	Private Owner	%
Design Prof.	%	State Gov't	%	Governmental	%
Developers	%	Federal Gov't	%	Design Prof.	%
Owners %		Other:	%	Other:	%
Other:	%	Other:	%	Other:	%

11. What percentage of your annual gross billings were from repeat clients? \_\_\_\_\_%

12. Are more than 50% of your annual gross billings from the past fiscal year derived from one client? Yes No

13. Does your firm work with other firms in joint ventures? Yes No

14. Do you or any of your principals, partners, members, officers, directors, shareholders or immediate family members have an ownership interest in any entity for whom professional services are being rendered? Yes No

a. *If yes, please provide details:*

b. *Is the combined ownership greater than 49%?* Yes No

15. Are you controlled or owned by any other entity or individual not employed by your firm? Yes No

16. Are you or any parent subsidiary or other related organization engaged in any of the following:

- a. Actual construction, fabrication, installation or erection Yes No
- b. Computer software development, for, or sales to, others Yes No
- c. Real estate development Yes No
- d. Designing, manufacturing, selling, leasing, or distributing any product, process or patented design Yes No

*If yes to any of the above, please provide details, including relationships, description of the services performed, construction values, fees received and sample contracts:*

17. Have you or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy under Chapter 7 or 11? Yes No

*If yes, please provide details:*

18. Please provide the breakdown based on your total gross billings from the past fiscal year:

a. for all design projects:

- Percentage with construction observation \_\_\_\_\_%
- Percentage without construction observation \_\_\_\_\_%
- Construction review without design \_\_\_\_\_%
- Plan checking without design \_\_\_\_\_%

b. for all stand alone services:

- Quality or cost estimates without design \_\_\_\_\_%
- Roofing inspection \_\_\_\_\_%
- Building envelope review \_\_\_\_\_%
- Inspection \_\_\_\_\_%

19. What percentage of your projects based on your gross billings from the past fiscal year were rendered under fast-track delivery method? \_\_\_\_\_%

20. Do you or any parent, subsidiary, or other related organization ever have single-point responsibility for both the design and construction of a project? Yes No

21. Did your firm engage in any Design-Build projects during the last completed fiscal year? Yes No

*If yes, what percentage were:*

- Design Professional Led \_\_\_\_\_%
- Contractor Led \_\_\_\_\_%

*If yes, were any Design-Build entities formed as a Joint Venture, LP, or LLC? Yes No*

*Details:*

22. Please indicate the portion of your *total* gross billings from the past fiscal year paid to each of the following subconsultants:

<b>Subconsultant</b>	<b>Insured for Professional Liability</b>	<b>Not Insured for Professional Liability</b>
Architecture	%	%
Civil Engineering	%	%
Electrical Engineering	%	%
Geotechnical Engineering	%	%
Mechanical Engineering	%	%
Structural Engineering	%	%
Other: _____	%	%

**IV. Risk Management**

23. Contracts

Please complete the following chart for your annual gross billings from the past fiscal year for each contract type listed:

<b>Type of Contract</b>	<b>% of Total Gross Billings</b>	<b>Type of Contract</b>	<b>% of Total Gross Billings</b>
Professional Association	%	Letter Agreement	%
Client Drafted	%	Verbal Agreement	%
Purchase Order	%	Other:	%
Your Standard Contract	%		

24. If verbal agreements are used, are you willing to use some form of written agreement on all projects? Yes    No    N/A

Please describe the situations when verbal agreements are used:

25. Does your firm:

- a. require a signed contract prior to project number assignment or commencement of services? Yes    No
- b. follow a written in-house quality control manual? Yes    No
- c. have non-standard contracts reviewed by legal counsel or insurance broker for insurability prior to signing? Yes    No
- d. have a procedure for monitoring and collecting outstanding fees? Yes    No

