



ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY QUESTIONNAIRE

Please complete the following questionnaire to receive a NON-BINDING INDICATION of the anticipated annual cost of Architects & Engineers Professional Liability coverage. After reviewing the indication, if you would like to receive a binding quotation, you must submit a full application. Upon review and acceptance of the full application, a quotation will be provided.

1. Name of firm: _____ State : _____
2. Current expiration date: _____ Current Retrodate: _____
 Current limits: _____ Current Deductible: _____ Current Premium: _____
3. Requested limit of liability: _____ Requested deductible: _____
4. Number of Employees: _____ Total Licensed Professionals: _____ Total all Others: _____
5. Professional Fee Income: This Year: _____ Last Year: _____

Have you reported any claims or incidents that might lead to claims in the last ten (10) years? Or are you aware of any claims or circumstances that has not yet been reported to your insurance company? Yes / No

6. Indicate Percentage of this year "Total Gross Billings" derived from: (OVERALL TOTAL MUST EQUAL 100%)
- | | | | |
|-------------------------|---------|-----------------------------|---------------|
| Architecture: | _____ % | Construction Management: | _____ % |
| Civil Engineering: | _____ % | HVAC: | _____ % |
| Structural Engineering: | _____ % | Environmental / Soil / Geo: | _____ % |
| Mechanical Engineering: | _____ % | Interior Design: | _____ % |
| Electrical Engineering: | _____ % | Design / Build: | _____ % |
| Acoustical Engineering | _____ % | Other: | _____ % |
| | | TOTAL | 100% % |

Agency Name: _____ Agent/broker: _____

Agency Address: _____ City _____ State _____ Zip: _____

Phone Number: _____ FAX Number: _____

E-mail address: _____ Website: _____