



Architects and Engineers Program Application Packet

Section 1	Coverages Requested
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Please select the requested coverages (check all that apply):

- ☐ Property and General Liability-Section 3 & 4 ☐ Umbrella Liability – part of Section 3 (page 2)
☐ Business Auto – Section 5 (page 4) ☐ Workers' Compensation – Section 6 (page 5 & 6)

INSTRUCTIONS: COMPLETE GENERAL INFORMATION SECTION AND THEN ONLY SECTIONS FOR LINES OF BUSINESS SELECTED

Section 2	General Information
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- 1) Firm/Business Name: _____
2) Mailing Address: _____
3) City/State/Zip: _____
4) Phone Number: _____
5) Contact Person/Title: _____
6) Email Address: _____
7) Business Website: _____
8) Firm Legal Structure: ☐ Corporation ☐ Partnership ☐ LLC/LLP
 ☐ Sole Proprietorship ☐ Other: _____
9) What year was your firm established? _____ FEIN# _____
 If less than 3 years, please attach leadership resumes.
10) Number of Employees? _____ ☐ Full-Time ☐ Part-Time
11) Number of Licensed Employees (Architects/Engineers/Surveyors/Other)? _____
12) Fully describe your firms operations:

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- 13) Do you have more than one name for your business or other owned business? ☐ Yes ☐ No
 If yes, please provide a description of those business names and operations:

- 14) Do any employees travel outside the country for work? ☐ Yes ☐ No
 If yes, please explain: _____
15) Annual gross receipts? _____ Annual payroll? _____
16) Coverage effective date requested? _____
17) Has any prior coverage been declined/cancelled/non-renewed in the last three years? ☐ Yes ☐ No

18) DOES YOUR FIRM:

- a) Ever act as a general contractor? ☐Yes ☐No
- b) Ever provide any construction, fabrication, erection, demolition or design/build services or accept responsibility by contract for such services provided by others? ☐Yes ☐No
- c) Perform any subsurface drilling, not subcontracted to others? ☐Yes ☐No
- d) Hire subcontractors to perform any work: ☐Yes ☐No

If yes, describe _____

- e) Sell products to others? ☐Yes ☐No
- f) Perform any work on ships, docks, piers or off-shore platforms? ☐Yes ☐No
- g) Perform any diving operations? ☐Yes ☐No
- h) Own, lease or operate any aircraft? ☐Yes ☐No
- i) Own, lease or operate any watercraft? ☐Yes ☐No
- k) Do you provide any construction management services? ☐Yes ☐No

If yes, what percentage of your receipts are from construction management? _____

Which of the following services are included in scope of construction management?

_____ Hiring/Supervision of contractors	_____ Contract Administration
_____ Construction job site safety	_____ Estimating/Budgeting
_____ Construction Quality	_____ Permitting
_____ Construction Inspection	_____ Scheduling
_____ Other (please describe):	

Are Construction Management services a covered professional service under your Professional Liability coverage Yes/No _____

19) Current Professional Liability Insurance Information:

Carrier: _____ **Effective date:** _____

Limit of Insurance: _____

NOTICE: As a condition of eligibility, our carriers require Architect & Engineering firms carry Professional Liability Coverage.

Section 3	GENERAL LIABILITY & PROPERTY COVERAGE
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1) Who is your current General Liability insurance company?

Premium _____

- 2) Have you had any losses or claims in the last 5 years? ☐Yes ☐No
- If yes please provide loss runs (a statement of your actual loss history provided by your insurance carrier) or the dates, amount paid and a description each loss or claim:

If more space is needed please attach additional information when you submit the application.

Date	Amount Paid	Description

If no losses, please provide a No Known Losses Letter. See Section 7 of this application for a template and instructions.

- 3) Would you be able to provide loss runs if requested? ☐Yes ☐No ☐N/A
- 4) General Liability Limit: ☐\$1Mil/\$2Mil ☐\$2Mil/4Mil
- Employee Benefits Liability: ☐Yes ☐No Employee Benefits Retroactive Date: _____
- Non-Owned/Hired Auto Liability: ☐Yes ☐No (If yes, please answer questions 5-11 on page 4)
- Hired Auto Physical Damage: ☐Yes ☐No
- Are any vehicles owned under the Business Name? ☐Yes ☐No

If Yes is answered, please answer supplemental questions in Auto Section.

- 5) Do you need an Umbrella Policy? ☐Yes ☐No Requested Limit: _____

Section 4**PROPERTY LOCATION DETAILS**

Please complete the following for each location you occupy:

Location # _____ of _____

Address:

Physical Location Address: _____
County: _____ City: _____ State: _____ Zip Code: _____

Building Information:

1) Construction Type	<input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> _____
2) Type of Occupancy	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner Occupied
3) Square feet	Entire Building _____ Sq Ft Your Firm Occupies _____ Number of Stories _____ Floor(s) you occupy _____
4) Year Built	
5) Year of Most Recent Updates	Electrical: _____ Plumbing: _____ Roofing: _____ Heating: _____
6) Building Information	Are there smoke detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No Dead bolt locks in use? <input type="checkbox"/> Yes <input type="checkbox"/> No Theft Alarm: <input type="checkbox"/> Local <input type="checkbox"/> Monitored Fire Alarm: <input type="checkbox"/> Local <input type="checkbox"/> Monitored Distance to Fire Station: _____ Feet from fire hydrant: _____ Percentage of Building that is Sprinklered: _____

7) Insurance Information	Building Limit Requested: _____ Deductible: _____ Business Contents Limit: _____ Computer Hardware Equip Limit: _____ Computer Software Equip Limit: _____ Do you need limits for any of the following coverages? Valuable Papers: _____ Employee Dishonesty: _____ Field Equipment: _____ Accounts Receivable: _____	
8) Field Equipment Values	Field Equipment	Value
	_____	_____
	_____	_____
	_____	_____

Do you have any loss payees we need to provide Evidence of Insurance for? ☐ Yes ☐ No

****IF FLOOD OR EARTHQUAKE IS REQUIRED, PLEASE SPECIFICALLY REQUEST****

Section 5**Business Automobile Coverage**

1) What are the limits and deductibles you desire for each of the following?

