

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](http://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:

_____ Commercial/Industrial	_____ Contractors
_____ Federal Government	_____ Design professional
_____ Local Government	_____ Real Estate Developer
_____ State Government	_____ Owners acting as own builder
_____ 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
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-				
-				

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