- e. incorporate a limitation of liability provision in your agreements? Yes No  
*If yes, does the provision limit your liability to a specific dollar amount:*  
less than your insurance limit? \_\_\_\_\_%  
equal to your insurance limit? \_\_\_\_\_%  
less than or equal to amount of the fee? \_\_\_\_\_%
- f. include a waiver of consequential damages in your agreements? Yes No  
*If yes, what percentage?* \_\_\_\_\_%
- g. have a client selection process? Yes No
- h. have a project selection process? Yes No
- i. use an automated master specification system? Yes No  
*If yes, on what percentage of projects?* \_\_\_\_\_%
- j. design projects using a model based technology linked to a database of project information? Yes No  
*If yes, on what percentage of projects?* \_\_\_\_\_%
- k. have an in-house program of continuing education for professional employees? Yes No
- l. participate, or have participated, in an "organizational peer review"? Yes No  
*If yes, when & by whom?*
- m. undergo either an internal or external peer review for all instruments and deliverables? Yes No  
*If yes, what percentage internal?* \_\_\_\_\_%  
*what percentage external?* \_\_\_\_\_%
- n. perform project file audits on a routine basis? Yes No
- o. engage your clients in a pre project planning process that results in a project definition document? Yes No  
*If yes, on what percentage of projects?* \_\_\_\_\_%
- p. engage in a documented constructability review process during project design with client and contractor representatives? Yes No  
*If yes, what percentage of projects receive such review?* \_\_\_\_\_%
- q. 1) perform contract administration services? Yes No  
*If yes, do you maintain a documented submittal or shop drawing log?* Yes No

2) what percentage of your construction phase submittal logs include both as-planned dates (dates from the contractor's submittal schedule) and actual dates you received and responded to each submittal? \_\_\_\_\_%

s. hire subconsultants? Yes No  
*If yes, do you use written agreements with all subconsultants?* Yes No

t. have a procedure in place that requires subconsultants to provide you with insurance certificates evidencing general and professional liability coverage? Yes No  
*If yes, Are certificates updated annually?* Yes No

26. In the past 12 months how many professional employees have had at least 6 hours of continuing education?

27. How many employees at your firm have attended a professional liability risk management seminar within the past year?

28. Which of the following best describes the seminar?

	Presented by Your Agent		Presented by Your Insurance Carrier
	Internet		Self Study
	Presented by Professional Society		Other:

**V. Insurance Information**

29. Do you or any subsidiary or predecessor firm have any current outstanding professional liability deductible obligations? Yes No  
*If yes, please provide details in the notes section.*

30. Complete the following chart for professional liability insurance coverage carried by your firm during the past three years. *If currently uninsured, please check here:*

	Carrier	Policy Period		Limit	Deductible	Premium	Retro	Extended Reporting Purchased?
Current year			to					
Prior year 1			to					
Prior year 2			to					

31. Is there an endorsement on your current professional liability insurance that provides an additional limit for a specified project, client, or contract? Yes No  
*If yes, please complete the **Supplemental Application.***

32. Do you currently carry General Liability? Yes No  
*If yes,*  
 Carrier: \_\_\_\_\_ Policy Term \_\_\_\_\_ to \_\_\_\_\_ Limits \_\_\_\_\_

## VI. Claim & Circumstance Information

*Please forward a current copy of carrier loss runs for the past ten years to us via **email**, fax or mail.*

33. In the past three years, have you brought suit against any client to collect fees? Yes    No  
*If yes, please provide details:*
34. Do you currently have any unresolved fee disputes? Yes    No  
*If yes, please provide details:*
35. Has any professional liability claim or suit been made or brought against any of the following during the past 10 years or earlier if still pending:
- a. You, your firm or any member of your firm? Yes    No
  - b. Any predecessor firm? Yes    No
  - c. Any former member of your firm or predecessor firm for professional services while a member of such firm? Yes    No
36. Have you or any person or entity seeking coverage under this proposed policy ever been declined professional liability insurance or had such insurance non-renewed or cancelled, other than for non payment of premium? Yes    No  
*If yes, please provide details:*
38. Have any principals, partners, directors or officers ever been subject to disciplinary action by authorities as a result of their professional activities? Yes    No  
*If yes, please provide details:*

39. After complete investigation and inquiry, do any principals, partners, officers, directors, members, shareholders, employees, or insurance managers have knowledge of any act, error, or omission, fact, incident, situation, unresolved job dispute (including owner-contractor disputes), accident, or any other circumstance that could be the basis for a claim under the proposed insurance policy?

Yes No

*If yes, please provide details:*

***If you choose to change insurance carriers you must report knowledge of all incidents as described in question 39 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 circumstance identified or that should have been identified in questions 35 and 39 of this application.***

### **Fraud Warnings**

Attention insureds in NJ, NY and OH:

***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 may also be subject to a civil penalty. (In New York State, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)***

Attention insureds in PA:

***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.***

## VII. Signature and Authorization

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.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by the Insurance Company in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- The Insurance Company is authorized to make an investigation and inquiry in connection with this application.
- The Insurance Company is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title (please print)

**Important note:** This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by the Insurance Company. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

Additional Information / Notes: