

## PERFORM Annual Practice Application Form

1. (a) Name of Insured and all subsidiary companies to be insured under this policy, including a brief description of each entity and approximately what % of the total revenues reported in Question 3a. such operations generate:

(a) Insured Address:

(b) Contact name and phone number:

(c) Contact email address:

(d) Date Company founded:

(e) Web site:

2. (a) Description of Firm:

(b) Number of Staff (Please note if there has been greater than 5% turnover in any of these functions during the past year):

Principals	Licensed Architects/Engineers	Superintendents
Construction Managers	Other Technical Consultants	

(c) Please provide a geographical breakdown (by percentage) of your business in the U.S.

(d) Do you perform any work outside the U.S. Yes ☐ No ☐

*(If yes, please explain):*

State	% of Revenues	State	% of Revenues	State	% of Revenues	State	% of Revenues	State	% of Revenues
AL		HI		MI		NC		SC	
AR		ID		MN		ND		SD	
AK		IL		MS		OH		TN	
AZ		IN		MO		OK		TX	
CA		IA		MT		OR		UT	
CO		KS		NE		PA		VT	
CT		KY		NV		RI		VA	
DE		LA		NH		SC		WA	
DC		ME		NJ		SD		WV	
FL		MD		NM		TN		WI	
GA		MA		NY		RI		WY	

3. (a) Revenue Data (please ensure that revenues shown match those on the income statement of the most recent completed financial year):

Service Performed	Upcoming 12 months Projection of Revenues (or Fees, if applicable)	Past 12 months Revenues (or Fees, if applicable)	2 Years Prior Revenues (or Fees, if applicable)
General Construction only (No Design or CM responsibilities, GC holding only prime contract for Construction most likely on a Lump Sum contract) <b>Please report all revenues earned under such contracts.</b>			
Construction Management At-Risk (The insured entity holds the prime contract for construction, as well as a separate contract for construction management, design/assist, detail design or other professional services. Services are generally performed under a GMP (Guaranteed Maximum Cost) contract) <b>Please report all revenues earned under such contracts.</b>			
Agency Construction Manager (the insured entity performs no construction activities whatsoever; that is, it does not hold any contract(s) for construction. The Agency Construction Manager acts as the owner's representative and oversees all the work for the owner for a specific project). <b>Please report as Consulting Fees earned for such services and not as Construction Values of the projects on which such services were performed.</b>			
Design Build with In-House Design (please break out Design revenue and Construction Values)			
Design Build with Subcontracted Design (Construction Revenue)			
In-House Design Only Services for Third Parties (please report as Design revenues)			
Development, Property Management, Real Estate or Leasing Agent Fees			
Other Technical or Professional Service Fees (please explain)			

Totals:			

4. Project Types (% of your Firm's Revenues for the past 12 months attributable to the following project types which must total 100%):

Project Type	% of Work	Project Type	% of Work	Project Type	% of Work
Airports : Renovations/ New Construction		Libraries		Water Systems	
Apartments Commercial Grade/ Wood Frame		Manufacturing/ Industrial		Interior Fit out- Renovations	
Bridges		Mass Transit		Environmental Remediation	
Religious Facilities		Mines		Stadiums	
Condominiums: Commercial Grade/ Wood Frame		Nuclear/Atomic		Telecommunications	
Convention Centers		Office		Tunnels	
Dams		Parking Structures		Utilities	
Harbors/Piers/Ports		Petro/Chemical		Solar: Roof-Top Install/ Ground Based Array	
Healthcare/Hospitals: New construction/ Renovations/ Assisted Living/ Medical Offices		Power Plants		Wind Farms: Land Based/ Off Shore	
Hotels/Motels		Recreational			
Single Family Residential: Custom Homes Tract Housing		Roads/Highways			
Jails		Schools: K-12 Colleges/Higher Ed			
Landfills		Retail			
		Wastewater Treatment Plants		Total:	

5. Contracting Procedures:

(a) What percentage of your work is from repeat clients?	Largest client?
(b) What percentage of your work is negotiated?	Hard bid?
(c) Does your firm have a financial/equity interest in any projects? Yes <input type="checkbox"/> No <input type="checkbox"/>	

*If yes, please identify and describe:*

(d) % of your firm's revenue attributable to the following client types for the last complete year:	<ul style="list-style-type: none"> <li>a. Private Developers</li> <li>b. Commercial</li> <li>c. General Contractors</li> <li>d. Federal Government</li> <li>e. State Government</li> <li>f. Local Government</li> <li>g. Industrial</li> <li>h. Design Firms</li> <li>i. Other</li> </ul>
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(e) List your most recent year's number of projects by size (Construction Value):	<ul style="list-style-type: none"> <li>a. Up to \$10,000,000</li> <li>b. \$10,000,000 - \$25,000,000</li> <li>c. \$25,000,000 - \$100,000,000</li> <li>d. More than \$100,000,000</li> </ul>
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(f) What percentage of your firm's professional services or operations are performed under written contracts?	%
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(g) What percentage of your firms contracts are:

Contract Type	% of Work	Contract Type	% of Work
AIA		Client Drafted Agreements	
AGC		Purchase Orders	
DBIA		Firm's Standard Agreement	
EJCDC		Master Service Agreement	

(h) Does your firm use Limitation of Liability provisions in contracts? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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*If yes, what % of the time?*

(i) Do any projects employ and Leadership in Environmental Engineering Design (LEED) or any "Green Building" technologies/materials, energy efficiency use or certification? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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*If yes, please explain:*

(j) Do any projects employ a Building Information Modeling (BIM) or similar system? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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*If yes, explain control systems in place to safeguard security, coordination and control of design:*

(k) Is your firm privately owned? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(l) In terms of revenue, what is the value of your current Backlog?	

(m) Do you perform any work on a Fast Track basis? (i.e. begin construction before design documents are finalized)

Yes ☐ No ☐ If yes, please provide details

(n) Do you employ a Full Time Risk Manager? Yes ☐ No ☐

6. Design Services:

a. Are you ever responsible for subcontracting design services? Yes ☐ No ☐

b. What limit of Professional Liability insurance do you require from subcontracted design professionals?

c. Do you have an employee dedicated to obtaining and maintaining current Certificates of Insurance from subcontracted design professionals? Yes ☐ No ☐

7. Cyber Liability:

a. Do you hold, or are privy to or are provided or have access to private, public, personal data including, but not limited to individuals Social Security Numbers, names and addresses, birthdates and credit card information (please note that this does not apply to your own employees): Yes ☐ No ☐

*If yes, please provide details:*

b. Have you ever been the victim of a data breach or cyber attack: Yes ☐ No ☐ If yes, please provide details:

c. Have you ever filed a Cyber claim: Yes ☐ No ☐

*If yes, please provide details:*

8. Insurance Information:

a. Please identify your Firm's current General Liability Insurance Coverage Carrier

b. Does your current coverage have any of the following endorsements: CG2243, CG2279 or CG2280? Yes ☐ No ☐ If yes, which endorsements do you have?

c. What is your current Worker's Compensation Experience Modification factor?

d. Does your firm currently purchase Professional Liability Insurance? Yes ☐ No ☐

*If yes, please provide coverage information for the past 3 years: Retroactive Date?*

Insurance Carrier	Limits of Liability	Deductible	Premium

e. Does your firm currently purchase Contractors Pollution Liability Insurance? Yes ☐ No ☐

f. *If yes, please provide coverage information for the past 3 years.*

Is coverage Claims Made ☐ Occurrence ☐

g. Do you currently purchase mold and fungus coverage? Yes ☐ No ☐ Have you had any previous mold incidents/claims? Yes ☐ No ☐

*If yes please describe* Is Mold coverage Claims Made ☐ or Occurrence ☐

h. Do any projects have any known "environmental" problems, concerns or restraints? Environmental includes but is not limited to: is the project being built on "Greenfield" or "Brownfield" sites, are there any with wetlands restrictions, was the property previously used for any industrial purpose, is there any known asbestos fibers or materials in need of abatement, encapsulation or removal, any noted underground storage tanks? Yes ☐ No ☐

*If yes please describe:*

9. Claims Information:

- a. Has any claim, suit, notice or legal action been made or brought (or made earlier and still pending) against your company, its predecessors, or any past or present Principal, Partner, Officer or Director or other prospective insured party of your company? Yes ☐ No ☐

*If yes please provide the following details:*

1. Date of Claim
2. Allegations
3. Insurance Company Reserve
4. If closed, total loss payment (indemnity payment plus defense costs)
5. Defense attorney or insurance company's evaluation of claim

- b. Are you aware of any other circumstances or incidents which may result in a claim being filed against your company? Yes ☐ No ☐

*If yes, please provide details*

- c. Has any claim ever been filed by you against a design professional or Sub-Contractor? Yes ☐ No ☐  
*If yes, please provide details*

- d. Do you know of any circumstance, project problem or delay that could reasonably be expected to result in a claim? Yes ☐ No ☐

*If yes, please provide details*

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.