Automobile Liability Limit: _____

Medical Payment Limit: _____

Comprehensive Deductible: _____

Uninsured/Underinsured Motorist Limit: _____

Collision Deductible: _____

AUTOMOBILE INFORMATION

	YEAR	VIN#	MAKE	MODEL	Garaging Location & Zip	Coverage Comp/Coll?
#1						<input type="checkbox"/> Yes <input type="checkbox"/> No
#2						<input type="checkbox"/> Yes <input type="checkbox"/> No
#3						<input type="checkbox"/> Yes <input type="checkbox"/> No
#4						<input type="checkbox"/> Yes <input type="checkbox"/> No

If more vehicles, please attach additional information when submitting this form.

2) Do you have any loss payees we need to provide Evidence of Insurance for? ☐Yes ☐No

DRIVER INFORMATION – LIST ALL DRIVERS

	First Name	Last Name	Drivers License#	State	Date of Birth
#1					
#2					
#3					
#4					

If more drivers, please attach additional information when submitting this form

3) Who is your current Commercial Auto carrier?

Premium _____

4) Has your business had any auto coverage losses in the last five years? ☐Yes ☐No

If yes please list details, include dates and estimated payout:

Additional Questions:

5) How many employees regular use their personal vehicles in your business?

6) Annual cost of renting vehicles: _____

7) Types of auto rented: _____ Average term of rental: _____

8) Do you have a written driver safety program? ☐Yes ☐No

9) Do you check each drivers motor vehicle record prior to hire and/or annually thereafter? ☐Yes ☐No

10) Do you have a procedure for verifying employees personal auto insurance? ☐Yes ☐No

11) Do you require minimum limits of liability on employees personal auto insurance ☐Yes ☐No

If yes, what limits _____

Section 6**Worker's Compensation**

Current Carrier: _____ Premium: _____

Statutory Employers Liability (Choose One)

\$500,000/\$500,000/\$500,000

Requested Effective Date: _____

\$1,000,000/\$1,000,000/\$1,000,000

Current Policy Period: _____

Projected Employee Payroll and Number of Employees

1) Please provide your employee payroll information (Enter Owner/Officer info under question 2)

	Projected Annual Payroll	Number of Employees
Draftsmen		
Clerical		
Engineer/Architect/Consulting		
Surveyors		
Others:		
Please explain duties below.		

Other Duties: _____ Current Experience Modification: _____

2) **Partners, Officers & Individual Owners** – Annual Payroll information: Indicate if owners/officers are to be included or excluded in workers' compensation coverage below

Note: Rules for owner/officer inclusion/exclusion vary by state

Name	Title	% of Ownership	Duties	Payroll	Included/ Excluded
		%			
		%			
		%			

If additional space is needed, please attach it when you submit the form.

If the answer to any of these questions is yes, please explain in the space provided.

3) Do you regularly perform work outside of the state in which you operate? If Yes, please list	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Do you own, operate or lease aircraft/watercraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Does your operation involve storing, treating, discarding, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Any work performed underground or above 15 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Any work performed on barges, vessels, docks and bridges over water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Any part time or seasonal employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Is there any volunteer or donated labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) Are there any employees with physical handicaps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Are athletic teams sponsored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12) Does any employee travel out of state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) Does any employee travel out of the country?	<input type="checkbox"/> Yes <input type="checkbox"/> No

14) Any prior Worker's Comp coverage declined/cancelled/non-renewed in the last three years? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15) Is an employee health plan provided? If yes, list the provider.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16) Do any employees predominantly work at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17) Any Worker's Compensation losses in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18) Are Sub-Contractors used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19) Any work sublet without certificate of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20) Any employees under 16 or over 60 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant understands the information submitted herein becomes part of the application for Insurance and is subject to the same representations and conditions.

Section 7	Your Signature and Authorization
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Name: _____ Date: _____

Title: _____

Applicant's Signature: _____

Section 8	No Known Losses Letter Template
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IF YOU HAVE NOT HAD PRIOR INSURANCE, OR CANNOT OBTAIN LOSS RUNS FROM YOUR PRIOR CARRIER AND YOU HAVE NOT HAD A CLAIM IN THE PAST 5 YEARS, SIGN AND RETURN WITH YOUR APPLICATION.

Date: _____

As of today's date, to the best of our knowledge, information and belief, there have been no property, general liability, workers' compensation or commercial automobile insurance claims in the past five years.

Signed: _____

Name: _____

Position: _____

Section 9	Submission Instructions
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To submit the application follow the instructions in the order listed below.

- 1) Save a copy of the completed application to your computer for your records.
- 2) Email a copy of the completed & signed application to: DL-West-Poulsbo-Submittals@assuredpartners.com
- 3) Please attach to this e-mail any additional information, if needed.

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