



A&E

INSURANCE FOR ARCHITECTS & ENGINEERS

Application Form

This is an application for a comprehensive professional liability policy designed specifically for architects and engineers. The policy includes errors and omissions, pollution liability, breach of contract, intellectual property rights infringement and payment of withheld fees. Limits available are up to \$10,000,000 and worldwide cover is provided as standard. Simply complete the form and return it to your insurance agent.



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A&E

INSURANCE FOR ARCHITECTS & ENGINEERS

INTRODUCING A&E

Architects and engineers engage in a broad range of disciplines which vary widely from project to project. One job may involve significant bodily injury exposures and another have the potential to cause pollution if things go wrong. It is therefore critically important for architects and engineers to buy an insurance policy which covers these diverse exposures.

We insure thousands of architects and engineers worldwide so we understand this diversity and can consider a wide variety of activities within this sector.

BROAD COVER

A&E is not just errors and omissions insurance. It is a modular policy targeting key professional liability exposures for architects and engineers. Features include:

- Full pollution liability, covering both sudden & accidental and gradual pollution, which is an important concern for geologists and environmental engineers amongst others
- Clear, unambiguous cover for breach of a client contract providing you with certainty that this increasingly important exposure is covered
- Full civil liability coverage, not just negligence
- Specific cover for breach of intellectual property rights
- Cover for suits brought against the architect or engineer anywhere in the world as standard
- Payment of fees withheld by an aggrieved client if this mitigates a potentially larger claim
- Reimbursement of costs incurred to help reduce or avoid a claim
- Punitive and exemplary damages cover
- A broad definition of business activities that includes technology services
- Virus and hacking liability cover

LIMITS, DEDUCTIBLES AND PREMIUMS

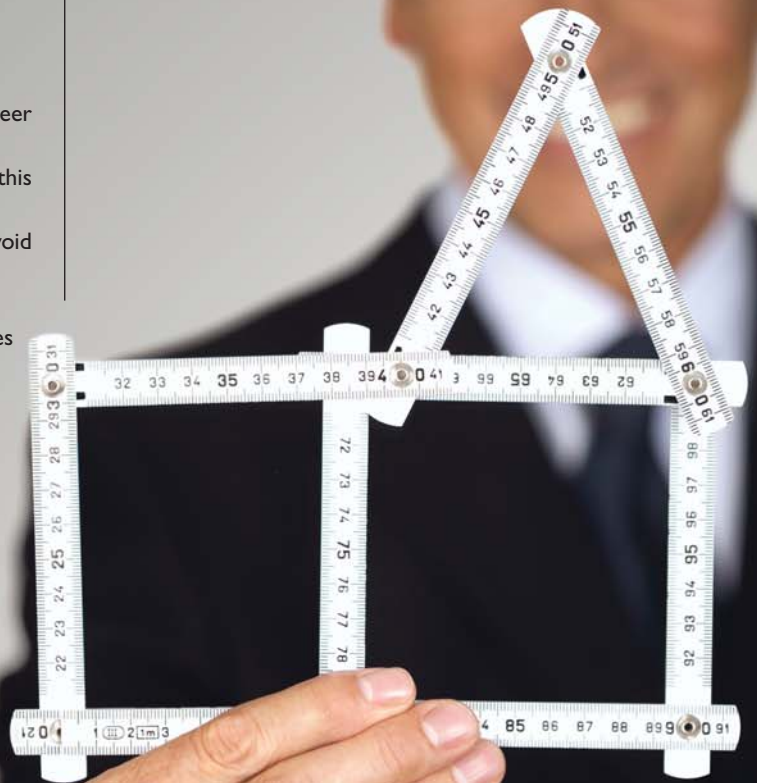
- Limits of liability available up to \$10,000,000
- A range of reinstatement options available
- Deductibles starting from just \$1,000
- Premiums starting from as little as \$500

SERVICE

We recognise that architects and engineers want to buy their insurance quickly and simply and then get on with their job. That's why our insurance policy is backed up by exceptional service levels featuring:

- Over 90% of quotes provided within 48 hours
- A "fast-track" same-day service for urgent submissions
- Policies issued within 24 hours of binding if we have all the information we need

All this at very competitive prices. To obtain a quote all we need is the completed A&E Application Form.





