



Insurance Program Managers
 2000 South Colorado Boulevard • Tower II • Suite 800 • Denver, CO 80222
 800/377-4152 • Fax: 303/623-8101
 feiinsurance.com

New business submissions should be sent to submission@feiinsurance.com
 dba: FEI Insurance Services in California #OC73812

CONTRACTORS PROFESSIONAL AND POLLUTION LEGAL LIABILITY APPLICATION

NOTE: UPON COMPLETION OF THIS APPLICATION, THE APPLICANT UNDERSTANDS THEY ARE APPLYING FOR COVERAGE THAT IS WRITTEN ON A CLAIMS- MADE BASIS, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES, SETTLEMENTS OR JUDGMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF CLAIM EXPENSES. IF YOU HAVE ANY QUESTIONS ABOUT YOUR COVERAGE, PLEASE CONSULT YOUR INSURANCE AGENT OR BROKER.

1. APPLICANT INFORMATION

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

Email Address: _____ Website: _____ Date Established: _____

2. PERSONNEL

	# of Personnel	# Registered/Licensed	# Full-Time	# Part-Time
Principal, Partners, Officers & Directors:				
Supervisors/Foremen:				
Construction Personnel:				
Architects/Engineers:				
Surveyors:				
Construction Managers:				
Project Managers:				
Other:				
Total Number Of Employees				

3. GEOGRAPHIC AREAS OF OPERATIONS

United States: _____%	List key States:	
Canada: _____%	List Provinces:	
Other Foreign _____%	List Countries:	

4. OPERATIONS AND REVENUE INFORMATION

Is the firm a General Contractor? Yes No Is the firm a Specialty Contractor? Yes No

What percentages of fees are paid to sub-consultants? _____%

Do you obtain certificates of insurance from your sub-consultants? Yes No

Please provide gross revenue for all operations per the following:

Estimated for Next Year:		Past Year:	
Current Year:		Two Years Ago:	



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Provide a breakdown of gross revenues for the Applicant:

Delivery Method	Past 12 Months		Estimated for Next 12 Months	
	From: ___ / ___	To: ___ / ___	From: ___ / ___	To: ___ / ___
	Estimated Construction Values	Professional Fees	Estimated Construction Values	Professional Fees
Construction Only – no contractual obligations for design or CM	\$	\$	\$	\$
Construction Management (CM) Agency – provide project administration, project management or CM services as agent of owner but hold no design or construction subcontracts	\$	\$	\$	\$
Construction Management (CM) At Risk – provide CM services during preconstruction and self-perform or hold and manage all construction subcontracts during construction	\$	\$	\$	\$
Design/Build with In-House Design – assume contractual obligations for design and construction where design is substantially performed in-house	\$	\$	\$	\$
Design/Build with Subcontracted Design – assume contractual obligations for design and construction where design is substantially subcontracted to others	\$	\$	\$	\$
Design Only – perform design services only with no contractual obligations for construction or CM	\$	\$	\$	\$
Other – revenue generated from sources other than the above contract types/activities (please describe)	\$	\$	\$	\$
TOTALS:	\$	\$	\$	\$

5. PROFESSIONAL DISCIPLINES

Provide a percentage breakdown of revenue for each Professional Services listed below:

Professional Services	%	Professional Services	%
Architecture	%	Interior Design	%
Chemical Engineering	%	Laboratory Testing	%
Civil Engineering	%	Land Surveying	%
Construction/Project Management	%	Landscape Architecture	%



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Electrical Engineering	%	Mining Engineering	%
Environmental Consulting	%	Mechanical Engineering	%
Fire Protection Engineering	%	Process Engineering	%
Geotechnical/Soils Engineering	%	Structural Engineering	%
Hydrogeology/Geology	%	Traffic Engineering	%
HVAC Engineering	%	Other:	%
Total must equal 100%			%

6. SPECIALTY SERVICES

Please check any of the following services rendered by or on behalf of your firm:

- Commissioning Value Engineering Building Information Modeling (BIM)
 Constructability Review Design-Assist LEED Consulting

7. SERVICES PROVIDED (%)

General Construction			
General Construction		Percentage of work self-performed	
Construction Management		List the type of work self-performed:	
Civil Construction			
Excavation/Grading		Tunnel	
Heavy Highway/Bridge		Utility	
Street/Road		Pipeline Construction/Cleaning	
Mechanical Construction			
HVAC		Electrical	
Mechanical		Plumbing	
Trade Contractors			
Carpentry		Painting	
Concrete		Roofing	
Drywall		Steel Erection	
Specialty Contractors			
Demolition		Glazer	
Drilling		Insulation	
Dredging		Janitorial	
Fire Sprinkler		Pile Driving	
Other (Explain):			
Must equal 100%			%

8. PROJECT INFORMATION (%)

Airports		Mass Transit		Retirement Community	
Bridges		Mines		Roads/Highways	
Convention Center		Nuclear		Schools/Colleges	
Dams		Parking Structures		Shopping/Retail	
Environmental		Petro/Chemical		Storm Water	



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Food Processing		Power Plants		Tunnels	
Hospitals		Recreation/Sports		Wastewater/Water	
Landfills		Residential		Other (Explain):	
Manufacturing/Industrial		Condo			
Must equal 100%					%

