



## ASME-SPONSORED PROFESSIONAL LIABILITY INSURANCE PROGRAM

*(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 \_\_\_\_\_

Business Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 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. Website \_\_\_\_\_
- D. List each engineer in your firm below.

Name	ASME Membership ID# <small>(at least one required for acceptance)</small>	Year first licensed as an engineer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- E. Indicate the size of your staff (list each individual only once):
- |  |       |
|--|-------|
| Principals, Partners, Officers and Directors | _____ |
| Engineers (others than principals)           | _____ |
| Others Technical Staff (describe position)   | _____ |
| Clerical                                     | _____ |
| <b>TOTAL</b>                                 | _____ |

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

- |  |  |
|--|--|
| <input type="checkbox"/> \$100,000 each claim/\$300,000 annual aggregate     | <input type="checkbox"/> \$1,500,000 each claim/\$1,500,000 annual aggregate |
| <input type="checkbox"/> \$250,000 each claim/\$500,000 annual aggregate     | <input type="checkbox"/> \$1,000,000 each claim/\$2,000,000 annual aggregate |
| <input type="checkbox"/> \$500,000 each claim/\$500,000 annual aggregate     | <input type="checkbox"/> \$2,000,000 each claim/\$2,000,000 annual aggregate |
| <input type="checkbox"/> \$1,000,000 each claim/\$1,000,000 annual aggregate | <input type="checkbox"/> Other _____   |

B.  Check if you would like to purchase an additional limit 50% of the Per Claim limit selected in 2A (not to exceed \$500,000) to apply to defense costs only.

C. Requested effective date: \_\_\_\_\_

3. Please provide your total gross revenues

Fiscal Year End	Projected for Current Year	Last Fiscal Year	Two Years Ago	Three Years Ago
<i>(MM/DD/YY)</i>				
Total Gross Revenues:	\$ _____	\$ _____	\$ _____	\$ _____

*(Do NOT include direct reimbursable)*

4. I am aware that the policy for which I am applying provides no coverage for work performed on behalf of any employer other than the entity in question 1a.  Yes  No

5. Please indicate the percentage (%) of the following services performed which should total 100%

Feasibility studies, master plans, reports, opinions	%
Design with construction observation	%
Design without construction observation	%
Construction observation without design	%
Inspection services	%
Other (describe):	%
Total	100%

6. 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>
Acoustical Engineering	_____ %	HVAC Engineering	_____ %
Chemical Engineering	_____ %	Illumination	_____ %
Construction/ Project Management	_____ %	Machinery/Product Design	_____ %
Agency	_____ %	Mechanical	_____ %
At- Risk	_____ %	Mining	_____ %
Electrical Engineering	_____ %	Naval/Marine	_____ %
Environmental Engineering/Consulting	_____ %	Petro/Chemical	_____ %
Fire Prevention	_____ %	Plumbing	_____ %
Forensic Engineering/Expert Witness	_____ %	Process Engineering	_____ %
Other (Please specify) _____	_____ %		
		<b>Total</b>	<b>_____ 100 %</b>

7. Please indicate the approximate percentage (%) of revenues derived from the following project types: **(Total Must Equal 100%)**

Amusement Parks	%	Dams/Reservoirs	%	Power Plants/Nuclear Facilities	%
Apartments	%	Hospitals	%	Private Schools	%
Airport Terminals	%	Hotels/Motels	%	Processing/Manufacturing Facilities	%
Airport Runways	%	Libraries/Museums	%	Public Schools K-12	%
Arenas/Sports Facilities	%	Marine/Offshore Facilities/Docks/Piers	%	Remediation Engineering	%
Asbestos Abatement	%	Mass Transit Systems	%	Restaurants	%
Bridges/Trestles	%	Mines/Quarries	%	Retail/Malls/Shopping Centers	%
Casinos	%	Mold Abatement	%	Roadways and Highways	%
Chemical/Pharmaceutical Plants	%	Multi-Family Townhouses	%	Single Family Residential – Custom	%
Churches	%	Offices	%	Single Family Residential – Subdivision	%
Colleges/Universities	%	Oil Refineries/Pipelines	%	Underground Storage Tanks	%
Condominiums	%	Parks/Playgrounds	%	Utilities	%
Convalescent/Retirement Facilities		Pools		Waste Brokering	
Convention Centers	%	Parking Garages	%	Water/Wastewater/Treatment Systems	%
Correctional Facilities	%	Phase I Property Assessments	%	Wetland Mitigation	%
Courthouses	%	Phase II & III Property Evaluations	%	Other (describe):	%

**Total:** 100%

8. 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. A) What percentage (%) of the Applicant's professional services is performed under the following contract types:

Professional Association Contract	_____ %	Client Drafted Agreement	_____ %	Verbal Agreements	_____ %
Firm's Standard Agreement	_____ %	Purchase Orders	_____ %		

