

**RELMARK PROGRAM MANAGERS
SPRINKLER DESIGN PROFESSIONAL LIABILITY**

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

THIS APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY

I. GENERAL INFORMATION

1. Name of Applicant: _____

2. Address: _____
City: _____ County: _____
State: _____ Zip: _____

3. Telephone: _____ Facsimile: _____ E-Mail: _____
Website: _____

4. New Renewal

5. Coverage Desired:

- Professional Liability Employment Practices
 Professional Engineers
 Designer/Technician
 Contractors

6. Requested Effective Date of policy: _____

7. Limits of Liability Requested:

- 1M/1M 1M/2M Other _____

8. Please indicate type of company:

- Corporation Solo Practitioner Other _____

9. Date established: _____

10. Is the applicant controlled or owned by, or associated or affiliated with, or does it own any other firm or business enterprise? Yes No

If yes, please explain: _____

11. Total Number of Staff: _____

12. Please provide the following:

Name of Principals & Qualified Employees	Professional Qualification or Designations (i.e. PE, NICET)	Number of years Experience	Number of years with Applicant

13. Please list Professional Associations to which the Applicant belongs:

14. Gross Billings:

This year (est): _____ Last Year: _____ Year Prior: _____

15. Please indicate the Applicant's five largest jobs/projects during the last three years:

Client	Services	Applicants Fee	Total Project Cost

16. Does the applicant subcontract work to others? Yes No

17. If yes, describe subcontracted work and percentage of overall revenues:

If yes, do you get certificates of professional liability of at least \$1,000,000? Yes No

18. Does the Applicant use a written contract:

Always: _____ Sometimes: _____ Never: _____

If not always, please explain how the scope of services to be provided is agreed:

19. Has the applicant ever filed for bankruptcy? Yes No

20. Enclose any brochures or promotional material and resumes on principals and key personnel.

II. DESIGN AND/OR SHOP DRAWINGS

1. a. Are shop drawings for sprinkler systems prepared by the insured? Yes No
- b. How are drawings checked for compliance with the engineering specifications and the local building and life safety codes? _____

2. Design work done by PE on staff:

- a. Is there a licensed and/or registered Professional Engineer (P.E.) on staff? Yes No
- b. If yes, does the P.E. do any stamping or sealing? Yes No
- c. Does the PE stamp and seal plans for outside firms? Yes No
- d. Does the PE do any non-fire sprinkler design work? Yes No

If yes, please explain: _____

3. Who approves changes to the drawings/specifications? _____

4. Types of work:

- Commercial Institutional Government Industrial Apartments Condos
 Townhouses Track houses Custom Single Family Percentage of residential work: _____%

5. Do you have any current contracts in effect that hold other party harmless for their negligent acts? Yes No

If yes, please identify: _____

6. Is the applicant currently carrying Professional Liability? Yes No

If yes:

Carrier	
Effective Date	
Limit	
Deductible	
Retroactive Date	
Premium	

7. Has the Applicant had any Professional Liability claims in the last five years? Yes No

(Please provide loss runs from current carrier)

8. Is the Applicant aware of any situations that are likely to give rise to a claim? Yes No

9. Within the last 3 years, has the Applicant, any subsidiary or any person associated with such entities for whom this insurance is being sought, been the subject of or involved in any claim, written demand, notice, proceeding or litigation alleging:

- a. anti-trust, copyright or patent violation? Yes No
- b. violations of any federal or state securities laws or regulations? Yes No
- c. employment or labor-related matters? Yes No
- d. violation of the Employee Retirement Income Security Act of 1974, as amended, or any similar law? Yes No
- e. discriminatory practice violation or litigation? Yes No

If yes to any of the above, please provide full details.

10. Within the last 3 years, has the Applicant, any subsidiary or any person associated with such entities for whom this insurance is being sought been the subject of:

a. disciplinary action by any regulatory agency or association?

Yes No

b. action where a license was revoked or suspended?

Yes No

If yes to any of the above, please provide full details.

III. OTHER SERVICES

1. Does the Applicant provide services other than sprinkler design/drafting? Yes No

If yes, please describe on separate paper.

(Include sample project, annual revenues, etc.)

Signed: _____

Date: _____

Title: _____

Broker: _____