



ENGINEERS' PROFESSIONAL LIABILITY INSURANCE APPLICATION

(This is an application for a Claims-Made Policy.)

NOTE: PLEASE REVIEW A SPECIMEN EVIDENCE OF INSURANCE FOR COVERAGE PROVISIONS.

The limits of liability stated in the policy are reduced by costs, charges and expenses. Costs, charges and expenses also may be applied against your deductible, if applicable to the claim.

Name _____
 Address _____
 City _____
 State _____ ZIP _____

Daytime Phone No.
 () _____
 Fax No.
 () _____
 E-mail Address _____
 We will use e-mail for corresponding unless otherwise requested.

1. Legal Entity (please check one): Individual Professional Corporation Corporation Partnership LLP/LLC

A. Entity name (if applicable) _____

B. Year established _____

C. List each licensed engineer in your firm below.

Name	IEEE Membership I.D. Number (at least one required for acceptance)	Year first licensed as an engineer	Membership Grade		
			Member	Senior Member	Fellow
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Indicate the size of your staff (list each individual only once):

Principals, Partners, Officers and Directors _____
 Engineers (other than principals) _____
 Other Technical Staff (describe position) _____
 Clerical _____
 TOTAL _____

2. A. Please select the limits of liability for which you would like a quotation:

- \$100,000 each claim/\$300,000 annual aggregate
- \$250,000 each claim/\$500,000 annual aggregate
- \$500,000 each claim/\$500,000 annual aggregate
- \$1,000,000 each claim/\$1,000,000 annual aggregate
- \$1,500,000 each claim/\$1,500,000 annual aggregate
- \$1,000,000 each claim/\$2,000,000 annual aggregate

B. Check if you would like to purchase an additional limit equal to the limit selected (not to exceed \$1,000,000) in 2A to apply to defense costs only.

3. A. Please provide your actual gross billings for the past 12 months \$ _____

B. Please provide an estimate of your gross billings for the next 12 months \$ _____

“Annual Gross Billings” is defined as all amounts billed for engineering services including incidental charges and subcontractor billings excluding direct reimbursable expenses.

(over, please)

4. In the past five years, have your annual gross billings ever exceeded the amount in question number 3A by 50% or more? Yes No

If "Yes," please provide, on a separate sheet, your annual gross billings for each of the past five years and an explanation of what caused the fluctuation in your gross billings.

5. Are you employed with some self-employed activities? Yes No

If "Yes," please answer the following:

A. Number of hours per week as a(n): employed engineer _____ self-employed engineer _____

B. Employer's name _____

C. Does your employer maintain professional liability insurance that will cover you for your acts as an employee? Yes No

If "Yes," please provide the name of the insurer and limit of liability _____

Please be aware that the policy for which you are applying provides no coverage for work performed on behalf of your employer.

6. Requested effective date _____

7. Please describe in detail the nature of your practice (including types of projects) _____

8. In which of the following areas do you or your firm practice? Please indicate the approximate percentages of your annual or anticipated total gross billings derived from each project type.

<u>Area</u>	<u>% of Annual Gross Billings</u>	<u>Area</u>	<u>% of Annual Gross Billings</u>
Aerospace/Aircraft	_____ %	Laser & Electro-optics	_____ %
Acoustics Speech & Signal Processing	_____ %	Magnetics	_____ %
Antennas	_____ %	Manufacturing Technology	_____ %
Broadcast Technology	_____ %	Medicine/Biology	_____ %
Circuitry	_____ %	Microwave	_____ %
Communications	_____ %	Nuclear & Plasma Sciences	_____ %
Computer Hardware*	_____ %	Oceanic	_____ %
Computer Software*	_____ %	Power Electronics	_____ %
Consumer Electronics	_____ %	Power Engineering	_____ %
Control Systems	_____ %	Robotics	_____ %
Electromagnetic Compatibility	_____ %	Ultrasonics, Ferroelectrics	_____ %
Geoscience	_____ %	Vehicular Technology	_____ %
Industrial Electronics	_____ %		
Other (please specify) _____		TOTAL	100 %

*Please complete the attached Computer Services Supplement form.

9. A. Please provide the following information regarding the three largest projects you participated in during the past five years and indicate if such services were performed for an employer (E) or as a self-employed engineer (SE).

Project Type	Services Performed	Date Services Performed	Your Total Gross Billings	Estimated Total Construction Costs	E or SE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

B. Are the projects listed above consistent with the type of projects anticipated for the future? Yes No
 If "No," please explain on a separate sheet of paper.

10. Please check "Yes" or "No" for all risk management practices that you adhere to in your self-employed engineering practice or would adhere to should the situation apply. **Please explain any "no" responses on a separate sheet.**

	YES	NO
A. Do you consistently exceed the minimum number of continuing education hours required in your state?	<input type="checkbox"/>	<input type="checkbox"/>
B. Do you use written scope of service letters for all projects exceeding \$500 in billable fees?	<input type="checkbox"/>	<input type="checkbox"/>
C. Do you conduct construction phase inspection on plans and designs to ensure intent of use?	<input type="checkbox"/>	<input type="checkbox"/>
D. Do you make use of limitation of liability clauses in engagement letters?	<input type="checkbox"/>	<input type="checkbox"/>
E. Do you use written status memos over the course of the project?	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you investigate the work experience of other professionals to identify a potential for problems?	<input type="checkbox"/>	<input type="checkbox"/>
G. Do you require that other professionals on the project carry comparable professional liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
H. Do you maintain written quality control procedures, including secondary design review?.....	<input type="checkbox"/>	<input type="checkbox"/>
Please explain on a separate sheet.		
Are all appropriate staff members familiar with them?	<input type="checkbox"/>	<input type="checkbox"/>

11. A. Has the applicant, or an independent contractor hired by the applicant, accepted jobs involving known hazardous materials?* YES NO

B. Do you contemplate accepting known hazardous material jobs in the future? YES NO

If you answered "Yes" to either question, please provide a narrative description including the date (year) of service, nature of hazardous material, type of project, fees earned, and nature of services provided. Include a sample copy of an engagement/scope of service letter or contract used for these types of jobs.

