

Architects and Engineers Supplemental Application

Applicant Name: _____

General Information

1. Please list all Named Insureds (if more than one), a brief description of their operations by entity, and ownership details:

Name	Operations	% Ownership

2. Projected total annual gross billings/revenues: \$ _____

a. Please indicate the approximate **percentage of your total annual gross billings/revenues** derived from each of the following categories of clients:

Commercial Entities	%	General or Specialty Contractors	%	Owner	%
Design-build Contractors	%	Institutional Entities (Non-public)	%	Real Estate Developers	%
Federal Government	%	Local Government	%	Schools/Colleges/Universities	%
Financial Institutions	%	Manufacturing/Industrial Entities	%	State Government	%
Foreign Government	%	Other Design Professionals	%		

Other (Describe): _____

b. Does > 50% of gross billings/revenue derive from Engineer, Architects and/or Surveyor services? Yes No

3. List each state where your firm performs work and indicate the percentage of your total work performed in that state: _____

4. Does your firm perform any construction operations beyond design or construction management? Yes No

If yes, describe: _____

Architecture

5. Projected total annual project billings/fees related to Architecture-related operations: \$ _____

a. Please indicate the percentage of your **architecture-related billings/fees** derived from each of the following services (the total should equal 100%). Do not include billings from sub consultants or subcontractors.

Design – No Construction	%	Interior Design	%	Landscape Architecture	%
Design – With Construction	%	Interior Designer – Non-structural	%	Landscape Design	%
Drafting Services	%	Interior Designer – Structural	%		

Other (Describe): _____

Engineering

6. Projected total annual project billings/fees related to Engineering-related operations: \$ _____

a. Please indicate the percentage of your **engineering-related billings/fees** derived from each of the following disciplines (the total should equal 100%). Do not include any billings from subconsultants or subcontractors.

Note: Construction management and project types will be reported in the sections below.

Chemical	%	Environmental - Phase 3 & 4	%	Mechanical	%
Civil	%	Geotechnical	%	Mining	%
Construction Inspection	%	Laboratory Testing	%	Nuclear	%
Electrical	%	Land Surveying	%	Process Engineering	%
Environmental - Phase 1 & 2	%	Marine/Nautical	%	Structural Engineering	%

Other (Describe):

b. For environmental engineers, do you perform any onsite control/supervision/operation of water treatment facilities? Yes No

Construction Management

7. Projected total annual project billings/fees related to Construction management-related operations: \$ _____

a. Please indicate the percentage of your **construction management-related billings/fees** from each of the following disciplines (the total should equal 100%). Do not include any billings from subconsultants or subcontractors.

Note: Project types will be reported in the sections below.

Chemical	%	Environmental - Phase 3 & 4	%	Mining	%
Civil	%	Geotechnical	%	Nuclear	%
Electrical	%	Marine/Nautical	%	Process Engineering	%
Environmental - Phase 1 & 2	%	Mechanical	%	Structural Engineering	%

Other (Describe):

Project Mix

8. Please indicate the percentage of your **total annual gross billings/fees** related to the following project types:

Airports	%	Jails/Prisons/Courthouses	%	Religious Facilities	%
Amusement Park Rides	%	Laboratories/Clean Rooms	%	Remediation	%
Apartments - Rental	%	Libraries/Museums	%	Retail/Shopping Centers/Restaurants	%
Arenas/Stadiums	%	Manufacturing and Production Facilities	%	Roads/Highways	%
Bridges > 500 ft.	%	Military Facilities	%	Single Family Homes	%
Bridges <= 500 ft.	%	Mines/Quarries	%	Schools (K-12)	%
Colleges/Universities	%	Nuclear/Atomic Facilities	%	Site Development - Non-residential	%
Condominiums - Commercial	%	Office Buildings/Banks	%	Site Development - Residential	%
Condominiums - Residential	%	Oil Refineries/Oil and Gas Pipelines	%	Storm Water/Sewer Systems	%
Convention Centers	%	Parking Structures	%	Swimming Pools	%
Cooperatives - Residential	%	Pharmaceutical/Chemical Plants	%	Townhouses/Subdivisions	%
Core Drilling	%	Playgrounds/Parks	%	Underground Storage Tanks	%
Dams/Tunnels/Levees	%	Portable Water Systems	%	Underwater	%
Environmental Testing	%	Power Generation Plants	%	Utilities	%
Harbors/Piers/Ports	%	Railroad	%	Wastewater Systems - Industrial	%
Hospitals/Assisted Living Facilities	%	Recreation Facilities	%	Wastewater Systems - Municipal	%

Other (Describe):

9. List the states in which work is being performed in for the following engineering disciplines/project types:

- a. Environmental engineering:
- b. Geotechnical engineering:
- c. Subsurface utility engineering:
- d. Residential projects:

Project Mix (continued)

