



Everest National Insurance Company
APPLICATION FOR EVEREST ELEVATION® ARCHITECTS AND ENGINEERS
PROFESSIONAL LIABILITY

THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE POLICY AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD AND REPORTED TO THE INSURER PURSUANT TO THE TERMS THEREIN. CLAIM EXPENSES SHALL REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS AND MAY COMPLETELY EXHAUST THE POLICY LIMITS.

1. a. Name of Applicant/Firm: _____
- b. Principal Business Address: _____
- City: _____ County: _____ State: _____ ZIP Code: _____
- Business Phone: _____ Email: _____
- Website: _____
- c. Please list all branch offices on a separate sheet and include a breakdown of the staff at each location.

2. a. Date current Firm was established: _____
- b. If the Firm is less than two years old, please attach a resume for each principal.

3. If in the past five years the name of the Firm has been changed or there has been any acquisition, merger or consolidation involving the Firm, please complete the following for all pre-existing entities. Attach additional details if necessary. Firms that are accepted for coverage will be listed on the policy.

Name of Predecessor Firm	Dates in Existence	Nature of Change
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Number of Total Staff (include branch offices): Indicate part-time by ½

Principals, Partners,
Officers and Directors _____

Architects, engineers, _____

technical professionals _____

Administrative staff _____

Total _____

5. List professional society memberships:

6. a. Does the Firm currently carry professional liability insurance? Yes No
 If "yes", provide details of insurance history below:

Insurance Company	Policy Period	Limit of Liability	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b. Retroactive date on current policy: _____

7. Is the Firm covered by any professional liability specific project policy? Yes No

If "yes", provide the name and address of project, name of insurance company and term of policy:

8. Does the Firm carry general liability insurance? Yes No

9. Specify the services provided by the Firm: (Note: Total must equal 100%)

Discipline	%	Discipline	%	Discipline	%
Architect	%	HVAC Engineer	%	Process Engineer	%
Chemical Engineer	%	Hydrology/Geology	%	Project Manager	%
Civil Engineer	%	Interior Design	%	Sound/Acoustics Engineer	%
CM – Agency	%	Laboratory Testing	%	Structural Engineer	%
CM – At Risk	%	Landscape Architect	%	Telecommunications	%
Drafting	%	Land Surveying	%	Traffic Engineer	%
Electrical Engineer	%	Land Use Planning	%		%
Environmental Engineer	%	Marine Engineer	%	Other	%
Forensic Engineer	%	Mechanical Engineer	%		%
Geotechnical Engineer	%	Mining Engineer	%	Other	%
General Contractor	%	Naval Architect	%		%

10. If the Firm's practice includes fees passed through to consultants for architectural, engineering or surveying services please complete the following:

- a. Specify the types of services provided by consultants: _____
- b. Percentage of consultants that carry professional liability insurance: _____
- c. Consultant's fees should be specified in Section 12. d. Annual Revenues, below.

11. Indicate the types of clients (Note: must total 100%):

Commercial	_____%	Institutional	_____%
Contractors	_____%	Lending Institutions	_____%
Design	_____%	Owners who act as	_____%
Professionals		builders	
Developers	_____%	Other (specify):	
Governmental	_____%	_____	_____%
Industrial	_____%		

12. Specify Annual Revenues:

	Second Past Fiscal Year From _____ (mo/yr) To _____	Last Complete Fiscal Year From _____ (mo/yr) To _____	Projection for Current Year From _____ (mo/yr) To _____
a. Projects insured separately	\$ _____	\$ _____	\$ _____
b. Joint Venture projects	\$ _____	\$ _____	\$ _____
c. Fees from abandoned projects	\$ _____	\$ _____	\$ _____
d. Fees passed through to consultants	\$ _____	\$ _____	\$ _____
e. Direct Reimbursables	\$ _____	\$ _____	\$ _____
f. All other professional services	\$ _____	\$ _____	\$ _____
g. ANNUAL TOTAL REVENUES	\$ _____	\$ _____	\$ _____

13. Indicate the services provided by the Firm: (Note: must total 100%):

a. Feasibility studies.....	_____	%
b. Design only, no construction phase services.....	_____	%
c. Design with observation of construction.....	_____	%
d. Design with construction management services*	_____	%
e. Construction management without design*	_____	%
f. Complete responsibility for construction, including design**	_____	%
g. Other (specify): _____	_____	%

*Complete the Construction Management Information Sheet.

**Complete the Design/Build Information Sheet.

14. Indicate the types of projects undertaken by the Firm (Note: must total 100%):

Airports	_____%	Environmental Impact	_____%	Religious	_____%
Apartments	_____%	Highways/Roads	_____%	Sewer/Water Lines	_____%

Bridges	___%	Hospitals	___%	Shopping Centers	___%
Churches	___%	Hotels/Motels	___%	Site Development	___%
Condominiums	___%	Industrial	___%	Subdivisions/Tract Housing	___%
Convention Centers	___%	Marine/Naval	___%	Subsidized Housing	___%
Correctional Facilities	___%	Mass Transit Lines	___%	Tunnels	___%
Custom Homes	___%	Municipal Water Systems	___%	Warehouses	___%
Dams	___%	Office Buildings	___%	Wastewater Treatment	___%
Educational	___%	Parking Garages	___%		
Other(specify):	_____				___%

15. What percentage of annual billings comes from the Firm's largest single client? _____%

16. Has the Firm participated in any of the following projects or services in the last 10 years?

Projects constructed outside the U.S.A.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nuclear or Atomic	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amusement Rides or Water Slides	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refinery or Chemical	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asbestos Testing or Abatement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phase I, II or III Site Assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous or Toxic Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	Runways or Taxiways	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory Testing or Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stadiums or Arenas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landfills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Soils Engineering	<input type="checkbox"/> Yes <input type="checkbox"/> No
Machinery, Equipment or Product Design	<input type="checkbox"/> Yes <input type="checkbox"/> No	Superfund	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mines	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If "yes", please provide details of the project(s), including project named, location, client, billings, constructions, values and completion date.

