



Scientists Professional Liability Insurance

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY

This Application for Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.

THIS APPLICATION IS NOT A BINDER

1. GENERAL INFORMATION

Name of the Applicant		Date established	
Street address		Phone	
City, State, Zip		Contact e-mail	
Branch office cities		Website	

2. PERSONNEL – Specify number of personnel in each category

	# of Personnel	# Part-time	Credentials (PhD, Masters Degree, etc.)	Licensed (AIA, P.E., etc.)
Principals, Partners, Officers & Directors				
Technical Personnel				
Others (Administrative / Clerical)				
Total Personnel				

3. GROSS RECEIPTS – Include reimbursable expenses and fees paid to subconsultants.

	Current Fiscal Year ending / 20	Last Fiscal Year ending / 20	Two Fiscal Years ago ending / 20	Three FYs ago ending / 20
Total gross receipts	\$	\$	\$	\$
Estimated total gross receipts for next fiscal year	\$			

4. REQUIRED ADDITIONAL INFORMATION

Current claims history / insurance company loss summary for the past five years	<input type="checkbox"/> Attached
Resumes of key professionals on staff	<input type="checkbox"/> Attached
List the limits and deductibles the Applicant would like quoted	
Limits	Deductibles*
*For deductibles of \$50,000 or more, enclose a copy of the Applicant's balance sheet and income statement for the most recent fiscal year.	

5. SCIENCE DISCIPLINES – % of Gross Receipts, totaling 100%

Aeronautical Science	%	Geologist	%	Pharmacologist	%
Agricultural Science	%	Geophysics	%	Physical Science	%
Anthropologist	%	Hydrologist	%	Physicist	%
Archaeologist	%	Laboratory Science	%	Planetary Science	%
Biologist	%	Material Science	%	Seismologist	%
Chemist	%	Mathematician	%	Soils Science	%
Earth Science	%	Metallurgist	%	Statistician	%
Ecologist	%	Meteorologist	%	Sedimentology	%
Engineering	%	Oceanographer	%	Systems Science	%
Environmental Science	%	Paleontologist	%	Zoologist	%

OTHER: Please describe the Applicant's scientific or technical services in detail.

6. SERVICES – % of Gross Receipts, totaling 100%

Research & Development / Studies	%	Project Management	%
Forensic / Expert Witness	%	Prototyping / Fabrication	%
Modelling / Forecasting	%	Quality Control	%
Environmental Studies	%	Laboratory Testing	%
Planning / Staging	%	Non-destructive Testing	%
Manufacturing	%	Inspection	%
Process Design	%	OTHER (specify)	%

7. PROJECTS

Project 1	a) Name of project	
	b) Client's name	
	c) Location	
	d) Description of project	
	e) Services provided by the Applicant	
	f) Project total gross receipts	\$
	g) Year completed	

Project 2	a) Name of project	
	b) Client's name	
	c) Location	
	d) Description of project	
	e) Services provided by the Applicant	
	f) Project total gross receipts	\$
	g) Year completed	

Project 3	a) Name of project	
	b) Client's name	
	c) Location	
	d) Description of project	
	e) Services provided by the Applicant	
	f) Project total gross receipts	\$
	g) Year completed	

8. ADDITIONAL PROJECT INFORMATION

What percentage of the Applicant's projects is outside the U.S., its territories and possessions, and Canada?	%
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If any, list the countries

9. CLIENTS – Must total 100%

Government (Federal, State and/or Local)	%
Commercial	%
Industrial	%
Medical	%
Educational	%
Military	%
Other (specify)	%

10. CONTRACTS – Must total 100%

Standard Industry Contract (e.g. AIA, EJCDC, etc.)	%
Applicant's own Standard Contract	%
Letter Agreement	%
Purchase Order	%
Client Contract	%
Oral Agreement	%
Other (specify)	%

11. SUBCONTRACTORS / SUBCONSULTANTS

What percentage of the Applicant's Total Gross Receipts is paid to subcontractors / subconsultants?	%
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List the disciplines of the subcontractors / subconsultants the Applicant hires

Does the Applicant hire subcontractors to perform construction, fabrication or manufacturing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the Applicant hire all subcontractors / subconsultants under a written contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the Applicant require its subconsultants to present evidence of Professional Liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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12. QUALITY ASSURANCE / CONTROL

Does the Applicant have a written Quality Assurance / Quality Control program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the Applicant have an in-house program of continuing education for professional employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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List all professional societies or associations to which the Applicant or its members belong:

Has the Applicant or its members participated in Risk Management training, Loss Prevention training or a Peer Review program provided by these societies or organizations?

Yes No

13. BUSINESS ACTIVITIES

During the past twelve months has the Applicant or its members

Engaged in fabrication or installation services or hired others to perform fabrication or installation services?

Yes No

Been employed by or an officer of any other firm, organization or political body?

