



Professional Coverage Managers

132 Nassau Street, Suite 600, New York, NY 10038-2863

Preliminary Application for Architects/Engineers/Land Surveyors

Firm name: _____
 Contact Person: _____
 Primary Location: _____
 City: _____ County: _____ St: _____ Zip: _____
 Date Firm was established: _____
 Telephone: _____ Fax: _____
 E-mail: _____ Website: _____
 Is a principal, partner, officer or director a licensed design professional? _____ Yes _____ No

1. FIRM'S PRACTICE:

- Provide approximate percentages from the most recent billing year for the following:

| | | | |
|--|---|--------------------------------|---|
| Feasibility Studies, reports, opinions | % | Non-Structural Interior Design | % |
| Master Plans | % | Landscape Architecture | % |
| Land Surveying | % | Direct Reimbursable | % |

- Please indicate the percentage of each activity performed by the firm. **Total must Equal 100%.**

| | | | |
|---------------------------------|---|--------------------------|---|
| Architecture | % | HVAC Engineering | % |
| Chemical Engineering | % | Landscape Architecture | % |
| Civil Engineering | % | Land Surveying | % |
| Construction/Project Management | % | Marine/Ocean Engineering | % |
| Design/Build | % | Mining Engineering | % |
| Electrical Engineering | % | Nuclear Engineering | % |
| Environmental Engineering | % | Oil/Gas Engineering | % |
| Forensic Engineering | % | Mechanical Engineering | % |
| Geotechnical Engineering | % | Process Engineering | % |
| Hydrological Engineering | % | Structural Engineering | % |

2. Current Insurance History (If None, please indicate):

Carrier: _____ Expiration Date: ____/____/____
 Limit of Liability: _____ Deductible: _____
 Current Premium: _____ Prior Year's Premium: _____
 Does your current policy provide prior acts coverage? _____ YES _____ NO
 Number of Years Insured: _____ Prior Acts Date (If None, please indicate): ____/____/____

3. Revenue Information:

- Provide your firm's billings for the past three years (most recent first).
 a) _____ b) _____ c) _____
- Provide the billings in the most recent year for projects insured by separate Project policies: _____

4. Claim History:

a) Have any claims/incidents been reported to the applicant in the last five years? _____ YES _____ NO
 b) Are you aware of any unresolved problems or issues which might give rise to a claim? _____ YES _____ NO

 Signature of Owner, Partner, Managing Member

 Date