

**Architects/Engineers (A/E) Professional Liability Questionnaire  
For A/E, Surveying and Landscape Architecture Firms**

1. Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Principal Location: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax No. \_\_\_\_\_ Phone No: \_\_\_\_\_
2. Is a principal, partner, officer or director a licensed architect, engineer or registered land surveyor?  Y  N
3. A. Is your firm currently insured?  Y  N Date Firm Established \_\_\_\_\_  
B. Current carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Current Limits of Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_  
C. What is your Prior Acts date: \_\_\_\_\_
4. Please provide your professional service billing information, including billings attributed to consultants.

	Second Most Recently Completed Fiscal Year	Most Recently Completed Year	Current Year Estimated Billings
Dates of Reporting Periods	To	To	To
<b>A. Projects currently covered by specific project policy</b>	\$	\$	\$
<b>B. Feasibility studies, reports, opinions, landscape architecture, land surveying, interior design &amp; abandoned projects</b>	\$	\$	\$
<b>C. All other professional services billings</b>	\$	\$	\$
<b>D. Direct reimbursables (e.g., travel per diem, etc.)</b>	\$	\$	\$
<b>E. Fees paid to consultants</b>	\$	\$	\$
<b>F. Total gross billings (A-E)</b>	\$	\$	\$

5. Are greater than 10% of your billings attributable to any of the following: *(If yes, please explain in Question 10)*  
Design/Build  Y  N Pollution  Y  N Product Design  Y  N Asbestos Services  Y  N
6. Are you owned by or do you own another entity which provides construction or real estate related services?  Y  N  
*(If yes, please provide details in Question 10)*
- 7A. Please indicate the percentage of the following disciplines in which the Applicant is engaged: *(Must Total 100%)*
- |                                 |                                    |
|---------------------------------|------------------------------------|
| _____ % Architecture            | _____ % Land Surveying             |
| _____ % Interior Design         | _____ % Mechanical Engineering     |
| _____ % Civil Engineering       | _____ % Sanitary Engineering       |
| _____ % Construction Management | _____ % Structural Engineering     |
| _____ % Electrical Engineering  | _____ % Transportation Engineering |
| _____ % Full Service A/E Firm   | _____ % Other: _____               |
| _____ % HVAC Engineering        | _____ % Other: _____               |
| _____ % Landscape Architecture  |                                    |

- 7B. Please indicate the percentage of billings derived from each project type: *(Must Total 100%)*
- |                                 |   |                                   |
|---------------------------------|---|-----------------------------------|
| _____ % Apartments              | _____ % Environmental Impact Statements | _____ % Religious                 |
| _____ % Bridges                 | _____ % Highways/Roads                  | _____ % Sewer/Water Lines         |
| _____ % Condominiums            | _____ % Hospitals                       | _____ % Shopping Centers          |
| _____ % Convention Centers      | _____ % Industrial                      | _____ % Site Development          |
| _____ % Correctional Facilities | _____ % Mass Transit Lines              | _____ % Subdivision/Tract Housing |
| _____ % Custom Homes            | _____ % Municipal Water Systems         | _____ % Subsidized Housing        |
| _____ % Educational             | _____ % Office Buildings                | _____ % Warehouses                |
| _____ % Other _____             | _____ % Parking Garages                 | _____ % Wastewater Treatment      |
|                                 | _____ % Hotels/Motels                   |                                   |

8. Indicate the types of clients: *(Must Total 100%)*
- |                              |                      |   |
|------------------------------|----------------------|---|
| Commercial _____ %           | Developers _____ %   | Institutional _____ %                   |
| Contractors _____ %          | Governmental _____ % | Lending Institutions _____ %            |
| Design Professionals _____ % | Industrial _____ %   | Owners acting as builders _____ %       |
|                              |                      | Other <i>(please specify)</i> : _____ % |

9. A. In the past 10 years have any claims, suits or demands been made against the firm, its predecessor or any past or present principal? \_\_\_Y \_\_\_N Number \_\_\_\_\_ Total Paid/Incurred (incl. reserves): \_\_\_\_\_
- B. After inquiry, is the Applicant aware of any act, error, omission or circumstance that may possibly result in a claim being made against them? \_\_\_Y \_\_\_N *(If yes, please explain in Question 10, below)*

10. Risk Management  
Does your firm:
- |  |           |
|--|-----------|
| 1. Use written in-house quality control procedures?  | ___Y ___N |
| 2. Have an automated master specification system?  | ___Y ___N |
| 3. Have an in-house program for continuing education?  | ___Y ___N |
| 4. Number of employees who have had at least six hours of continuing education in the past 12 months. _____  |           |
| 5. Use written contracts on every project?   | ___Y ___N |
| 6. Provide professional services for any client in which any member of the firm or their relatives own a financial interest or serves as an officer, director, trustee or partner? | ___Y ___N |
| 7. Participate in any written joint venture agreements?  | ___Y ___N |
| 8. Use at least 70% of your consultants that are covered by professional liability insurance?  | ___Y ___N |

11. Explanations to "Yes" Answers: *(Questions 5, 6 or 9)*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

12. We have \_\_\_\_\_ total staff categorized as follows: Licensed Professionals \_\_\_\_\_ Technical \_\_\_\_\_ Office \_\_\_\_\_

13. List professional society memberships:
- \_\_\_AIA    \_\_\_NSPE    \_\_\_ACEC    \_\_\_ASLA    \_\_\_ASCE    \_\_\_ASME
- \_\_\_ASID    \_\_\_ASGCA    Other *(please specify)* \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name *(please print)*: \_\_\_\_\_

Title: \_\_\_\_\_

**Please return by mail or fax to:**

**RISKPRO INSURANCE AGENCY, LLC**  
**P.O. BOX 515512**  
**DALLAS, TEXAS 75251**  
**Fax: 972/235-3556**  
**Phone (Toll-Free): 1-866-900-RISK**