

Design Engineering Construction Professional (DEC Pro) Application



Instructions

1. PLEASE ANSWER ALL QUESTIONS USING CLEAR TYPE OR PRINT. IF ANY QUESTIONS ARE CONSIDERED “NOT APPLICABLE”, PLEASE EXPLAIN WHY.
2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET AND INDICATE THE QUESTION NUMBER.
3. THIS APPLICATION AND ALL SUPPLEMENTAL FORMS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

Firm Information

1. Name of applicant (please list **ALL** entities for which coverage is required): _____ Date established: _____

2. Address: _____

City: _____ State: _____ Zip code: _____

Website: _____

3. Do you have any overseas locations? Yes No

If 'Yes', please provide a list below.

4. During the past five years has the name of the applicant been changed, or has any other business been purchased/merged with? Yes No

If 'Yes', please give full details (including dates):

5. Personnel (please include **ALL** staff - professional and non-professional):

	Number
Principals	
Architects, engineers & other design professionals	
Project/construction managers	
Others (construction personnel/administrative/clerical)	
TOTAL:	

Revenues/Services

6. a) Gross receipts last 12 months: _____
- b) Estimated gross receipts for the next 12 months: _____
- c) What percentage (%) of the applicant's receipts are generated from overseas services? _____%
- d) Please list the countries that services are provided in: _____

- 7) a) Do you perform any building/contracting/fabricating/manufacturing/installation services either in-house or via subcontractors? Yes No

If 'Yes', please complete the following:

	<u>Latest 12 Months</u>		<u>Prior 12 Months</u>	
	From: / To: /	From: / To: /	From: / To: /	From: / To: /
	Construction Values	Professional Fees	Construction Values	Professional Fees
Construction Only (no contractual responsibility for design/engineering services)		N/A		N/A
Design/Build with in-house design/engineering				
Design/Build with subcontracted design/engineering				
At-Risk Construction Management				
Agency Construction Management (for projects with no GC responsibilities)	N/A		N/A	
Other (please provide narrative)	\$		\$	
	Description:		Description:	
TOTALS:				

b) Please break out your contracting revenues into the following percentages:

Alternative energy	%	Heavy highway/bridges	%
Carpentry/framing/drywall	%	Industrial/process	%
Civil/municipal/utilities	%	Landscaping	%
Customized product fabrication	%	Masonry/concrete	%
Demolition	%	Operation/maintenance	%
Drilling/oil & gas	%	Paint/coating application	%
Electrical	%	Restoration (fire/water damage)	%
Excavation/grading	%	Renovation	%
Foundations	%	Roofing	%
General commercial	%	Steel erection/fabrication	%
General residential	%	Other (please describe):	%
HVAC/plumbing	%		

8. a) Do you perform any professional services, either in-house or via subcontractors? Yes No

If 'Yes', please complete the following (must total 100%):

Architecture	%	Land surveying	%
Aviation engineering	%	Landscape architecture	%
Chemical engineering	%	Machine/equipment design	%
Civil engineering	%	Marine engineering	%
Construction/project management	%	Materials testing	%
Control systems integration	%	Mechanical engineering (non-MEP)	%
Electrical engineering	%	Non-destructive testing/inspection	%
Environmental consulting	%	Nuclear engineering	%
Façade engineering	%	Oil & gas engineering	%
Fire protection engineering	%	Prototype design	%
HVAC/plumbing/refrigeration	%	Soils/geotechnical/foundation engineering	%
Hydrology/geology	%	Steel detailing/CAD drafting	%
Industrial/process engineering	%	Structural engineering	%
Interior design	%	Other (please describe):	%
Land-use planning	%		

b) Total professional fees last 12 months: _____

c) Estimated professional fees next 12 months: _____

9. a) Do you subcontract any professional services? Yes No
- b) If 'Yes', what service(s) do you subcontract: _____
- c) Do you require that your professional subs maintain their own professional liability coverage? Yes No

Projects

10. a) Please indicate the types of projects worked on in the last 12 months (must total 100%):

Schools, colleges or dormitories	%	Bridges, trestles or tunnels	%
Sports facilities, gymnasiums, sports stadiums, grandstands or bleachers	%	Roads or mass transit	%
Hotels, motels or resort properties	%	Airports	%
Country clubs or golf courses	%	Parking garages	%
Amusement parks, water parks, playgrounds or swimming pools	%	Dams, reservoirs or retaining walls	%
Theatres, museums or churches	%	Pipelines	%
Shopping centers	%	Petrochemical (excluding biofuels)	%
Office, mercantile or commercial buildings	%	Water systems, waste water treatment plants or sewerage	%
Biofuels (including ethanol)	%	Mines or quarries	%
Retirement homes or convalescent hospitals	%	Industrial or manufacturing buildings	%
Modular homes	%	Nuclear	%
Apartments or other multi-unit residential	%	Machinery design or mechanical design	%
Residential homes with value > \$1M	%	Offshore structures	%
Residential homes with value < \$1M	%	Harbors, jetties, docks or piers	%
Condominiums (see Q11 below)	%	Public buildings	%
Curtain walls or façades	%	Hospitals	%
Cranes, hoists, rigging or any other heavy lifting equipment	%	Other (<i>please list</i>):	%

b) Is the above split likely to change for the next 12 months? Yes No

If 'Yes', please provide details:

