

Minnesota Joint Underwriting Association
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Burnsville, MN 55337
1-800-552-0013 or 952-641-0260
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www.mjua.org

APPLICATION FOR
ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE

THIS IS AN APPLICATION FOR CLAIMS-MADE INSURANCE.

1. Name and Address for firm:

County: _____ Email: _____ Phone: _____

Agent Name and Address:

Phone: _____ Email: _____

2. Firm is a: ___corporation ___partnership ___professional corporation
 ___sole proprietorship ___other _____

3. Number of professional staff, including principals, partners, architects, engineers, inspectors, surveyors, draftsmen, etc: _____

4. Is this firm or any subsidiary or parent organization engaged in:

Yes	No	
___	___	construction, fabrication or erection
___	___	real estate development
___	___	construction management
___	___	the manufacture, sale or distribution of any product or process
___	___	design/build

Please explain any "yes" answers on a separate sheet of paper.

5. Does the firm control or own, or is it controlled or owned by any other firm, corporation or company? ___yes ___no Please explain "yes" answer.

6. Does the firm require certificates of professional liability insurance from all its Consultants? ____yes ____no

7. What were your firm's total billings for professional services, including all fees paid to consultants, and the total construction values of all projects during the past 12 months?

_____ Total billings
_____ Total construction values

8. Indicate the percentage of total billings above derived from professional service contracts solely for feasibility studies, master planning, interior design, reports, opinions, or environmental impact studies.

_____%

9. Please indicate which of the following disciplines are performed by your firm by showing the percentage of billings for each for the past 12 months. (**Excluding** services performed by consultants.)

_____ Architecture	_____ Landscape Architecture
_____ Civil Engineering	_____ Soils Engineering
_____ Land Surveying	_____ Structural Engineering
_____ Construction Management	_____ Mechanical Engineering
_____ Other (please specify)	_____ Electrical Engineering

10. Please indicate the percentage of work performed under the following categories:

_____ Foundation Design	_____ Marine Engineering
_____ Mining Engineering	_____ Oil/Gas Well Engineering
_____ Inspection/Observation of construction where involved in design	_____ Inspection/Observation of construction where NOT involved in design
_____ Site Evaluation	_____ Project certification for benefit of any party other than applicant's client

PROJECTS

_____ Airports	_____ Chemical Plants
_____ Hospitals	_____ Harbors, piers, ports
_____ Utilities	_____ Water systems
_____ Manufacturing or industrial bldgs	_____ Material handling/storage system
_____ Office buildings	_____ Nuclear/Atomic projects
_____ Pipe Lines	_____ Sewage Systems
_____ Petrochemical facilities	_____ Shopping Centers
_____ Sewage Treatment facilities	_____ Sports and Convention Centers

_____ Subdivision/Tract Developments _____ Religious, charitable or other organizations

11. Please indicate the percentage of services rendered for each of the following categories. Base responses on the percentage of applicants gross volume derived from each category:

- | | |
|--|---|
| <input type="text"/> Commercial/Industrial | <input type="text"/> Contractors |
| <input type="text"/> Federal Government | <input type="text"/> Design professional |
| <input type="text"/> Local Government | <input type="text"/> Real Estate Developer |
| <input type="text"/> State Government | <input type="text"/> Owners acting as own builder |
| <input type="text"/> Other (specify below) | |

- _____
 - _____
 - _____

12. Please indicate the percentage of services rendered for the following categories:

- *ski lifts, commercial amusement rides or skateboard parks
- surveys for subsurface conditions
- *work performed for communist block countries
- *work performed outside the US, its territories or Canada, other than communist block countries

* For these categories, provide complete description including client, location, construction value, services rendered, and present status.

13. Does the applicant's practice involve any subcontracting of services to others?
 Yes No If yes, specify services and percentage of overall volume.

14. Are more than 50% of the billings for the past or the next 12 months to be derived from a single client or contract? Yes No If yes, specify client or contract and describe all services to be rendered.

15. Please specify percentage, if any, of billings for the next 12 months expected to be derived from :

A. services for owners of projects who act as their own contractor _____

B. services for package, design/build or turnkey projects _____

If the total of A and B is larger than 50%, please provide full details.

16. Please indicate all professional societies in which you are a member:

- _____
 - _____
 - _____

17. If nonstandard or modified AIA/NSPE/PEPP contracts are used, are they reviewed by you legal counsel for liability implications prior to signing? ___Yes___No
18. Does the firm ever enter into contracts which contain indemnification or “hold harmless” agreements? ___Yes ___No
19. Does the applicant have in-house quality control procedures, and if so, are they in written form? ___Yes ___No
20. Does the firm have an in-house program of continuing education for employees? This would include attendance at AIA/NSPE/PEPP sponsored seminars and similar functions. ___Yes ___No
21. Please specify the percentage of the firm’s:

Professional services rendered under AIA or NSPE/PEPP standard forms of agreement between owner and architect or engineer _____

Projects ultimately constructed under AIA or NSPE/PEPP standard general conditions of the construction contract _____

Projects incorporating specifications based on or derived from the automated master specifications system known as Masterspec _____

Construction management services, rendered under the unaltered American Institute of Architects B801 Standard form of agreement _____ -

THE FOLLOWING QUESTIONS APPLY ONLY TO NEW APPLICANTS.

22. Has the name of the firm ever changed or has there ever been an acquisition, consolidation, dissolution, merger or change in business organization? ___Yes___No
- If yes, provide full particulars listing each firm named in chronological order and specify the date, name or business organization changed.
23. Have any claims, suits or demands for arbitration been made against the firm, its predecessors or any past or present principal, partner, officer or director? ___Yes___No If yes, on a separate sheet give complete details.
24. Have any of the principals, partners, officers, employees or directors or any predecessors knowledge of any error, omission, unresolved job dispute (including owner-contractor disputes) accident or any other circumstance that is or could be a basis for a claim under the proposed insurance? ___Yes___No If yes, on a separate sheet of paper give complete details.

25. Has any insurer declines, canceled or refused to renew any similar insurance issued to the firm or any of the persons named in question 23? ___Yes___No If yes, give details.
26. Describe nature of operation. Please attach brochure describing firm.
27. Give full name and professional qualifications of all principals, partners or officers of current firms and dates of employment. (Registrations and degrees, date and place required.) If previously a principal, partner or officer of another firm, indicate firm name and employment dates.
28. On a separate sheet, list your five largest current projects. Please give name of project, location, description, owner, nature of services rendered, and status. (Completed, under construction, proposed, etc.) Also, provide the above information for your 10 largest projects over the last 5 previous years.

PRIOR CARRIER INFORMATION

Year	Carrier	Policy No.	Limits BI/PD	Annual Premium
-				
-				
-				

The following questions must be answered by all applicants.

Does the applicant conduct any activities outside the state of Minnesota for which the applicant is applying for insurance from MJUA?
 ___ No ___ Yes

If Yes, identify the percentage amount of the applicant's activities conducted outside the state of Minnesota; the states in which those activities are conducted; and describe such activities.

Is the insurance for which the applicant is applying for from MJUA required by statute, ordinance, or otherwise required by Minnesota law?
 ___ No ___ Yes

If Yes, identify the statute, ordinance, or Minnesota law requiring such insurance.

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS.
("Yes" answers do not require explanation)

Does the applicant understand that the insurance being applied for does not cover, and will not indemnify, the applicant for any liability or loss arising from the applicant's activities that are conducted substantially outside the state of Minnesota, unless required by statute, ordinance, or otherwise required by Minnesota law.

_____ No _____ Yes

I, the undersigned, certify and attest on behalf of the applicant that I have been unable to obtain through ordinary methods, the insurance I am applying for with this application and the information contained in this application is true and complete.

_____ No _____ Yes

Please identify the name of the insurance company who has refused to provide coverage to the applicant and the date of the refusal.

Was the refusal to provide coverage by another insurer based on an offer of coverage at a rate in excess of the rate that would be charged by the MJUA for similar coverage and risk?

_____ No _____ Yes

If Yes, and the rate for coverage offered is more than 10% in excess of the MJUA's rates for similar coverage and risk, or 20% in excess of the MJUA's rates for liquor liability coverages, attach a copy of such written offer to this application. *NOTE that pursuant to Minn. Stat. 62I.13, Subd. 2, "[i]t shall not be deemed to be a written notice of refusal if the rate for coverage offered is less than ten percent in excess of the joint underwriting association rates for similar coverage and risk or 20 percent in excess of the Joint Underwriting Association rates for liquor liability coverages."*

If No, provide further explanation.

Does the applicant understand that the insurance being applied for does not cover and will not indemnify the applicant for any liability or loss arising from the emission of any hazardous material or pollutant to the environment, including any responsibility to clean up any release; and does not cover and will not indemnify to application for liability or loss arising out of products made or completed operations performed by the applicant or on the applicant's behalf, including materials, parts, or equipment furnished in connection with such products or operations.

___ Yes ___ No

I, the undersigned, certify and attest that I have been unable to obtain through ordinary methods, the insurance for which I am applying for with this application and the information contained in this application is true and complete.

Yes No

APPLICATION REQUIREMENT

AS PART OF YOUR APPLICATION, YOU ARE REQUIRED TO SUBMIT ONE REJECTION OF COVERAGE FROM A STANDARD INSURANCE CARRIER.

A WRITTEN QUOTE PROVIDED BY AN INSURER AT A RATE IN EXCESS OF 110% OF PLAN RATES FOR SIMILAR COVERAGE IS DEEMED TO BE A WRITTEN REJECTION.

Signature: _____ Date: _____

MINNESOTA JOINT UNDERWRITING ASSOCIATION

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in *Section 102(1) of the Act*: The term "act of terrorism" means any act or acts that are certified by the Secretary of Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside of the United States in the case of certain air carriers or vessels or the premises of the United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

UNDER YOUR COVERAGE, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY THE TERRORISM RISK INSURANCE ACT, AS AMENDED. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE.

THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

The portion of your annual premium that is attributable to coverage for acts of terrorism is 0%, and does not include any charges for the portion of losses covered by the United States Government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Applicant Name (Print)

Policyholder/Applicant Signature

Named Insured

Policy Number, if applicable

Date