* Engineering services that could involve hazardous materials or pollutants include but are not limited to: Underground storage tank removal, assessment or remediation; sanitary landfill design; closure of existing sanitary landfills; asbestos sampling, testing or abatement; chemical piping and process design; preparation of environmental site assessments or audits, including Phase I and Phase II assessments/investigations; groundwater testing/remediation; laboratory testing/analysis for pollutants; air emission control systems designed solely for controlling pollutants; site selection evaluation for pollution-related projects; hazardous or toxic waste site design or remediation; lead paint sampling, testing or abatement; site selection evaluation for pollution-related projects; air quality assessments/testing; environmental education; water pollution control; or nuclear-related projects.

12. Please answer the following questions.
 If the answer to any question is "Yes," please provide the question number and full details, including percentage of revenues derived from the activity, on a separate sheet of paper.

A. Are you involved in actual construction, fabrication, erection, installation of equipment, design/build or supplying of construction materials?	YES	NO
B. Have you developed, sold or leased computer software/hardware to others?*	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you experienced any failure or inability of any computer or electronic device or component or system or embedded programming or software to correctly assign or recognize the correct day, week, month, year or century?.....	<input type="checkbox"/>	<input type="checkbox"/>
D. Do you subcontract work to others?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," do you require all subcontractors to carry insurance to cover the services they perform?.....	<input type="checkbox"/>	<input type="checkbox"/>
E. Do you manufacture, sell, lease or distribute any product, machinery or process?	<input type="checkbox"/>	<input type="checkbox"/>
F. Are you owned by, or do you own, any other firm?	<input type="checkbox"/>	<input type="checkbox"/>
If so, do you render professional services to the firm(s)?	<input type="checkbox"/>	<input type="checkbox"/>
G. How many suits for collection of your professional fees were filed during the past fiscal year?.....		
Please provide full details on a separate sheet of paper.		
H. Does any single client account for 25% or more of your annual gross income?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," please provide full details on a separate sheet of paper.		

*Please complete the attached Computer Services Supplement form.

13. A. List Engineers' Professional Liability Insurance carried by you or your firm for the past two years. If none, state "none."

Inception Date Mo.-Day-Yr.	Expiration Date Mo.-Day-Yr.	Insurance Company	Annual Premium	Limit of Liability	Deductible

B. Please provide your policy's current retroactive date _____ If none, state "none."

C. Please provide the date that you/your firm first purchased claims-made professional liability coverage and have since continuously maintained the coverage / / . If not applicable, please check N/A
(mm) (dd) (yy)

D. If currently insured, please submit a copy of your current declarations page with your completed application.

- 14.** A. Has any application or policy of yours or your firm's for Professional Liability Insurance ever been declined, canceled or refused renewal? If "Yes," please provide details on a separate sheet of paper. YES NO
- B. Have you or members of your firm had your license revoked or received suspension or other disciplinary action from a governmental or judicial body or professional society during the past five years? YES NO
 If "Yes," please provide details, including a copy of the ruling.
- C. Have any claims been made or legal actions been brought against you or your firm in the past five years? * YES NO
- D. After inquiry of firm members, is anyone aware of any circumstances that may result in a claim being made against the firm or any individual? * YES NO
- *If "Yes," please complete the Claim Information Supplement form enclosed for each claim and/or circumstance.**

15. Please provide your Web site address, a copy of your current résumé, letterhead and typical advertising/sales/marketing brochures used by you or your firm.

NOTICE TO APPLICANT:

I/We hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/We have not suppressed or misstated any material facts and I/We agree that this application shall be the basis of the issuance of insurance coverage, and shall be attached thereto. I/We hereby authorize the release of claim information from any prior insurer to the Underwriters.

I understand and accept that the policy applied for provides coverage on a claims-made basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD FOR ACTS THAT OCCUR AFTER THE POLICY'S RETROACTIVE DATE AND PRIOR TO THE EXPIRATION DATE OF THE POLICY.

Signature of Owner,
 Officer or Partner (TITLE) **X** _____ Date **X** _____

Signing this form and tendering premium does not bind the applicant or the Underwriters to complete the insurance. Application must be currently signed and dated to be considered for quotation.

Sign, date and mail your application to: IEEE Insurance Plans, P.O. Box 9153, Des Moines, IA 50306-9153;
 or fax your application to 515-365-3043.

**QUESTIONS?
 CALL TOLL FREE 1-800-375-0775**

Underwritten by: Certain Underwriters at Lloyd's of London

Administered by: **MARSH**
Affinity Group Services
 a service of Seabury & Smith

<p>NOTICE: Failure to report any:</p> <ol style="list-style-type: none"> 1) claim made against you during your current policy term, or 2) facts, circumstances or events that may give rise to a claim to your current insurance company BEFORE policy expiration may create a lack of coverage.