11. In the past five years have you (or a predecessor firm) provided any services on residential condominium or townhouse projects? Yes No If 'Yes', please complete the following:

Services provided: _____

Total number of condominium/townhouse projects? _____

Approximate total construction values? \$ _____

12. Please complete the below in respect of your five largest projects in the past three years:

Project name/client: _____

Construction values: _____ Professional fee: _____

Start date: _____ Completion date: _____ Describe services provided below:

Project name/client: _____

Construction values: _____ Professional fee: _____

Start date: _____ Completion date: _____ Describe services provided below:

Project name/client: _____

Construction values: _____ Professional fee: _____

Start date: _____ Completion date: _____ Describe services provided below:

Project name/client: _____

Construction values: _____ Professional fee: _____

Start date: _____ Completion date: _____ Describe services provided below:

Project name/client: _____

Construction values: _____ Professional fee: _____

Start date: _____ Completion date: _____ Describe services provided below:

Clients

13. What percentage (%) of the applicant's services are attributable to the following types of clients (must total 100%)?

TYPE	%
Private sector (e.g. contractors, design professionals, developers)	
Public sector (e.g. local/state/federal government)	
Foreign (public or private)	
Other (please describe):	

14. What percentage (%) of the applicant's work is derived from repeat clients? _____%

Financial and Related Interests

15. Does the applicant or any principal have any financial interest in any project on which it has provided services?
 Yes No If 'Yes', please provide details:

16. During the past 12 months, has the applicant (or any subsidiary or related organization), been engaged in:

- a) development, sale or leasing of computer software? Yes No
- b) manufacture, sale, leasing or distribution of any product, process or patented production process? Yes No
- c) design of a building, component or system which might be used on more than one project? Yes No
- d) real-estate development? Yes No

17. Has the applicant entered into any joint venture? Yes No

18. Does the applicant have any abandoned projects? Yes No

Risk Management

19. Does the applicant perform all services for third parties under a written contract? Yes No

If 'No' please explain: _____

20. Are all non-standard agreements reviewed by the applicant's legal counsel or an insurance broker before they are executed? Yes No

21. Does the applicant have:

- a) procedures for monitoring and collecting outstanding fees? Yes No
- b) an in-house continuing education program for professional employees? Yes No
- c) procedures to evaluate and screen potential new clients? Yes No

22. Does the applicant have a written in-house quality control procedure? Yes No

23. Do client deliverables undergo an internal peer review? Yes No

Current Insurance Information

24. Please provide a copy of the applicant’s current policy for which coverage is being requested and provide the following details regarding the applicant’s professional, pollution and general liability insurance coverage for the most current year:

Professional Liability:

Policy Period	Insurer	Limits	Deductible / Retention	Premium	Retro Date
		\$	\$	\$	

Contractors Pollution Liability:

Policy Period	Insurer	Occurrence or Claims Made	Limits	Deductible / Retention	Premium	Retro Date (if Claims Made)
			\$	\$	\$	

Commercial General Liability:

Policy Period	Insurer	Limits	Deductible / Retention	Premium
		\$	\$	\$

Pollution Liability Information

25. a) Mold Liability–

- Does your firm have protocols/ procedures that specifically address discovery and handling of water-intrusion events? Yes No
- Any prior or potential water intrusion or mold claims or incidents? Yes No

b) Transportation Pollution Liability–

- Do you transport or subcontract the transportation of any Hazmats that require a license or DOT placarding/liquids in bulk? Yes No

c) Non-Owned Disposal Site Pollution Liability–

- Does the applicant dispose or subcontract the disposal of any waste other than construction/demolition/municipal type waste? Yes No

Cyber Liability Information

26. Has the applicant suffered from a privacy breach, network security violation, cyber extortion or any other cyber-related incident in the past five years? Yes No

Claim or Circumstance Information

27. Has any professional claim or legal action been brought against the applicant, its predecessor(s) or any past principal, partner, director, or officer in the past 10 years? Yes No

- 28. After inquiry, is the applicant, its predecessor(s) or any past principal, partner, director, or officer aware of any act, error, omission or circumstance which may possibly result in a claim being made against them? Yes No
- 29. Do you have any pending disputes concerning the payment of fees for services rendered? Yes No
- 30. Has any application for professional liability insurance made on behalf of the applicant, or its predecessor(s), ever been declined, or has the insurance ever been canceled or non-renewed? Yes No
- 31. Have any of the applicant's principals, partners, directors or officers ever been subject to disciplinary action as a result of their professional activities? Yes No
- 32. Does the applicant have any open claims under its CGL policy (including products completed operations) and/or any closed claims with a total incurred exceeding \$100,000 (including expenses and indemnity)? Yes No
- 33. Is the applicant aware of any actual or alleged faulty/defective workmanship, or faulty/malfunctioning equipment? Yes No

If you answered 'Yes' to any of the questions 26-33, please provide full details on a separate sheet.

I understand that the information submitted herein becomes part of the application for professional liability insurance and is subject to the same representations and conditions.

Signed: _____ Date: _____

Print Name: _____ Title: _____
(owner, partner, principal, authorized officer)