



PA/CE: Professional Activities/Complete Execution

APPLICATION FOR PROFESSIONAL LIABILITY FOR CONSTRUCTION CONTRACTORS AND CONSTRUCTION SUPPORT SERVICES PROVIDERS

NAConstructionProfessional@axaxl.com

Please submit the following information in addition to this application:

1. Past two years financials including balance sheet and income statement (audited preferred)
2. Past three years currently valued loss runs for lines of coverage requested. If no prior coverage, please provide past three years of currently valued General Liability loss runs.
3. Samples of representative agreements: owner, sub-contractor and sub-consultant.

Section 1 – Applicant Information	
Applicant Name:	
Mailing Address:	
Physical Address:	
Contact Name:	Contact Title:
Telephone:	Website:
Year business started operation:	

Section 2 – Coverage Requested				
☐ Professional Liability Coverage	Limits (Per Claim/Agg):	SIR Requested:	Retro Date:	
☐ Rectification Coverage	Limits (Per Claim/Agg):	SIR Requested:	Retro Date:	
☐ Protective Loss	Limits (Per Claim/Agg):	SIR Requested:	Retro Date:	
☐ Pollution Liability	Limits (Per Claim/Agg):	SIR Requested:	☐ Claims Made Retro Date:	☐ Occurrence

Section 3 – Staffing	
Position	Number of Personnel
Licensed Professionals	
Certified Technicians	
Safety Staff	
Total # of Employees	

Section 4 – Project Delivery Methods/ Activities (If Specialty Subcontractor, please complete Sections 4 & 5)						
Delivery Method	\$ Value of Work In Place and/or Fees for Last Completed Fiscal Year		\$ Value of Work In Place and/or Fees for the Current Fiscal Year		Estimated \$ Value of Work In Place and/or Fees for the Next Fiscal Year	
Construction Only – with no contractual obligations for design or CM agency						
Agency Construction Management – holding no design or construction subcontracts.	Fees	Construction Values	Fees	Construction Values	Fees	Construction Values
At Risk Construction Management – provides consulting services during preconstruction and self performs or holds and manages construction subcontracts during construction phase						
Design/Build or EPC with in-house design – assume contractual obligations for design and construction where design is substantially performed in-house						
Design/Build or EPC with subcontracted design – assume contractual obligations for design and construction where design is substantially subcontracted to others						
Design Only – performed for others with no contractual obligations for construction or CM (i.e., third party design)	Fees	Construction Values	Fees	Construction Values	Fees	Construction Values
Other – please describe						
Totals:	Fees	CV	Fees	CV	Fees	CV
Please provide your firms Total Gross CVs and/or Fees for two years ago			Fees \$		CVs \$	
Describe your firm's largest 3 projects over the past 3 years with construction revenues over \$1B						
Project Description:			Total Gross Revenue (\$)			
			\$			
			\$			
			\$			

Section 5 - Specialty Contractor Activities (total should equal 100%)			
Electrical	% of CV	Control Systems	% of CV
Fire Sprinkler	% of CV	Utility	% of CV
HVAC / Mechanical	% of CV	Curtain Wall & Glazing	% of CV
Plumbing	% of CV	Pre-Fabricated / Manufactured Buildings.	% of CV

Section 6 – Geographic Areas of Operations (total 100%)			
US:	%		
Canada:	%	Rest-of-World:	%
List provinces:		List countries:	(Include % revenue and if physical office location)

Section 7 – Project Information by % of Revenues (Total 100%)			
Residential – (Condominiums, Cooperatives, Planned Unit Developments (PUD's), Single Family Subdivisions, Custom Homes, For Sale Apartments)		% Wood	% Commercial
Institutional - (Hospitals, Retirement Homes, Convalescent Homes, Public Schools, Colleges & Universities, Private Schools, Colleges & Universities, Religious Facilities)		%	
Industrial – (Processing, manufacturing, production systems, Mines, Quarries, Oil Refineries, Chemical Plants & Pipelines, Facilities related to nuclear activities)		%	
General Building – (Hotel, Motels, Retail, Malls / Shopping Centers, Office Buildings, Warehouse, Core & Shell of Processing, Manufacturing and Production Buildings, Restaurants, Rental Apartments)		%	
Recreation Facilities – (Sports Facilities, Arenas, Convention Facilities, Grandstands, Theaters, Amusement Parks, Ski Lifts, Amusement Rides)		%	
Light Infrastructure – (Airport Runways, Correctional Facilities, Parking Garages, Utilities, At-Grade Road & Highways, At-Grade Railroad, Transportation Passenger Terminals, Landfills, Wastewater, Sewage, Water Treatment Systems, Waste Treatment, Storage and Disposal Facilities)		%	
Heavy Infrastructure – (Above or below grade Roads and Highways, Above or Below Grade Railroad, Structures for Offshore or Marine Use, Harbors, Jetties, Docks, Piers, Wharves, Bridges, Trestles, Dams, Reservoirs, Levees, Tunnels)		%	
Has your firm ever participated in a Public Private Partnership (P3) Project		Yes ☐	No ☐

