



Return application to:  
 CB Malaga Insurance Services LLC  
 tel: 877-245-5887  
 fax: 805-426-8540  
 email: info@cbspecialty.com

## Contractors Professional Liability Application

### NEW BUSINESS APPLICATION

#### Applicant Information

Name of Applicant (attach a separate sheet, if necessary):

Applicant Address:

State:

Zip Code:

Applicant Website Address:

Date of Formation:     /     /

NAICS Code:

**Please note: For purposes of this application, "you/your" includes the Applicant and any other persons or entities seeking coverage under this insurance on whose behalf the Applicant is authorized to submit the following information. Loss and Claim have the meanings as defined in the policy form. If you do not have a copy of the policy form, please obtain from one your insurance advisor.**

1. Have you been involved in a merger, acquisition, or consolidation with another entity in the last 12 months?     Yes      No

If yes, please provide additional details including the name and address of the merged/acquired entity, and date of the merger/acquisition:

2. Are you owned by or do you have any controlling interest in another entity?     Yes      No

If yes, please provide additional details, including the name and address of the entity(ies), and percent of ownership interest (attach a separate sheet, if necessary):

3. Do you or any related entity have any ownership in any other company providing construction or design services?     Yes      No

If yes, please provide additional details, including the name and address of the entity(ies), and percent of ownership interest (attach a separate sheet, if necessary):

4. Do you provide any services on any project or for any entity in which you or any related entity has any ownership greater than 20%?     Yes      No

If yes, please provide additional details, including the project(s), services provided, and the percent of ownership (attach a separate sheet, if necessary):

#### Contractors Professional Liability Coverage

Please select all of the coverage(s) you request and provide us with the following information:

	<input type="checkbox"/> Professional Liability Insurance	<input type="checkbox"/> Contractors Pollution Liability	<input type="checkbox"/> Rectification Expenses	<input type="checkbox"/> Protective Indemnity Coverage (General Contractors only)	<input type="checkbox"/> Faulty Workmanship Coverage (Sub Contractors Only)
Limit of Liability Requested:	\$	\$	\$	\$	\$
Deductible Desired:	\$	\$	\$	\$	\$

#### Contractors Professional Information

Please select whether you are applying as a:

1. General Contractor (including Design Builders and Construction Managers At Risk)     Yes      No
2. Artisan/trade/sub-contractor     Yes      No

If yes, please specify your trade:

3. Do you self-perform or sub-contract design professional services? Yes  No

If yes, please describe and specify the services:

### Subsidiary Information

Please complete this section if you require coverage under any section for a subsidiary. For purposes of this application, subsidiary means any entity of which the named insured has management control before or as of the inception of the policy period.

**Please note: We can extend this insurance to include any subsidiary (ies) for which you require cover provided that:**

- a. a complete list of the companies is given below (or on a separate sheet if necessary);
- b. the revenues and claims information declared on this proposal form incorporates that for the subsidiary (ies); and
- c. all other information you give in this proposal form incorporates that for the subsidiaries

Please provide the following details for all subsidiaries to be insured:

Name	Main/Registered Address	Date of Creation/Acquisition	Services

### Sub-Consultants Information

1. In the last completed year, have you engaged or hired any sub-consultants for any of your projects? Yes  No

If yes, please list below what professional disciplines are subcontracted:

- a.
- b.
- c.

2. In the last completed year, were any of your professional billings paid to sub-consultants? Yes  No

If yes, what percentage of your billings were paid to sub-consultants? %

3. Do you require professional liability insurance from sub-consultants? Yes  No

### Organizational Structure

Please specify your total number of employees below (full and part-time employees, including registered, licensed design professionals:

- 1. Total number of your employees:
- 2. Of the total number of employees specified above, how many of them are:

a. Principals:	b. Licensed Design Professionals:	c. Project Managers:
d. Construction Personnel:	e. Other technical consultants (please specify):	

### Locations

1. Do you perform all of your services in the United States or within United States territories? Yes  No

2. Do you perform any of your services in the following states:

State	Yes/No		% of work performed in the State	State	Yes/No		% of work performed in the State
Arizona	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	New York	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
California	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	Texas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Florida	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	Washington	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%

Illinois	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	West Virginia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
New Jersey	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%

3. Do you perform any services internationally, outside of the United States? Yes  No

If yes, please list and provide details of all international locations where you perform services below:

	U.S. / Canada	Europe (Excluding U.K.)	Other Countries	Total
Total number of employees				
Total sales or revenue for the last completed year	\$	\$	\$	\$
Of total revenue, sales from online sales or services	\$	\$	\$	\$

### Construction Value and Revenue Information

Please provide the construction value and revenue information for your organization below:

		Last Completed Year (\$ Construction Revenue)	Last 2 Prior Years (\$ Construction Revenue)	Upcoming Year Projection (\$ Construction Revenue)
<b>1. General Construction Only</b> Holds prime contract for construction installation only with no design or construction management responsibilities	\$	\$	\$	
<b>2. Construction Management At Risk</b> Holds prime construction contract and provides consulting services, advice during preconstruction	\$	\$	\$	
<b>3. Design Build with In House Design</b> Holds prime design and construction contract with self-perform design work	\$	\$	\$	
<b>4. Design Build with Subcontracted Design</b> Holds prime design and construction contract with subcontracted design work	\$	\$	\$	
<b>5. Other Revenues ( i.e. services):</b> Please specify:	\$	\$	\$	
<b>Total Construction Revenues:</b>	\$	\$	\$	
		Last Completed Year (Professional Fees)	Last 2 Prior Years (Professional Fees)	Upcoming Year Projection (Professional Fees)
<b>1. Design Only</b> Design performed for third parties for fee with no contractual obligation for construction	\$	\$	\$	
<b>2. Construction Management Agency</b> Includes project management, owners representative services for third parties for fee with no contractual obligation for construction	\$	\$	\$	
<b>3. Other professional or technical fees</b> Please specify:	\$	\$	\$	
<b>Total Professional Fees:</b>	\$	\$	\$	

### Project Information

Based upon total revenue and fees derived from all firm projects and services, please estimate the percent of projects attributable to the following:

Project	%	Project	%	Project	%
Airport Terminals	%	Mines	%	Single family custom homes	%
Airport Runways/Facilities	%	Mixed use with apartments	%	Sewage systems	%
Amusement rides	%	Mixed use with townhouse/condos	%	Sewage plants	%

Apartments	%	Municipal buildings	%	Superfund/pollution	%
Arenas/stadiums	%	Nuclear/atomic	%	Telecommunications	%
Bridges	%	Office buildings	%	Theatres	%
Condos/townhouses	%	Parking structures	%	Tract homes/ Subdivisions	%
Convention centers	%	Petro/chemical	%	Tunnels	%
Dams	%	Pools	%	Underground storage tanks	%
Harbors/piers	%	Playgrounds	%	Utilities	%
Hospitals/healthcare	%	Pre-engineered structures	%	Warehouses	%
Hotels/motels	%	Private dwellings	%	Wastewater treatment plants	%
Industrial waste treatment	%	Recreations	%	Water systems	%
Jails	%	Religious buildings	%		
Landfills	%	Roads/highways	%		
Libraries	%	Renovations (including condos)	%		
Manufacturing/industrial	%	Retail structures	%		
Mass transit	%	Schools/colleges	%		
Other (Please specify):	%				

## Client Information

1. Please indicate the percentage of work performed for the following:

a. Federal Government	%
b. State Local Government	%
c. Other Contractors	%
d. Developers, Companies, Organizations	%
e. Private Individuals	%
f. Other – Please specify:	%
2. What percentage of your work is negotiated?	%
3. What percentage of your work is hard bid?	%

## Risk Management Information

1. Does your firm:

a. Have a written Quality Assurance/Quality Control Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Have a dedicated Risk Manager?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Use third party inspection or peer review?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Employ Building Information Modeling BIM or similar software/system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Please indicate the percentage of work by contract type:

a. Standard Industry (AIA, AGC, BIA etc.)	%
b. Firms Own Contract	%
c. Client Contract	%
d. Purchase Order	%
e. Oral Contracts	%

3.	What percentage of contracts contain the following provisions:	
a.	Limitation of Liability Clauses under \$250,000	%
b.	Alternative dispute resolution clauses, such as mediation	%
c.	Waiver of Consequential Damages	%

### Sub-Contractor Management Information

Please answer the following if you hire sub consultants and subcontractors:

a.	What limit of professional liability do you require from design professionals?	\$
b.	What percentage of design is subcontracted, please describe:	%
c.	What limit of general liability insurance do you require from subcontractors?	\$
d.	What percentage of construction is subcontracted, please describe:	%
e.	What limit of contractors pollution insurance do you require from subcontractors?	\$
f.	Do you obtain current certificates of insurance from subcontractors and design professionals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g.	Do you have a prequalification process for subcontracted design professionals and subcontractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h.	Do you collect lien waivers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Contractors Pollution