Yes No

Derived more than 50% of last fiscal year's gross receipts from any one client?

Yes No

Designed a component, device or system?

Yes No

Become involved in the manufacture or fabrication of any component, device or system?

Yes No

Sold or supplied any product or licensed an agent or other third party to sell or supply any product?

Yes No

Provided software design or programming services for others or sold software components?

Yes No

Been the subject of disciplinary action by authorities as a result of professional or business activities?

Yes No

If Yes to any of the above, explain in detail below or by attachment:

14. OWNERSHIP INTERESTS and RELATED ENTITIES

Does the Applicant or any principal, partner, officer, director, shareholder or employee of the Applicant or any immediate family member of any such person have an ownership interest in any entity or project for which professional services have been or are to be performed?

Yes No

If Yes, explain in detail

Does the Applicant or its members have any Related Entities?

Yes No

If Yes, complete the following section and use additional sheets if necessary

Name of related entity	Nature of Operations (e.g. general contracting, design firm, manufacturing, real estate development...)	Explain relationship	Does the Applicant work on the same projects as the related entity?	% of your revenue generated from projects where the related entity is involved
			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
			Yes No	%

15. PREDECESSOR FIRMS

List all Predecessor Firms	Dates of Existence	Reason for Change

16. POLLUTION INCIDENT LIABILITY Check if not applying for this coverage option

Does the Applicant have any written policies and procedures for complying with OSHA health, safety, training and medical monitoring requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant have a written health and safety manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant carry Pollution Liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If Yes, please provide the following information</p> <p>A. Name of Insurer _____</p> <p>B. Limit of Liability per claim _____</p> <p>C. Deductible/SIR/per claim _____</p> <p>D. Retroactive date (N/A if occurrence) _____</p> <p>E. Annual premium _____</p>	
<p>Do the Applicant's services, or any subcontracted services, in any way involve hazardous waste materials?</p> <p>If Yes, please explain in detail:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do the Applicant's services, or any subcontracted services, involve any of the following:</p> <p>A) drinking water wells or water supply wells</p> <p>B) surface water bodies (i.e. lakes, rivers, ponds, wetlands)</p> <p>C) groundwater monitoring wells</p> <p>D) pipelines or gas/oil wells</p> <p>E) existing pollution conditions</p> <p>F) laboratory chemicals or laboratory waste</p> <p>If Yes, please explain in detail:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do the Applicant's services, or any subcontracted services, involve any remediation, monitoring, cleanup or disposal associated with any past, present or potential leak, spill, release or pollution incident or collection of waste materials?</p> <p>If Yes, please explain in detail.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do the Applicant's services, or any subcontracted services, involve asbestos, lead or mold abatement?</p> <p>If Yes, explain in detail:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant's General Liability policy contain a mold exclusion limitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. OTHER COVERAGES

List the Applicant's current General Liability policy:

Carrier	Term	Limits	Deductible	Premium
		\$	\$	\$

18. ADDITIONAL INFORMATION

Provide any additional information regarding the Applicant's services that you would like us to consider (use additional sheets as necessary)

19. CLAIM INFORMATION

If Yes to any question, complete the Claim / Incident Information Supplement.

a. Have any claims been made or legal action been brought against the Applicant, its predecessor(s) or any current or former principal, partner, director, officer or employee in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. After complete investigation and inquiry, do any of the principals, partners, directors, officers, employees, or insurance managers have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute, accident, or any other circumstance that is or could be the basis for a claim under this proposed insurance policy? Report knowledge of all such incidents to your current carrier prior to your current policy expiration. The proposed insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in Questions 19a and 19b of this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does the Applicant, its predecessor(s) or any subsidiary have any current outstanding deductible obligations on any insurance policies? If Yes, give the exact amount owed to the insurance company and, if a payment schedule is in place, the amount and dates of repayment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. INSURANCE HISTORY

Has any insurer cancelled or refused to renew any similar insurance issued to the Applicant or its members? Yes No

The question directly above is Not Applicable in MISSOURI

If Yes, explain in detail

Does the Applicant currently have Professional Liability coverage? Yes No

List the Applicant's current Professional Liability policy, and the previous three years

Carrier	Term	Limits	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Specify the retroactive date for the Applicant's current Professional Liability policy

21. NOTICE TO APPLICANT

APPLICABLE IN NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO

Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON AND VIRGINIA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICABLE IN ALL OTHER STATES

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. In LA, ME and TN insurance benefits may also be denied.

22. CERTIFICATION AND SIGNATURE

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to the questions in section 19 or 20, or any other question of this Application, such information shall be revealed immediately in writing to the Underwriter.

Must be signed by a Principal, Partner, Officer or Director

Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant

When the Applicant is in New Hampshire or Florida, must also be signed by the Producer

Print or Type Producer's Name, Title and License Number	Print or Type Agency's Name
Signature of Producer	Date Signed by Producer