Section 8 – Contracts / Subcontractors & Risk Management			
What percentage of projects are performed under a written contract?		%	
What percentage of work is for repeat clients?		%	
What percentage of projects utilize pre-qualified subconsultants and subcontractors?		%	
On what percentage of projects do you provide value engineering or design-assist support?		%	
Are subcontractors required to carry Professional Liability?		Yes ☐	No ☐
If yes, which type of subcontractors?	If yes, what percentage of the time? %	If yes, what limits?	
Are subcontractors required to carry Pollution Liability coverage?		Yes ☐	No ☐
If yes, which type of subcontractors?	If yes, what percentage of the time? %	If yes, what limits?	
Do you have established protocols regarding who may negotiate or amend contracts?		Yes ☐	No ☐
Do you have established protocols for identifying and escalating project problems?		Yes ☐	No ☐
Do you have a budgeted line-item for staff training, continuing education, etc.?		Yes ☐	No ☐
Do you undertake "project post-mortems" to help develop "Best Practices"?		Yes ☐	No ☐

Section 9 – Expiring Insurance Program								
Professional Liability			Pollution Liability			General Liability/Umbrella/Excess		
☐ None			☐ None	☐ OCC	☐ CM	☐ None	☐ OCC	☐ CM
Carrier:			Carrier:			Carrier:		
Limits:			Limits:			Limits:	Primary/Total	
SIR:			SIR:			SIR:		
Eff. Dates:			Eff. Dates:			Eff. Dates:		
Policy Term:			Policy Term:			Policy Term:		
Retro Date:			Retro Date:			Retro Date:		
						ISO CG2243	Yes ☐	No ☐
						ISO CG2279	Yes ☐	No ☐
						ISO CG2280	Yes ☐	No ☐

Section 10 – Claims		
Has any pollution or professional claim, suit or notice of incident been made against:		
Your firm?	Yes ☐	No ☐
Predecessor firm?	Yes ☐	No ☐
Entities your firm wholly or partly owns, manages, or controls?	Yes ☐	No ☐
Any member of your firm or of the above entities?	Yes ☐	No ☐
Is any member of your firm, predecessor firm, or any entity your firm wholly or partly owns, manages and/or controls, aware of any circumstance which may result in any project delay, professional or pollution liability claim, suit, or notice of incident / occurrence against them?	Yes ☐	No ☐
Has any application for professional liability insurance and/or pollution liability insurance made on behalf of the applicant, predecessors in business, present partners or officers ever been declined or has the insurance ever been cancelled or renewal refused?	Yes ☐	No ☐
If you answered yes to any of the above, please provide full details.		

Sections 11 & Section 12 are only required if Pollution coverage is also being requested

Section 11– Occupied Location Information *(Required only if Pollution Liability coverage is requested)							
Note: Information supports evaluation of Named Insured location coverage. To request coverage for additional occupied locations, attach additional sheets.							
Location:							
Describe Operations / Activities Performed at this Location:							
Do you store any hazardous or bulk materials at this property (other than in tanks schedule below)? If yes, please elaborate.						Yes ☐	No ☐
Have you had any historic environmental issues at this property? If yes, please elaborate.						Yes ☐	No ☐
Tank Information							
AST	UST	Size	Content	Tank Construction Material	Age	Last Test Date	Containment
☐	☐						
☐	☐						
☐	☐						

Section 12– Material/Waste Information *(Required only if Pollution Liability coverage is requested)			
Note: Information supports evaluation of non-owned disposal sites (NODs) coverage			
What type of waste (from occupied locations or project sites) are you disposing at a non-owned disposal site?			
Hazardous	%	Non-Hazardous	%
Total		%	
What type of materials are you transporting?			
Hazardous	%	Non-Hazardous	%
Total		%	

APPLICANT FRAUD WARNINGS

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 that 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

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

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

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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 CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO WASHINGTON APPLICANTS: 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.

NOTICE TO WEST VIRGINIA APPLICANTS: 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.

NOTICE TO ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

After reasonable inquiry, I warrant that the information and statements contained in this application for insurance are true and correct, and that no material facts have been withheld or misstated. I understand that this application, and all other materials and information submitted to the Company in connection with this application for insurance, are incorporated and made a part hereof. I also understand that the Company will rely upon the application, materials and information submitted in the underwriting process in the formation of any subsequent contract of insurance entered into.

I understand that the completion of this application does not bind coverage. Acceptance of a quotation from the Company is required prior to binding coverage with the Company.

Applicant's Signature: _____

Title: _____

Print Applicant's Name: _____

Date: _____