10. Subcontracting

- a. Percentage of total project fees subcontracted: _____%
i. Provide a description of all work subcontracted:
- b. Annual project fees subcontracted to other professionals (Architects, Engineers, Surveyors): \$ _____
i. If so, what percentage carry professional liability insurance: _____%
- c. Annual project fees subcontracted to construction firms (Carpentry, Concrete, Drilling, Masonry, Rigging, Roofing, etc.): \$ _____
- d. Does your standard subcontractor agreements include market-appropriate risk transfer provisions? Yes No
Please provide a sample of a recently executed contract
- e. Do you require subcontractors to provide a Waiver of Subrogation on all insurance policies? Yes No
- f. Do you require Certificates of Insurance from subcontractors at limits equal to or greater than the limits that you maintain? Yes No
- g. Do you require that subcontractors include you as additional insured on all insurance policies on a primary and non-contributory basis? Yes No

11. Miscellaneous

- a. Do you accept any responsibility for Construction? Yes No
- b. Do you engage in operations outside of the United States? Yes No
i. **If yes**, do you have foreign liability coverage? Yes No
ii. What percentage of annual billings was derived from projects outside the U.S., its territories or Canada? _____%
- c. Do you work in "fast track" projects where the construction is ongoing while the design is being completed? Yes No

Additional Capabilities

12. Employment Practices Liability coverage part (complete only if you are requesting this coverage)

- a. Please list the following information based on the applicant's current facts as of today and those facts as of one year ago:

	Currently	1 Year Ago
i. Non-union Full-time U.S. Employees (including Interns)	_____	_____
ii. Non-union Part-time U.S. Employees (including Interns)	_____	_____
iii. Independent Contractors	_____	_____
iv. Union Employees	_____	_____
v. Foreign-based Employees	_____	_____
vi. TOTAL EMPLOYEES and CONTRACTORS (line vi should be the sum of lines i-v)	_____	_____
vii. Of the total number of employees/contractors listed above, please indicate how many are located in:	Currently	1 Year Ago
California	_____	_____
New Jersey	_____	_____
- b. Please also list the following:

	Within the last 12 months	Within the last 24 months
i. Involuntary Terminations	_____	_____
ii. Layoffs	_____	_____
- Was severance available to all affected?	N/A	Yes No
- Did all severance recipients sign a release?	N/A	Yes No

If "NO" to either questions, please provide full details (attach a separate sheet if necessary)
- c. Do applicants conduct any type of background checks on potential employees? Yes No
- d. Are disbursement and banking controls segregated so no one employee (other than the owner) can control a process from beginning to end (e.g., request check, approve voucher, sign check, make withdrawals and account reconciliation)? Yes No
- e. Is the authority to initiate and approve a wire transfer separated amongst different employees? Yes No

Additional Capabilities (continued)

13. Professional Liability coverage part (complete only if you are requesting this coverage)

a. Number of total Staff:

Staff Composition	Number of Employees			Number Registered/Licensed
	Full Time	Part Time	Temporary	
Principles, Directors, Officers				
Design Professionals				
Draftsmen and other Technical Personnel				
Non-professional Employees				
Total Staff				

b. Provide a percentage of written agreements used on projects in the past 12 months: _____ %

c. Provide the percentage of the applicants annual billings, if any that were derived from each of the following categories:

- Asbestos Remediation/Lead Abatement and/or Related Services _____ %
- Building Envelope/Roof Consulting _____ %
- Falsework/Temporary Construction/Underpinning/Shoring _____ %
- Foundations/Substructures _____ %
- Ground Testing/Soils/Surveys of Subsurface Conditions _____ %
- Machinery/Equipment/Product Design _____ %
- Phase III/Environmental Remediation Services _____ %
- Pre-purchase Property Inspections _____ %
- Software Development/Sales _____ %

d. Has the applicant or any subsidiary or predecessor firm ever filed or been in receivership or bankruptcy? Yes No

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island and West Virginia applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or the stated value of the claim for each such violation.

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.

Pennsylvania applicants: Any person who knowingly and with intent to injure or defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties, including imprisonment for up to seven years and payment of a fine of up to \$15,000.

Tennessee applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington applicants: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Arbitration Statement

Applicable to Utah applicants: If the policy will contain an arbitration clause: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the (American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

Signing this form does not bind the applicant firm or the company to complete the insurance.

Application must be signed and dated by an owner, partner or officer of the applicant firm.

Applicant's Statement: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a Warranty).

Authorized Signature _____ Title: _____

Print Name: _____ Date: _____

Producer's Signature: _____ Title: _____

Print Name: _____ Date: _____

License Identification Number or National Producer Number:
(Florida Producers must Provide License Identification Number)

*The Hartford as used above includes of one or more of the property and casualty company subsidiaries of The Hartford Insurance Group, Inc. The subsidiary companies are Hartford Accident and Indemnity Company, Hartford Casualty Insurance Company, Hartford Fire Insurance Company, Twin City Fire Insurance Company, Hartford Underwriters Insurance Company, Hartford Insurance Company of Illinois, Sentinel Insurance Company Limited, Hartford Insurance Company of the Midwest, Trumbull Insurance Company, Hartford Insurance Company of the Southeast, Property and Casualty Insurance Company of Hartford, Hartford Lloyd's Insurance Company, and Pacific Insurance Company. Please note that not all of the listed insurance companies may be licensed in all states and the District of Columbia.

Please send all submissions to one of the following locations:

Postal Mail

The Hartford
Specialty Programs
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Hartford, CT 06155

E-mail

mmprograms@thehartford.com

Fax

1-877-905-6236

