Society of Fire Protection Engineers Insurance

**Administrator:** NormanSpencer, 150 E. 22nd St., Lombard, IL 60148, gretchen@normanspencer.com

800-842-3653 x223, Fax: 630-705-1056, www.normanspencer.com/SFPEInsurance

**How to apply:** Complete application and return along with all attachments to the Administrator.

**Professional Liability/Engineers E&O Insurance is not bound until confirmed in writing.**

1. Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proprietorship  Partnership  Corporation  Other

 Telephone/Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Number of Offices: \_\_\_ (Provide addresses on branches.) 3. Date Established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Number of Staff: Last Year: This Year:

 Principals/Partners/Directors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other Licensed Professionals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Licensed Professionals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Annual Staff Turnover: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. FEIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Name all principals, partners, directors and employed professionals. (**Attach** extra sheet if needed.)

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Year Hired | Date Licensed/Designations | Professional Memberships |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

8.  Yes (**attach details**)  No Has/does the applicant plan to change name/merge with another firm?

9. Indicate the four states and the percentages where highest total billings occurred for the last year.

|  |  |  |  |
| --- | --- | --- | --- |
| State % | State % | State % | State % |

**10a. Indicate total gross billings (collected or not) excluding revenues unrelated to professional services,**

**such as reimbursable travel expense. New firms enter estimated total billings for next year.**

|  |  |  |
| --- | --- | --- |
| **Next Year $** | **Current Year $** | **Past Year $** |

**10b. Provide average annual costs of goods sold.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Firestopping Supplies** | **$** | **Insulation Supplies** | **$** | **Other \_\_\_\_\_\_\_\_\_\_\_\_\_** | **$** |

**11. SERVICES** – Indicate past 12 months performed services as % of firm’s billings. Must equal 100%.

|  |  |  |  |
| --- | --- | --- | --- |
|  % | Fire Protection Engineering |  % | HVAC Engineering |
|  % | Civil Engineering |  % | Mechanical Engineering |
|  % | Architecture |  % | Structural Engineering |
|  % | Construction Management |  % | Transportation Engineering  |
|  % | Electrical Engineering |  % | Firestop Contracting |
|  % | Forensic Engineering |  % | Other (describe below\*) |
|  % | Environmental Permitting |  100% | Total |

\*Describe Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. PROJECTS** - Indicate approximate % of firm’s billings in **SERVICES** in item 10. Must equal 100%.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Airport Facilities  |  % | Hotels/Motels/Casinos |  % | Petro Chemical |  % |
| Amusement Rides |  % | Single Family Residential |  % | Schools/Colleges |  % |
| Apartments |  % | Manufacturing/Industrial |  % | Sport/Recreation |  % |
| Hospitals/Assisted Living Facilities |  % | Mass Transit |  % | Restaurants/Retail |  % |
| Churches/Religious |  % | Nuclear/Atomic |  % | Warehouses |  % |
| Condominiums/Co-ops |  % | Office Buildings/Banks |  % | Libraries |  % |
| Fire Stations/Police Stations |  % | Jail/Justice/Municipal |  % | Other |  % |
|  |  |  |  | Total | 100% |

\*Describe Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13. CLIENT PPROFILE** – Indicate percentage of billings derived from each of the following categories.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contractors |  %  | Real Estate Developers |  % | Local Governments |  % |
| Other Design Professionals |  % | Lending Institutions |  % | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  % |
| Commercial |  % | Federal Governments |  % | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  % |
| Building Owners/Managers |  % | State Governments |  % | Total | 100% |

14 What percentage of total gross billings was derived from operations outside the United States? \_\_\_\_\_%

15. Describe the services you provide that you wish to insure. Attach company brochures, advertising

materials, etc., that describe these services.

|  |  |
| --- | --- |
| Percentage | Description |
|  |  |
|  |  |
|  |  |

16. Provide the following Information on the 3 largest projects for the past five years.

|  |  |  |  |
| --- | --- | --- | --- |
| Client | Project | Fees | Completed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

17.  Yes  No Were more than 20% of Applicant’s billings during the past fiscal year derived from a

single client or contract? If yes, **attach details** including client, project(s) services rendered.

18.  Yes  No Does Applicant, subsidiary, parent or other organization related thereto, provide

professional services as a partner in any joint venture projects established during last two complete

fiscal years? If yes, **attach details** including project name, description, contract price, professional

services performed by Applicant and other joint venture parties and the status of the project.

19. What services does the Applicant wish to have covered by the Professional Liability Insurance?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. List all professional services subcontracted by Applicant and percentage of total billings for each.

|  |  |  |  |
| --- | --- | --- | --- |
|  % |  % |  % |  % |

21.  Yes  No Do you maintain current consultant certificates of insurance for professional liability?

22.  Yes  No Has Applicant or any director, officer, employee or partner of Applicant been subject

to disciplinary action as a result of professional activities provided for Applicant? If yes, **attach details**.

23.  Yes  No Does Applicant use written contracts on every project? If no, **attach details**.

24. Indicate yes or no on the following. If any of the answers are yes, **attach details**.

 a.  Yes  No After inquiry, have any claims or suits been made against Applicant, including all

 projects in the last five years?

 b.  Yes  No After inquiry, is Applicant or any director, officer, employee or partner aware of any

 circumstances, allegations or contentions as to any incident which may result in a claim being

 made against Applicant?

 c.  Yes  No Has insurance of this type for which Applicant is now applying ever been declined,

 cancelled or had the renewal thereof refused to the proposed insured in the last five years?

25. Indicate past two years professional liability insurance including predecessor firm coverage.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Carrier | Policy No. | Limits | Deductible | Premium | Effective |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

26. \_\_\_\_\_\_\_\_\_\_\_ Indicate retroactive coverage date in current policy.

27. Indicate General Liability coverage carried.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Carrier | Policy No. | Limit Each Claim | Aggregate | Deductible | Expiration |
|  |  |  |  |  |  |

28. Coverage Limits of Liability required:

|  |  |
| --- | --- |
| $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ any one claim\*$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ annual aggregate\*(\*includes claim expenses) | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ self-insured retention (“deductible”) each and every claim, includingclaim expenses. |

29. **Attach copies of your company’s brochure and your standard written contract.**

**Warranty: I HEREBY DECLARE THAT, after inquiry of involved staff, the statements and**

**particulars herein are true. I have not suppressed or misstated any material fact and it is**

**agreed that this application shall become part of any policy issued by the Company.**

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Signature |  | Date |  |
| Printed Name |  | Title |  |

**Complete the following if applicable.**

30. \_\_\_\_\_% Indicate fees % of professional services rendered under AIA/EJCDC standard forms.

31.  Yes  No If non-standard or modified AIA/EJCDC contracts or “letter” agreements are used, are

they reviewed by Applicant’s legal counsel for liability implications prior to signing?

\*Describe Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_