B) Does your firm incorporate a limitation of liability provision in its agreements?  Yes  No

If Yes, what percent of your firm's current contracts contain a limitation of liability clause which is less than or equal to \$250,000 \_\_\_\_\_ %

10. A) What percentage (%) of the Applicants' professional services is performed under the following client types:

Contractors	_____ %	Local Government	_____ %
Design Professionals	_____ %	State Government	_____ %
Private Owners	_____ %	Federal Government	_____ %
Developers	_____ %	Other (describe):	_____ %

B) What percentage (%) of Applicant's work is derived from repeat clients? \_\_\_\_\_ %

11. Please check "Yes" or "No" or "N/A" 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	N/A
A. Do you consistently exceed the minimum number of continuing education hours required in your state?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
G. Do you require that other professionals on the project carry comparable professional liability insurance?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

12. A. Has the applicant, or 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?
- 
- 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.

13. 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.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| A. Are you involved in actual construction, fabrication, erection, installation of equipment, design/build or supplying of construction materials?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Do you subcontract work to others?<br>If "Yes," do you require all subcontractors to carry Professional Liability insurance to cover the services they perform?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Do you manufacture, sell, lease or distribute any product, machinery or process?  | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are you owned by, or do you own, any other firm?<br>If so, do you render professional services to the firm(s)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have you filed any suits for collection of your professional fees against a client during the past fiscal year? If "Yes," please provide full details on a separate sheet of paper. | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Does any single client account for 25% or more of your annual gross income?   | <input type="checkbox"/> | <input type="checkbox"/> |

Questions G & H are for Florida domiciled firms only:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| G. Does the firm act on any projects as:                                 |                          |                          |
| 1. The Prime Design/Builder  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. A sub-consultant to the Design/Builder                                | <input type="checkbox"/> | <input type="checkbox"/> |
| H. For sub-consulted services  |                          |                          |
| 1. Hired under Written Contract  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Hired without Written Contract  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Insured for Professional Liability                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Uninsured for Professional Liability                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the firm maintain certificates of insurance for sub-consultants? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

	Yes	No
15. 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.	<input type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," please provide details, including a copy of the ruling.	<input type="checkbox"/>	<input type="checkbox"/>
C. Have any claims been made or legal actions been brought against you or your firm in the past five years? *	<input type="checkbox"/>	<input type="checkbox"/>
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? *	<input type="checkbox"/>	<input type="checkbox"/>

**\*If "Yes," please complete the Claim Information Supplement form enclosed for each claim and/or circumstance.**

16. Please provide a copy of your current resume.

**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 Company.


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 Company to complete the insurance. Application must be currently signed and dated to be considered for quotation.*

Notice: Failure to report any:
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.

**QUESTIONS?**  
**CALL TOLL FREE: 1-800-640-7637**

Underwritten by: National Specialty Insurance Company  
 Administered by:  AMBA  
 Association Member Benefits Advisors, LLC.

AIF 2332 AB (10/22)

# CLAIM INFORMATION SUPPLEMENT

Complete this supplement if any claims have been made or legal actions have been brought against you or your firm in the past five years (if renewal, within the last year), or if you or any member of your firm are aware of any circumstance that may result in a claim being made against the firm or any individual. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.

1. Full name of party making claim (claimant): \_\_\_\_\_

2. Role of claimant (e.g., owner, contractor, etc.) \_\_\_\_\_

3. Indicate whether \_\_\_\_\_ claim \_\_\_\_\_ lawsuit \_\_\_\_\_ incident only

4. Date of alleged error: \_\_\_\_\_

5. Date claim reported to you: \_\_\_\_\_

6. Description of claim/incident:

A. Alleged act, error or omission upon which claimant bases claim:

\_\_\_\_\_  
\_\_\_\_\_

B. Description of events leading to claim:

\_\_\_\_\_  
\_\_\_\_\_

7. Amount of damages claimed: \_\_\_\_\_

8. Additional defendants: \_\_\_\_\_

9. Name of insurer: \_\_\_\_\_

10. **If closed:**

Total deductible paid: \$ \_\_\_\_\_

Indicate total loss paid in excess of the deductible: \$ \_\_\_\_\_

Indicate total defense expenses paid in excess of the deductible: \$ \_\_\_\_\_

**If Pending:**

Claimant's Settlement demand: \$ \_\_\_\_\_

If suit filed, amount asked in complaint: \$ \_\_\_\_\_

Insurer's loss reserve: \$ \_\_\_\_\_

Defense expenses to date: \$ \_\_\_\_\_

11. Explain what action has been taken to prevent a recurrence of similar claim:

\_\_\_\_\_  
\_\_\_\_\_

**The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Underwriters.**

**X**  
\_\_\_\_\_  
Signature (Owner, Officer or Partner)

\_\_\_\_\_  
Applicant/Firm Name (Please Print)

\_\_\_\_\_  
Date