



# ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY EZ Questionnaire

## Heffernan Professional Practice Insurance Brokers (HPPIB)

**For A/E, Surveying and Landscape Architecture firms with annual gross billings from \$1 to \$3,000,000  
(or, send copy of most recent application form & current policy declarations page)**

1 Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Principal Location: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date Firm Established: \_\_\_\_\_ Email: \_\_\_\_\_

2 Is a principal, partner, officer or director a licensed architect, engineer or registered land surveyor?  Y  N

3 Is the Firm:  Corporation;  Partnership;  Professional Corporation;  Sole Proprietorship;  Other

4 Has the name of your Firm ever changed, or been party to any acquisition, consolidation, dissolution or merger?  
 Yes  No If "Yes" please detail changes on separate sheet in chronological order.

5 Number of Staff: Professional \_\_\_\_\_ Technical \_\_\_\_\_ Clerical \_\_\_\_\_ Total \_\_\_\_\_

6 A. Is your Firm currently insured?  Y  N

B. Current Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Current Limits: \$ \_\_\_\_\_ Per Claim /\$ \_\_\_\_\_ Aggregate Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

C. Does the current policy provide Full Prior Acts coverage?  Y  N  
If NO, what is your Prior Acts Date? \_\_\_\_\_

7 Please provide your professional service billing information, including billings attributable to consultants.

	Est. Billings For Current Year (MM/YR to MM/YR)	Last Completed Fiscal Year (MM/YR to MM/YR)	First Prior Completed Year (MM/YR to MM/YR)	Second Prior Completed Year (MM/YR to MM/YR)
Dates of Reporting Periods	to	to	to	to
A. Projects currently covered by specific project policy	\$	\$	\$	\$
B. Feasibility studies, reports, opinions, landscape architecture, land surveying, interior design and abandoned projects	\$	\$	\$	\$
C. All Other Billings	\$	\$	\$	\$
D. Direct Reimbursable (e.g. travel per diem, etc.)	\$	\$	\$	\$
E. Subcontract Cost	\$	\$	\$	\$
F. Total Gross Billings	\$	\$	\$	\$

8 Does the Firm subcontract services?  Y  N  
If YES, type of services subcontracted: \_\_\_\_\_

9 Are greater than 10% of your billings attributable to: (Please check the appropriate boxes below)  
Design/Build  Y  N Pollution  Y  N Product Design  Y  N Asbestos Services  Y  N  
If YES, please provide details.

10 Are you owned by or do you own another entity which provides construction related services?  Y  N  
If YES, please provide details.

11 Please indicate the percentage of the following disciplines in which your Firm is engaged: (Total MUST equal 100%)

Architecture	%	Landscape Architecture	%	HVAC Engineering	%
Civil Engineering	%	Land Surveying	%	Land Use Planning	%
Mechanical Engineering	%	Construction Mgmt (Agency)	%	Chemical Engineering	%
Electrical Engineering	%	Construction Mgmt (At Risk)	%	Interior Design / Space Planning	%
Structural Engineering	%	Project Management	%	Land Use Planning	%
Soils Engineering	%	Process Engineering	%	Geotechnical Engineering	%
Laboratory Testing	%	Environmental	%	Other (Attach Details)	%

12 Please indicate the percentage of billings derived from each project type.



HEFFERNAN INSURANCE BROKERS  
A Member of the Heffernan Group

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Airports	%	Home: Subdivision	%	Power Plants	%
Amusement Rides	%	Industrial Waste Treatment	%	Recreational/Sports	%
Apartments	%	Jails/Justice	%	Roads/Highways	%
Bridges	%	Landfills	%	Schools/Colleges	%
Churches	%	Libraries	%	Shopping Center/Retail	%
Condominiums	%	Manufacturing/Industrial	%	Site Development	%
Convention Centers	%	Mass Transit	%	Storm Water Systems	%
Dams	%	Mines	%	Traffic Studies	%
Environmental	%	Nuclear/Atomic	%	Tunnels	%
Harbors/Piers/Ports	%	Office Buildings	%	Warehouses	%
Hospitals	%	Parking Structures	%	Wastewater Systems	%
Hotels/Motels	%	Petro/Chemical	%	Waste Treatment Plan	%
Home: Custom	%	Pools/Playground	%		%
Home: Multi-Unit	%	Portable Waste Systems	%	Other (Attach Details)	%

13 A. In the past 10 years, have any claims, suits, demands been made against the firm, its predecessors or any past or present principal?  Y  N

Number: \_\_\_\_\_ Total Paid/Incurred: \$ \_\_\_\_\_ (Include reserves)

B. After Inquiry, is the Applicant aware of any act, error, omission or circumstances which may possibly result in a claim being made against them?  Y  N If YES, please attached details.

14 Risk Management

A. Does your firm:

1. Use written in-house quality control procedures?  Y  N
2. Have an automated master specification system?  Y  N
3. Have an in-house program for continuing education?  Y  N
4. Have a client selection process?  Y  N
5. Have a project selection process?  Y  N

B. What percentage of your firm's service are rendered under a written contract? \_\_\_\_%

C. What percentage of your firm's services are rendered under AIA or EJCDC standard agreements? \_\_\_\_%

D. Has your firm participated in an Organizational Peer Review?  Y  N

E. No. of employees who have had at least six hours of continuing education in the past 12 months: \_\_\_\_\_

15 What Professional Societies & Associations does the Applicant and their professional staff belong to?

***I/We hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the insurance company. It is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.***

Name of Principal, Partner or Officer \_\_\_\_\_

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** A completed and signed full application will be required in order to bind coverage and issue a policy.

**SEND TO HEFFERNAN PROFESSIONAL PRACTICE INSURANCE BROKERS (LIC # 0564249)**

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