INSURANCE FOR ARCHITECTS & ENGINEERS

APPLICATION FORM

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the A&E policy. Completion of this application form does not oblige either party to enter into a contract of insurance. Insurance is a contract of utmost good faith, which means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: This Policy provides cover on a claims made basis. A claim must be first made against the Insured and notified to us during the period of the policy to be covered. This Policy does not cover any claim arising out of any actual or alleged wrongful act occurring before the Retroactive Date.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered. If you require any extra room to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance agent.

SECTION I: COMPANY DETAILS

- 1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

| | |
|------------------|----------------|
| Insured Company: | |
| Contact name: | |
| Address: | |
| | |
| ZIP code: | |
| Telephone: | Email Address: |
| Fax: | Website: |

- 1.2 Please state when your company was established:

MM / DD / YY

- 1.3 i) How many directors / officers / partners are there in the Company?

- ii) Please state the details of all partners / directors:

| Name | Years in position | Years experience | Qualifications |
|------|-------------------|------------------|----------------|
| | | | |
| | | | |
| | | | |

iii) Please state the number of employees:

Professional: Clerical: Other:

1.4 Please state your fees received in respect of the following years:

| | Last complete financial year | Estimate for current financial year | Estimate for next financial year |
|---------------------------|------------------------------|-------------------------------------|----------------------------------|
| Domestic revenue: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other territory revenue: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total revenue: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Operating Profit / (Loss) | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date of Company financial year end:

SECTION 2: ACTIVITIES

2.1 Please briefly describe below the nature of your business activities:
If you have a brochure, or company literature, please attach to this form.

2.2 Please provide a full breakdown of your total revenue by activity:
The total of all activities listed here should equal 100%.

| | | | |
|--|------------------------|--|------------------------|
| Architectural: | <input type="text"/> % | Hydraulic / Fire Engineering: | <input type="text"/> % |
| Town Planning: | <input type="text"/> % | Plumbing Engineering: | <input type="text"/> % |
| Structural Engineering: | <input type="text"/> % | Environmental Engineering: | <input type="text"/> % |
| Mechanical Engineering: | <input type="text"/> % | Marine Engineering: | <input type="text"/> % |
| Drafting Engineering: | <input type="text"/> % | Feasibility Studies: | <input type="text"/> % |
| Geotechnical / Soil Engineering: | <input type="text"/> % | Expert Witness: | <input type="text"/> % |
| Electrical Engineering: | <input type="text"/> % | Design and Construct: | <input type="text"/> % |
| Civil Engineering: | <input type="text"/> % | Project / Construction Manager: | <input type="text"/> % |
| Foundation / Underpinning Engineering: | <input type="text"/> % | Interior Design: | <input type="text"/> % |
| Corrosion Engineering: | <input type="text"/> % | Land Surveying: | <input type="text"/> % |
| Acoustic Engineering: | <input type="text"/> % | Quantity Surveying: | <input type="text"/> % |
| HVAC Engineering: | <input type="text"/> % | Marine Surveying: | <input type="text"/> % |
| Aeronautical Engineering: | <input type="text"/> % | Building Surveying: | <input type="text"/> % |
| Chemical Engineering: | <input type="text"/> % | Other: | <input type="text"/> % |
| Nuclear Engineering: | <input type="text"/> % | (please provide more details overleaf) | |

