



**Architects/Engineers (A/E) Professional Liability Questionnaire For
A/E, Tgpgy cdrg'Gpgti { .'Surveying and Landscape Architecture Firms**

1. Firm Name: _____ Contact Name: _____
Principal Location: _____ E-mail: _____
City: _____ State: _____ Zip: _____ Website: _____ 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/Retro Active 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
A. Feasibility studies, reports, opinions, landscape architecture, land surveying, interior design & abandoned projects	\$ _____	\$ _____	\$ _____
B. All other professional services billings	\$ _____	\$ _____	\$ _____
G. Direct reimbursables (e.g., travel per diem, etc.)	\$ _____	\$ _____	\$ _____
H Fees paid to consultants	\$ _____	\$ _____	\$ _____
I . Total of A through F	\$ _____	\$ _____	\$ _____

5. We have _____ total staff categorized as follows: Licensed Professionals _____ Technical _____ Office _____

6. Are greater than 10% of your billings attributable to any of the following: *(If yes, please explain in Question 13)*
Design/Build Y N Pollution Y N Product Design Y N Asbestos Services Y N

7. 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 13)

8A. Please indicate the percentage of the following disciplines in which the Applicant is engaged: *(Must Total 100%)*

_____ % Architecture	_____ % Landscape Architecture
_____ % Interior Design	_____ % Land Surveying
_____ % Civil Engineering	_____ % Mechanical Engineering
_____ % Construction Management	_____ % Structural Engineering
_____ % Electrical Engineering	_____ % Transportation Engineering
_____ % HVAC Engineering	_____ % Other: _____

- 8B. Please indicate the percentage of billings derived from each project type: *(Must Total 100%)*
- | | | |
|------------------------------------|--|-----------------------------------|
| _____ % Airports | _____ % Environmental Impact Statements | _____ % Power Plants |
| _____ % Apartments | _____ % Highways/Roads | _____ % Religious |
| _____ % Bridges (less than 500 ft) | _____ % Hospitals | _____ % Sewer/Water Lines |
| _____ % Bridges (more than 500 ft) | _____ % Industrial | _____ % Shopping Centers |
| _____ % Condominiums | _____ % Mass Transit Lines | _____ % Site Development |
| _____ % Convention Centers | _____ % Municipal Water Systems | _____ % Subdivision/Tract Housing |
| _____ % Correctional Facilities | _____ % Office Buildings | _____ % Subsidized Housing |
| _____ % Custom Homes | _____ % Parking Garages | _____ % Warehouses |
| _____ % Educational | _____ % Hotels/Motels | _____ % Wastewater Treatment |
| | _____ % Renewable Energy Power Plants
(utility scale) | _____ % Other _____ |

- 9A. Percentage of gross annual billings from **tegyy cdig'bpgti f** services attributed to the following? (Does not need to total 100%)
- | | | |
|-------------------------------|-------------------------|--------------------------------------|
| _____ % Solar/Wind (On-shore) | _____ % Smart Grid | _____ % Energy Efficiency Consulting |
| _____ % Off-shore Wind | _____ % Other Renewable | _____ % |

- 9B. More than 25% of gross annual billings from installation work? Y N

10. 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> : _____ % |

11. 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 # of claims _____ 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 13, below)*

12. 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 at least 90% of your projects? | _____ 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 |

13. Explanations to "Yes" Answers on Questions 6, 7 or 11: *(Attached a separate sheet of paper if needed)*
- _____
- _____

14. List professional society memberships:

___ AIA ___ NSPE ___ ACEC ___ ASLA ___ ASCE ___ ASME
 ___ ASID ___ ASGCA ___ AEE ___ NABCEP Certified Other *(please specify)* _____

HOW DID YOU HEAR ABOUT US? Search Engine Referred Google Adwords Direct Mail Other

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