# **ALDWYN GROUP, INC.**

961 POTTSTOWN PIKE LUDWIGS CORNER PROFESSIONAL BUILDINGS CHESTER SPRINGS, PA 19425

Application for Architects & Engineers Professional Liability Insurance

(including Construction Management, Surveying, Land-use Planning and Interior Design)

# This Application is for a Claims-Made Policy

# **Applicant's Instructions:**

- 1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED NOT APPLICABLE, MARK "NA."
- 2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET AND INDICATE QUESTION NUMBER.
- 3. PLEASE COMPLETE SUPPLEMENTS WHERE REQUIRED.
- 4. THIS APPLICATION AND ALL SUPPLEMENTAL FIRMS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

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1.	APPLICANT INFORMATION										
a.	Name of applicant:(If partnership or corporation, show firm)										
	(If partnership or corporation, show firm)										
	Address:										
	Street City State Zip Code										
	Phone number										
c.	Address of all Branches:										
	Street City State Zip Code										
	Street City State Zip Code										
d.	When was firm established?:										
	Number of Employees: Full time Part time Total										
f.											
g.	During the past five years, has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? [] Yes [] No If yes, please give full details:										
h.	Coverage Requested: Limits Deductible										
2.	APPLICANT OPERATIONS										
a.	Please indicate the approximate percentage of the professions in which your firm is engaged. (To equal 100%). Exclude services performed by subcontractors.										
	Architects  %  Land Surveying  %  Environmental Engineering  %    Civil Engineering  %  Landscape Architecture  %  Structural Engineering  %    Electrical Engineering  %  Interior Design  %  Soil Engineering  %    Mechanical Engineering  %  Process Engineering  %  Testing Lab  %    HVAC Engineering  %  Construction Management  %  Other (Specify below)  %    Marine Engineering  %  Mining Engineering  %  Mining Engineering  %										

\* If ENVIRONMENTAL Operations, please complete and ATTACH "Supplement #1"

# b. Total Revenue from All Operations listed in #2.a. \$\_\_\_\_\_

# ATTACH Company Brochure or list website for viewing \_\_\_\_\_\_

2.	APPLICANT OPERATIONS (CONTD.)	Please indica work under e		eximate percentage of			
	ase indicate the type and approximate percentage of rk under each heading:	d. <u>Types of</u>	d. <u>Types of Services</u> (to equal 100%)				
c.	Scope of Services (to equal 100%)    (i) Design with construction observation    (ii) Design without construction observation    (iii) Construction observation without design    (iv) Studies, reports and services not resulting in construction    %	(ii) Fou (iii) Geo (iv) Alte (v) Mac (vi) Fore	chinery/product desigr ensic/expert witness ding inspection/certifi	%			
Ple	ase indicate the type and approximate percentage of work u	under each hea	iding:				
e.	Types of Projects (need not equal to 100%)    (i)  Single family dwellings  %    (ii)  Condominiums  %    (iii)  Apartments  %    (iv)  Hotels, motels or resorts  %    (v)  High-rise buildings  %    (vi)  Educational facilities  %    (vii)  Religious facilities  %    (viii)  Commercial/shopping centers  %    (ix)  Hospitals/heath care  %    (x)  Recreational/sports facilities  %	(xii) Roac (xiii) Bridg (xiv) Sewa (xv) Wast (xvi) Powe (xvii) Indus (xviii) Petro	ing structures ds/highways jes, dams, or tunnels age or waste disposal tewater treatment plan er plants strial/manufacturing pochemical, chemical nore & marine structur r	systems% nts% % %			
f.	Does the Applicant foresee any substantial changes in the during the next twelve months? [ ] Yes [ ] No If yes, please give details:	percentages of	f Items (c), (d) or (e) a	bove			
g.	Domestic Operations (i) Construction values (ii) Gross Billings/Fees whether collected or not	to		From to			
h.	REVENUE DETAILS    Indicate the percentage of revenue derived from    which construction begins before design is common    Bid Contracts %    Negotiated Contracts %    Indicate percentage of revenue from repeat bus    10 Largest Projects – Please see and complete    SUBCONTRACTING.   % work is sublet to others. Describe type	nplete) siness e schedule on	% % final page of App				
	Use written contract with all subs?	yes yes	_no _no				

j.	Equity Interest: Does the applicant provide professional services on projects in which he retains ownership interest (BASIC POLICY EXCLUDES COVERAGE FOR THESE PROJECTS)? []Yes []No If coverage is desired, please request equity interest supplement form.	m. Is the Applicant controlled, owned or associated with any other Firm, Corporation or Company? []Yes []No If yes, please describe:
k.	Does any one contract or client represent more than 50% of annual work? []Yes[]No If yes, please describe:	n. Does the Applicant work with other firms in Joint Ventures? []Yes[]No BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES. If coverage is desired, please request joint venture supplement form.

# Please complete and <u>ATTACH</u> "Supplement #4" if coverage for JOINT VENTURES is required.

### Please complete and <u>ATTACH</u> "Supplement #5" if coverage for EQUITY INTEREST is required.

### For "yes" answers to any questions below, please provide details (including amount of revenue from).

Any projects currently insured under separate Project Policies?	yes	no
Any Projects which have been permanently abandoned?	yes	no

### CONTRACTS - Please ATTACH copy of typical contract used by Applicant.

Standard Industry Contract (ACEC, AIA, ASFE, etc)	%	Letter Agreement	%
Applicant's Own Standard Contract	%	Purchase Order	%
Client's Contract	%	Oral	%

### **TYPES OF CLIENTS – check those that are applicable**

Government/Public Entity	Contractors (general, design/build, turnkey)	*
Private Owners	Developers	
Financial Institutions	Other (describe)	

\* Please describe steps taken to avoid contractor litigation \_\_\_\_

### 3. APPLICANT STAFF

 Name of Owner, Partner <u>or Officer</u> Educational Qualifications Date and <u>Place Acquired</u> How Long with Firm

Applicant may <u>ATTACH</u> resumes in lieu of completing section 3.a.

b.	Total Personnel: (Including those listed in item 3 (a) above:	f.	What professional Associations does the Applicant belong to?						
C.	States in which licensed:	g.	Are any of the individuals named in item 3 (a) above owners, officers or employees of firms engaged in						
d.	Foreign Work? [] Yes [] No If yes, please give full details:		actual construction, manufacturing or fabrication? [] Yes [] No If yes, please give details:						
e.	Have any of those listed in item 3(a) above ever been the subject of disciplinary action by authorities as a result of their professional activities? [] Yes [] No If yes, please describe:								
4.	APPLICANT HISTORY								
a.	Please detail Architects & Engineers Professional Liability four prior years. <u>Insurance Company</u> <u>Policy No.</u> <u>Limits</u> (ii) (iii) (iv) (v)	<u>-</u>	Deductible Policy Period						
b. c.	RETRO-DATE on current Policy: Date that UNINTERRUPTED insurance coverag retro-date:	e beş	gan: Explain if different	than					
d.	Has any application for Architects & Engineers Professiona predecessors in business or present Partners ever been o refused? If yes, please give details:								
e.	e. Has any claim ever been made against the firm or any persons named in item 1(a) or item 3(a)? [ ] Yes [ ] No If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.								
f.	Is the applicant aware of any circumstances which may re- predecessors in business, or any of the present or past Pa if ves. please give full details on the same basis as item 4(	rtner: e) ab	s or Officers? [] Yes [] No						

### YOU MUST <u>ATTACH</u> CLAIMS INFO ON "SUPPLEMENT #6" – PLEASE COMPLETE ONE "CLAIM FORM" FOR EACH "YES RESPONSE TO #4.e. AND/OR #4.f.

ATTACHMENTS - check if you have attached:	company brochure typical contract	principals' resumes Supplemental Apps	

### APPLICANT'S SIGNATURE

The Applicant declares that, after enquiry, to the best knowledge of all persons to be insured, the statements set forth herein and in any attachments made hereto are true, and no material facts have been suppressed, omitted, or misstated.

Underwriters reserve the right to amend the terms, conditions, and limitations or any policy issued as a result of this application, if subsequent to the date of this application, but prior to the inception of such policy, there are any material alterations to the material contained herein.

Completion of this application does not bind the Underwriters to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

This application is signed on behalf of all Owners, Principals, Partners, Shareholders, Directors, and Employees, and it is signed by an Owner, Partner, or Officer.

Printed Name & Signature

LLOYD'S OF LONDON

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE WITH CERTAIN UNDERWRITERS AT LLOYD'S

# 10 LARGEST PROJECTS - PAST FIVE YEARS

Construction Completion Date Values												Date
Fees												
Professional Services												Title
Project Type												
Client/Owner											artner or Officer	pplicant
Name & Location											Must be signed by Owner, Partner or Officer	Authorised signature of applicant
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