Please answer the following if you are requesting Contractors Pollution Coverage:

1.	Do you participate in any environmental contracting operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please describe all current and planned operations in detail, including the extent of your role, location and length of participation:	
2.	What are total revenues attributed to operations above?	\$
3.	Do you transport any liquids, chemicals or hazardous materials?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please describe in detail all liquids, chemicals or hazardous materials scheduled or currently transport:	
4.	Do you dispose of any hazardous materials at a non-owned disposal site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please describe in detail:	
5.	Do you have written water intrusion control procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please attach a copy of your written procedures to this application	
6.	Do you have a Mold mitigation plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please attach a copy of your plan to this application	
7.	Do you require third parties to have Contractors Pollution Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Insurance History

1. Do you currently have Professional Liability or Errors & Omissions Insurance? Yes  No

2. Please provide professional insurance information for the last three years:

Insurance Carrier	Term	Limits	Deductible	Premium	Retroactive Date
			\$	\$	
			\$	\$	
			\$	\$	

3. Do you currently have General Liability coverage? Yes  No

If yes, please provide professional insurance information for the last three years:

Insurance Carrier	Term	Limits	Deductible	Premium	Retroactive Date
			\$	\$	
			\$	\$	
			\$	\$	

4. Does your current general liability coverage provide any of the following ISO coverage endorsements?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. CGL 2243 – Engineers, Architects or Surveyors Professional Liability Exclusion | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. CGL 2279 – Contractors Professional Liability Exclusion                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. CGL 2280– Design Builders Exclusion  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### Claims Details

1. Does any person to be insured have knowledge or information of any act, error, or omission which might reasonably be expected to give rise to a claim against him/her? Yes  No

If yes, please explain:

2. After inquiry, have any claims been made against any proposed Insured(s) during the past ten (10) years? Yes  No

If yes, please explain:

**If Yes to any of the Claims Details questions above, please specify details below and/or submit additional information.**

**Details of Claim:** Please include the date of claim, parties to the claim, and current status of the claim, in addition to the details of the claim:

**Please note: It is agreed that if such knowledge or information exists, any claim based on, arising from, or in any way related to such error, misstatement, misleading statement, act, omission, neglect, or breach of duty of which there is knowledge or information will be excluded from coverage under insurance being applied for.**

### NOTICES:

Completion of this application will in no way be considered a binder of coverage, and Hiscox does not guarantee that a policy will actually be issued upon receipt of a completed application. Whoever fills out this application must be a principal, partner, director, officer, senior manager (or equivalent positions) authorized to do so and should make all the proper inquiries to answer the questions. The application should be completed for the applicant inclusive of every subsidiary or other affiliated company seeking coverage under the policy.

If a policy is issued, it will provide coverage only for claims that are first made against you, or any first party events discovered by you, and properly reported to us during the policy period, or any extended reporting period, if applicable. This application is for insurance in which the policy limits available to pay judgments or settlements shall be reduced by defense costs. Further note that defense costs shall be applied against the retention amount.

You must read, complete, sign, and date the entire application form. If you are unable to fully complete, sign, and date, please submit additional details so that you may still be considered for coverage.

### APPLICATION DISCLOSURES:

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing. In such case, we have the right to cancel, withdraw, or modify any outstanding quote for insurance coverage or any policy that may have been issued.

Your submission of this Application does not obligate us to issue, or require you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials provided to us in conjunction with this Application are incorporated into this Application and made a part of it.

The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this Application are true, accurate, and complete. The undersigned agrees that we will rely on this Application in issuing any insurance policy providing the requested coverage, and that this Application will form the basis of any such insurance policy.

**NOTICE TO 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, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO 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, 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 STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**You may choose to sign this form electronically by inserting your typed name or a digital or imaged signature in the space below. If you elect to do so, you hereby consent and agree that such action constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Once completed, please forward the form to your agent or broker via email. If you choose to otherwise sign the form, please print the completed form and then sign and forward the document to your broker by email or mail.**

**Applicant Information:**

Applicant Name:

By (Authorized Signature):

Name/Title:

Date: