



Design Professionals Liability Coverage
Pick-A-Premium Application

Travelers Casualty and Surety Company of America

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: The limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense costs. The Insurer will not be liable for the amount of any judgment, settlement, or defense costs incurred after the exhaustion of the limit of liability. (For policies issued in New York, the limit of liability may be reduced up to 50% for amounts paid as defense costs).

Complete this application if the firm (1) is not engaged in pre-purchase home inspections; (2) has gross annual billings of \$100,000 or less; (3) has at least one principal of the firm that is a registered architect, landscape architect, land surveyor, or a licensed engineer; and (4) has annual gross billings from the most recently completed fiscal year from only the following disciplines: architect, land surveyor, landscape architect, civil engineer, mechanical engineer, and electrical engineer. Firms not meeting this criteria, or who reply "Yes" to any of the questions below, should complete the standard Design Professionals Liability Coverage Application.

GENERAL INFORMATION

Legal Name:

Trade or DBA Name:

Primary Address:

City: State: Zip:

Mailing Address (if different):

City: State: Zip:

Primary Contact Name and Title: Telephone Number: Year Established:

Email Address (optional for Kansas applicants): Web Address:

Type of Legal Entity: Individual, Corporation, General Partnership, Limited Liability Company, Limited Partnership, Other (specify):

Indicate the area of practice from which the majority of the firm's billings are derived: Architecture, Land Surveying, Landscape Architecture, Civil Engineering, Mechanical Engineering, Electrical Engineering

Provide the following information if your firm currently carries professional liability insurance.

Carrier Name: Policy Period: to Each Claim Limit: \$
Aggregate Limit: \$ Retention: \$ Premium: \$ Retroactive Date: to

APPLICANT INFORMATION

- 1. Is the firm's gross annual billings from the past fiscal year more than \$100,000?
2. Does the firm use verbal agreements on more than 24% of their projects?
3. Does any partner, principal, member, officer, director, shareholder, or immediate family member have an ownership interest in an entity for whom professional services are rendered?

4. Does the firm derive any of its annual gross billings from geotechnical or structural engineering work?  Yes  No
5. Has the firm rendered services for a condominium, cooperative, or mixed-use condominium project in the past three years, or is expected to in the next 12 months?  Yes  No
6. Is the firm, or any parent, subsidiary, or other related organization, engaged in any of the following:
  - a. Construction, fabrication, installation, or erection?  Yes  No
  - b. Real estate development not related to design?  Yes  No
  - c. Sale, design, or manufacture of any product or process?  Yes  No
  - d. Chemical, nuclear, marine, or mining engineering?  Yes  No
  - e. Work performed in or around oil and gas fields or refineries?  Yes  No
7. Has the firm, any predecessor firm, or any member of such firm had a claim involving professional services made against them in the past five years?  Yes  No
8. Does any person seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission involving professional services that could reasonably be expected to be the basis of a claim?  Yes  No

*If all responses above are "No", congratulations, you qualify for coverage! To bind coverage, select from the limit and payment options below, and indicate the desired effective date of coverage.*

**LIMITS, RETENTION, POLICY TERM, AND PREMIUM**

Limits of Liability	\$500,000/\$500,000** <input type="checkbox"/>	\$500,000/\$1,000,000** <input type="checkbox"/>	\$1,000,000/\$1,000,000** <input type="checkbox"/>	\$1,000,000/\$2,000,000** <input type="checkbox"/>
Retention	\$0	\$0	\$0	\$0
Policy Term*	3 years	3 years	3 years	3 years
Annual Premium	\$1,400	\$1,500	\$1,700	\$1,800

\*Other policy terms available upon request.

\*\*Limits of at least of \$500,000/\$1,000,000 are required for Defense Costs Within Limits coverage in New Mexico and New York. Limits of \$1,000,000/\$1,000,000 are required for Defense Costs Within Limits coverage in Arkansas, North Dakota, and South Dakota.

Premiums above do not include any applicable state taxes or surcharges. Some endorsements may increase the premium.

**ANNUAL INSTALLMENT PAYMENT OPTIONS**

- Direct bill—annual installments     
  Direct bill—quarterly installments     
  Direct bill—25% down & 5 equal installments  
 Direct bill—25% down & 9 equal installments     
  Agency bill—annual installments

**EFFECTIVE DATE**

Indicate desired effective date: \_\_\_\_\_

Note the effective date of coverage can be no earlier than one day after you send this signed and dated application to your agent or broker.

*Regarding the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the Applicant had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.*

**NOTICE REGARDING COMPENSATION**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: \_\_\_\_\_

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

## **FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS**

**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 policyholder or claimant to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA:** 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.

**KANSAS:** Under Kansas law, any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA:** 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 subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**OKLAHOMA:** 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:** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**PUERTO RICO:** Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

## **SIGNATURES**

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided.

Electronic Signature and Acceptance – Authorized Representative\*

\*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature: <b>X</b>	Authorized Representative Name and Title:	Date:
Producer Name (required in FL & IA): <b>X</b>	State Producer License No (required in FL):	Date:
Agency:		Agency Phone Number: