

Minnesota Joint Underwriting Association  
12400 Portland Ave S, Suite 190  
Burnsville, MN 55337  
1-800-552-0013 or 952-641-0260  
Fax: 952-641-0274  
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="checkbox"/> Commercial/Industrial | <input type="checkbox"/> Contractors                  |
| <input type="checkbox"/> Federal Government    | <input type="checkbox"/> Design professional          |
| <input type="checkbox"/> Local Government      | <input type="checkbox"/> Real Estate Developer        |
| <input type="checkbox"/> State Government      | <input type="checkbox"/> Owners acting as own builder |
| <input type="checkbox"/> 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.

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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.

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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.

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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.

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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.

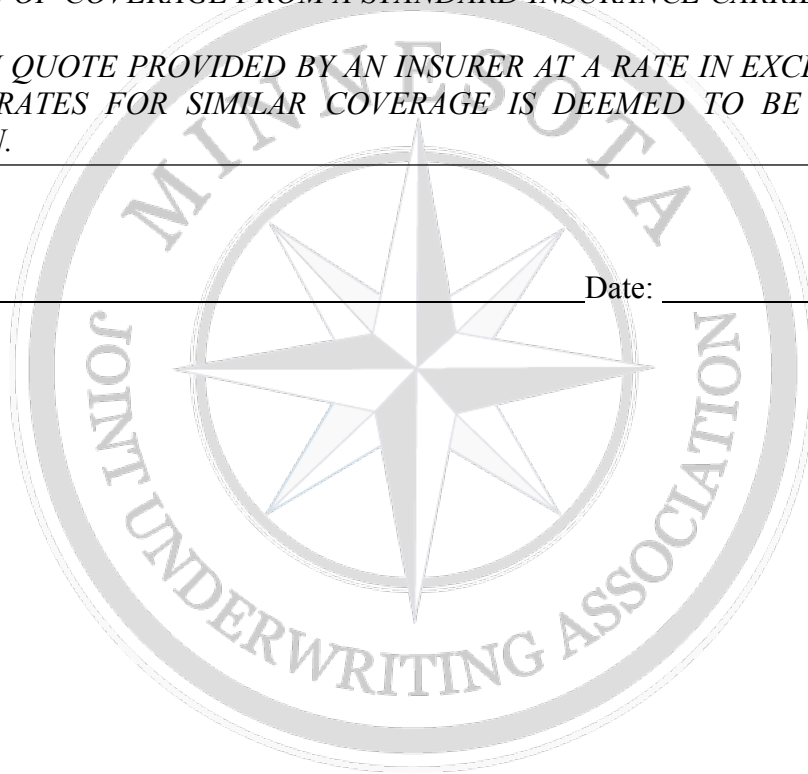
Yes  No

***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: \_\_\_\_\_





## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the 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 the United States in the case of certain air carriers or vessels or the premises of a 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 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 exceeds \$100 billion in any one calendar year. 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, 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.

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Policyholder/Applicant’s Signature

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Print Name

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Date

Name of Insurer: Minnesota Joint Underwriting Association

Policy Number: \_\_\_\_\_