**DECLARATION**

I declare that the statements and particulars set forth in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

(to be signed by Authorized Representative of Insured)

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Along with this Completed and Signed Application, please attach the following support information:

Sample Contract	<input type="checkbox"/>
Sample Certificate of Insurance (if Protective coverage is purchased)	<input type="checkbox"/>
Audited Financial Statements for at least the past 2 years	<input type="checkbox"/>
Hard Copy Carrier Loss Runs for at least the past 5 years	<input type="checkbox"/>
Mold Mitigation Plan	<input type="checkbox"/>

## **FRAUD NOTICE**

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 may be guilty of a crime and may be subject to fines and confinement in prison.

### **STATE SPECIFIC PROVISIONS**

<b>Alabama</b>	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.
<b>Alaska</b>	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
<b>Arizona</b>	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
<b>Arkansas</b>	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.
<b>California</b>	For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



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.

**Delaware**

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

**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 of the third degree.

**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.

**Idaho**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky**

Any person who knowingly and with 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.

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**Louisiana**

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.

**Maine**

It is a crime to knowingly 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.

**Maryland**

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

**Minnesota**

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

**New Hampshire**

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or

misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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

**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 civil fines and criminal penalties.

**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.

**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.

**Oregon**

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

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
  - 1. Material to the risk assumed by us; or
  - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions, or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

#### **Pennsylvania**

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 subjects such person to criminal and civil penalties.

#### **Puerto Rico**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

#### **Rhode Island**

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.

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.

**Texas**

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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.

**Washington**

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.

**West Virginia**

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.

### **NORTH DAKOTA SURPLUS LINES NOTICE**

**Notice: 1. an insurer that is not licensed in this state is issuing the insurance policy that you have applied to purchase. These companies are called “nonadmitted” or “surplus lines” insurers. 2. The insurer is not subject to the financial solvency regulation and enforcement that applies to licensed insurers in this state. 3. These insurers generally do not participate in insurance guaranty funds created by state law. These guaranty funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payment as promised. 4. Some states maintain lists of approved or eligible surplus lines insurers and surplus lines producers may use only insurers on the lists. Some states issue orders that particular surplus lines insurers cannot be used. 5. For additional information about the above matters and about the insurer, you should ask questions of your insurance producer or surplus lines producer. You may also contact your insurance department consumer help line.**

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

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

**(to be signed by Authorized Representative of Insured)**

**Print Name: \_\_\_\_\_**

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

**RHODE ISLAND SURPLUS LINES NOTICE**

**NOTICE**

**THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.**

**VIRGINIA SURPLUS LINES NOTICE**

**NOTICE TO INSURED**

**THE INSURANCE POLICY THAT YOU HAVE APPLIED FOR HAS BEEN PLACED WITH OR IS BEING OBTAINED FROM AN INSURER APPROVED BY THE STATE CORPORATION COMMISSION FOR ISSUANCE OF SURPLUS LINES INSURANCE IN THE COMMONWEALTH, BUT NOT LICENSED BY OR REGULATED BY THE STATE CORPORATION COMMISSION OF THE COMMONWEALTH OF VIRGINIA. THEREFORE, YOU, THE POLICYHOLDER, AND PERSONS FILING A CLAIM AGAINST YOU ARE NOT PROTECTED UNDER THE VIRGINIA PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION ACT (§§ 38.2-1600 et seq.) OF THE CODE OF VIRGINIA AGAINST DEFAULT OF THE COMPANY DUE TO INSOLVENCY. IN THE EVENT OF INSURANCE COMPANY INSOLVENCY YOU MAY BE UNABLE TO COLLECT ANY AMOUNT OWED TO YOU BY THE COMPANY REGARDLESS OF THE TERMS OF THE INSURANCE POLICY. AND YOU MAY HAVE TO PAY FOR ANY CLAIMS MADE AGAINST YOU.**

**Surplus Lines Broker (Printed Name): \_\_\_\_\_**  
**Surplus Lines Broker (Business Address): \_\_\_\_\_**  
**Surplus Lines License# \_\_\_\_\_**



### **WEST VIRGINIA SURPLUS LINES NOTICE**

**Notice: 1. An insurer that is not licensed in this state is issuing the insurance policy that you have applied to purchase. These companies are called “nonadmitted” or “surplus lines” insurers. 2. The insurer is not subject to the financial solvency regulation and enforcement that applies to licensed insurers in this state. 3. These insurers generally do not participate in insurance guaranty funds created by state law. These guaranty funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised. 4. Some states maintain lists of approved or eligible surplus lines insurers and surplus lines brokers may use only insurers on the lists. Some states issue orders that particular surplus lines insurers cannot be used. 5. For additional information about the above matters and about the insurer, you should ask questions of your insurance agent or surplus lines licensee. You may also contact your insurance commission consumer help line.**

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

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

**(to be signed by Authorized Representative of Insured)**

**Print Name: \_\_\_\_\_**

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