9. CLIENTS (%)

Federal Government		Financial Institutions		Design-Build Contractors	
State Government		Manufacturing/Industrial Entities		Other Design Professionals	
Local Government		Commercial Companies and Entities		Other:	
Foreign Government		Real Estate Developers		Other:	
Institutional Entities (Non-Public)		General or Specialty Contractors		Other:	
Must equal 100%					%

10. THREE LARGEST CURRENT PROJECTS

Project 1	Project Name:	
	Client's Name:	
	Project Location:	
	Project Description:	
	Services provided by your firm:	
	Total gross receipts:	
	Project construction values:	
	Year completed:	

Project 2	Project Name:	
	Client's Name:	
	Project Location:	
	Project Description:	
	Services provided by your firm:	
	Total gross receipts:	
	Project construction values:	
	Year completed:	

Project 3	Project Name:	
	Client's Name:	
	Project Location:	
	Project Description:	
	Services provided by your firm:	
	Total gross receipts:	
	Project construction values:	
	Year completed:	

11. RISK MANAGEMENT INFORMATION

Does your firm have a dedicated Risk Managers? Yes No

Does your firm have written procedures to control water intrusion? Yes No

Does your firm use third-party quality inspection firms at critical project stages? Yes No



Does your firm have a Quality Assurance/Quality Control Program? Yes No

Does your firm construct wood frame buildings? Yes No
 If yes, provide full details and percentage: _____%

Is your firm involved with Exterior Insulation Finishing Systems (EIFS)? Yes No
 If yes, provide full details and percentage: _____%

Have you been notified of any complains/issues regarding your use of drywall products produced outside of the United States? Yes No
 If yes, provide full details and percentage: _____%

12. OWNERSHIP INTEREST AND RELATED ENTITIES

During the last five (5) years has your firm, any predecessor firm, any related entity, or any principal:

Been employed by or an office of any other firm, organization or political body? Yes No

Designed a building, component or system which might be used on more than one project? Yes No

Derived more than 50% of last fiscal year's receipts from any one client? Yes No

Sold or supplied goods or products that have been designed, fabricated or manufactured by or on behalf of your firm? Yes No

Provided inspections of residential/commercial properties for prospective buyers or lenders? Yes No

Ever held or do you now hold a patent for any product or process? Yes No

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

13. HISTORICAL INFORMATION

In the past five years:

a. Have any of the Applicant's clients made allegations or complained about the performance, non-performance, or timeliness of Applicant's products or services? Yes No

b. Have any of the Applicant's clients refused to pay, stopped paying, or requested a refund due to alleged problems with the Applicant's products or services? Yes No

c. Has the Applicant sued any of its clients for nonpayment? If Yes, provide details: Yes No

In the past five years has the Applicant or any of its past or present officers, principals, partners, directors, or employees ever been the subject of any investigation and/or disciplinary action by any government regulatory agency, certifying body, or other governmental entity? Yes No

Has any of the Applicant's past or present directors, officers, principals, owners, partners, sales persons, or employees ever been investigated and/or convicted of a felony? Yes No



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Is the Applicant aware of any fact, circumstance, situation, error or omission that can reasonably be expected to result in a claim against the Applicant? Yes No

Have any claims, suits or proceedings been brought during the past five years against the Applicant or its predecessors in business, affiliates; past or present directors, officers, principals, owners, partners, sales persons, or employees? Yes No

14. CURRENT AND PRIOR INSURANCE INFORMATION

List all Professional Liability insurance carried during the past five (5) years. If none, state "none".

Insurance Company	Policy Limit	Deductible/Retention	Premium	Policy Period

What is the first date of continuous claims made coverage? _____

What is the current policy's Retroactive Date? _____

Has the Applicant ever had an application for professional liability insurance declined or had a professional liability policy cancelled or non-renewed by the insurer? Yes No

Is there an Extended Reporting Period currently in force? Yes No

Does the applicant maintain General Liability Insurance? If Yes, specify below: Yes No

Insurance Carrier: _____ Effective Dates: _____ Limits: _____

Coverage Requested: _____ Limits: _____ Retention: _____

15. NOTICE TO APPLICANT

The undersigned Applicant represents that the statements set forth in this application and its attachments and other materials submitted to the Insurer are true and correct.

Signing of this application does not bind the Applicant or the Insurer. In the event there is any material change in the answers to the questions herein prior to the issuance date of the Policy that would render this application form inaccurate or incomplete, the Applicant will notify the Insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn.



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FRAUD WARNINGS

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

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

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

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 in the third degree.

KENTUCKY: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

KANSAS: 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.

MAINE: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

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.

PENNSYLVANIA: Any person who knowingly and with the 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 subjects such person to criminal and civil penalties.

PUERTO RICO: Any person who knowingly and with the intent to defraud presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2)



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years.

TENNESSEE, VIRGINIA & WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

Signature: _____ Print Name: _____

Title: _____ Date: _____

INSURANCE AGENCY INFORMATION (WHOLESALE)

Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax : _____

Email: _____ Agent's License #: _____

INSURANCE AGENCY INFORMATION (RETAIL)

Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax : _____

Email: _____ Agent's License #: _____