17. Does the Firm or any financially-related enterprise or its principals, partners, directors or officers engage in any of the following:

Construction, erection, fabrication or installation Yes No

Manufacture, sale or distribution of any product or process Yes No

Real estate development Yes No

If "yes", provide full details.

18. Has the Firm ever provided any professional services on projects for which it or a related person or enterprise has acted as a general contractor by providing or subletting construction?

Yes No

If "yes", provide full details or complete the Design/Build Information Sheet.

19. a. Does the Firm wholly or partly own, manage or control any other enterprise? Yes No

If "yes", provide full details.

b. Is the Firm wholly or partly owned, managed or controlled by any other enterprise? Yes No

If "yes", provide full details.

20. Does the Firm provide professional services for any client in which any members of the Firm or their relatives own a financial interest or serves as an officer, director, trustee or partner? Yes No

If "yes", provide the name of the client, project, percentage of equity interest, nature of relationship, gross billings for the last year and type of services.

21. Has the Firm participated in a Joint Venture in the last five years? Yes No

If "yes", please attach a Joint Venture Information Sheet or statement providing full details for each joint venture project.

22. a. Does the Firm use written contracts on every project? Yes No

b. If "no", please indicate the percentage of projects during the last twelve months that used verbal contracts: _____%

Describe circumstances under which verbal agreements are used:

c. What percentage of professional services are rendered under AIA or EJCDC standard forms of agreement? _____%

d. What percentage of the Firm's contracts contains a Limitation of Liability clause that restricts the insured's liability to \$250,000 or less? _____%

e. When non-standard contracts including "letter agreements" and modified AIA or EJCDC contracts are used, are they reviewed by the Firm's legal counsel prior to signing? Yes No

23. a. Has the Firm adopted a policy against suing for fees? Yes No

b. Please indicate the number of suits filed for the collection of fees during the last two years:

24. Does the Firm have a written in-house quality control procedure? Yes No

If "yes", please attach a copy and specify the date that it was last revised or updated.

a. What percentage of professional employees have participated in continuing education programs within the last two years? _____%

b. Has the Firm participated in a peer review program? Yes No

25. Have any claims involving professional services been made against the Firm or any predecessor firm of the Firm in the last ten years? Yes No

If "yes", complete a Claim/Circumstance Information Sheet or attach full details, including actions taken to prevent similar claims in the future.

26. Has the Firm or any predecessor firm of the Firm reported a potential claims to a professional liability insurer in the last five years? Yes No

If “yes”, complete a Claim/Circumstance Information Sheet or attach full details.

27. After inquiry, is any member of the Firm or a predecessor firm of the Firm aware of any circumstance that could possibly result in a professional liability claim being made against them? Yes No

If “yes”, complete a Claim/Circumstance Information Sheet or attach full details.

28. Has any member of the Firm ever been the subject of a complaint to authorities or disciplinary action as a result of professional activities? Yes No

If “yes”, please attach a statement providing full details.

29. Attach a list of the Firm’s five largest completed projects. Include the project name, client, location, services rendered, billings, construction values and completion date.

30. Please attach a list of the Firm’s five largest current projects, including the details requested in question 29.

31. Please attach any literature, including government forms, brochures or descriptive information which is sent to new or prospective clients, that describes the Firm’s capabilities and practice.

SIGNATURE AND REPRESENTATION

The Firm hereby represents, after inquiry, that 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. The Firm acknowledges a continuing obligation to report to the insurance company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the insurance company shall have the right to withdraw or modify any outstanding quotes and/or authorization or agreement to bind the insurance based upon such changes.

Further, the Firm understands and acknowledges that:

1. If a policy is issued, the insurance company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the insurance company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.
3. The Firm’s failure to report to its current insurance company, during the current policy period, either any claim made against any insured, or any act or omission known to any insured that may reasonably be expected to be the basis of a claim against any insured may create a lack of coverage.
4. Any individual currently or formerly affiliated with the Firm or any predecessor firm of the Firm, has disclosed in this Application any actual or alleged, act, omission, circumstance or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the Firm, any predecessor firm of the Firm, or any attorney currently or formerly affiliated with the Firm or any predecessor firm of the Firm, regardless of whether any such claim would be meritorious.
5. The Firm hereby authorizes the release of claim information to the insurance company from any current or prior insurer of the Firm.

Signature: _____ Title: _____ Date: _____

OFFICER OF THE FIRM

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN TENNESSEE AND WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

THIS PAGE CONTAINS STATE SPECIFIC LANGUAGE OR REQUIREMENT FOR APPLICANTS RESIDING IN THE FOLLOWING STATES: Florida, Iowa, Maine and New Hampshire

Applicable to Maine applicants only

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. THIS APPLICATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR THE PRESIDENT OF THE COMPANY.

Applicable to New Hampshire applicants only

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE TO THE BEST OF HER/HIS KNOWLEDGE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. THIS APPLICATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR THE PRESIDENT OF THE COMPANY.

SIGNATURE: _____

TITLE: _____ DATE: _____

Required applicants in Florida, Iowa & New Hampshire:

Name of Broker: _____ Broker License #: _____
(Required: FLORIDA, IOWA, NEW HAMPSHIRE only) (Required: FLORIDA only)

Print Name: _____ Name of Agency: _____

Address: _____

Broker Signature: _____
(Required: NEW HAMPSHIRE only)