Description of other work:

| | |
|-------|---------|
| _____ | _____ % |
| _____ | _____ % |

2.3 Please advise the percentage of your revenue received in the following areas of work (total should equal 100%):

| | | | |
|--|------------------------|-----------------------------|------------------------|
| Domestic Buildings: | <input type="text"/> % | Marine Structures: | <input type="text"/> % |
| Commercial Buildings: | <input type="text"/> % | Water / Sewerage Systems: | <input type="text"/> % |
| Industrial Buildings: | <input type="text"/> % | Bulk Handling Structures: | <input type="text"/> % |
| Public Buildings: | <input type="text"/> % | Amusement Structures: | <input type="text"/> % |
| Mines: | <input type="text"/> % | Airports: | <input type="text"/> % |
| Bridges: | <input type="text"/> % | Petrochemical / Refineries: | <input type="text"/> % |
| Tunnels: | <input type="text"/> % | Dams: | <input type="text"/> % |
| Railways: | <input type="text"/> % | Roads / Highways: | <input type="text"/> % |
| Other (please provide more details below): | <input type="text"/> % | | |

Description of other work:

| | |
|-------|---------|
| _____ | _____ % |
| _____ | _____ % |

2.4 Do you belong to any association related to these activities? Yes No
If yes, please list these associations below.

| |
|-------|
| _____ |
| _____ |
| _____ |

2.5 Do you engage in actual construction, installation, or erection? Yes No

2.6 Do you engage in any actual manufacture, fabrication, or assembly? Yes No

2.7 Do you assume responsibility for any of the activities mentioned in questions 2.5 and 2.6 above? Yes No

2.8 If you have answered yes to questions 2.5, 2.6, or 2.7 above then please provide full details of operations below:

| |
|-------|
| _____ |
| _____ |
| _____ |

2.9 In the event that your product or service failed or delivery was delayed please describe the worst case scenario. Consider the potential for loss of life, injury to people, damage to buildings or other tangible property, or financial loss (consequential or otherwise) for your clients:

| |
|-------|
| _____ |
| _____ |
| _____ |

SECTION 3: CONTRACT INFORMATION

3.1 Please give details of the five largest contracts you have carried out in the past three years:

| Name of client | Business of client | Nature of your work undertaken for this contract | Your annual revenue from this contract | Start date | Completion date |
|----------------|--------------------|--|--|------------|-----------------|
| | | | | MM / YY | MM / YY |
| | | | | MM / YY | MM / YY |
| | | | | MM / YY | MM / YY |
| | | | | MM / YY | MM / YY |
| | | | | MM / YY | MM / YY |

3.2 Approximately how many customers do you have?

3.3 Do you carry out work only under a written contract signed by every client? Yes No
Please supply a copy of your standard form of contract, or typical examples of contracts used.

If No, explain in what circumstances, and why.

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3.4 Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract? Yes No

If yes, explain what percentage of your contracts this is applicable to and what these are capped at.

| |
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3.5 What approximate percentage of your revenue, in your current financial year, will be paid to sub-contractors? %

3.6 Do you ensure that sub-contractors have their own errors and omissions insurance? Yes No

3.7 Do any of your contracts contain a service credit or liquidated damages regime? Yes No
If yes, please attach a sample.

3.8 Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature? Yes No

SECTION 4: CLAIMS EXPERIENCE AND INSURANCE HISTORY

4.1 Please provide details of your current Errors and Omissions insurance, if applicable, and what you require for the next year of insurance:

| | Retroactive Date | Effective Date | Limit | Deductible | Premium | Insurer |
|-----------|------------------|----------------|-------|------------|---------|---------|
| Current: | MM / YY | MM / YY | | | | |
| Required: | MM / YY | MM / YY | | | N/A | N/A |

4.2 Regarding your Errors and Omissions insurance, **AFTER ENQUIRY**:

- are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b and c above Yes No

If the answer to the above is 'Yes', then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

SECTION 5: DECLARATION

- I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact.
- I/we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.
- I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

| | |
|---------------------------------|--------------------|
| Signed: _____ | Full Name: _____ |
| Position held at Insured: _____ | Date: MM / DD / YY |

ADDITIONAL INFORMATION:

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