

**Architects/Engineers (A/E) Professional Liability Questionnaire For  
A/E, Surveying and Landscape Architecture Firms**

1. Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Principal Location: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Website: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

3. A. Is your firm currently insured?  Y  N Date Firm Established \_\_\_\_\_

B. Current carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current Limits of Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

C. What is your Prior Acts/Retro Active date: \_\_\_\_\_

4. Please provide your professional service billing information, including billings attributed to consultants.

	<b>Second Most Recently Completed Fiscal Year</b>	<b>Most Recently Completed Year</b>	<b>Current Year Estimated Billings</b>
<b>A. Feasibility studies, reports, opinions, landscape architecture, land surveying, interior design &amp; abandoned projects</b>	\$ _____	\$ _____	\$ _____
<b>B. All other professional services billings</b>	\$ _____	\$ _____	\$ _____
<b>C. Direct reimbursables (e.g., travel per diem, etc.)</b>	\$ _____	\$ _____	\$ _____
<b>D. Fees paid to consultants</b>	\$ _____	\$ _____	\$ _____
<b>E. Total of A through D</b>	\$ _____	\$ _____	\$ _____

5. Are greater than 10% of your billings attributable to any of the following: *(If yes, please explain in Question 11)*

Design/Build  Y  N Pollution  Y  N Product Design  Y  N Asbestos Services  Y  N

6. Are you owned by or do you own another entity which provides construction or real estate related services?  Y  N  
*(If yes, please provide details in Question 11)*

7A. Please indicate the percentage of the following disciplines in which the Applicant is engaged: *(Must Total 100%)*

_____ % Architecture	_____ % Land Surveying
_____ % Interior Design	_____ % Mechanical Engineering
_____ % Civil Engineering	_____ % Sanitary Engineering
_____ % Construction Management	_____ % Structural Engineering
_____ % Electrical Engineering	_____ % Transportation Engineering
_____ % Full Service A/E Firm	_____ % Other: _____
_____ % HVAC Engineering	_____ % Other: _____
_____ % Landscape Architecture	

7B. Please indicate the percentage of billings derived from each project type: (Must Total 100%)

_____ % Air Quality	_____ % Environmental Impact Statements	_____ % Rqy gt'Rrcpw
_____ % Apartments	_____ % Highways/Roads	_____ % Religious
_____ % Bridges	_____ % Hospitals	_____ % Sewer/Water Lines
_____ % Dtkf i gu"o qtg'y cp'722'hw	_____ % Industrial	_____ % Shopping Centers
_____ % Condominiums	_____ % Mass Transit Lines	_____ % Site Development
_____ % Convention Centers	_____ % Municipal Water Systems	_____ % Subdivision/Tract Housing
_____ % Correctional Facilities	_____ % Office Buildings	_____ % Subsidized Housing
_____ % Custom Homes	_____ % Parking Garages	_____ % Warehouses
_____ % Educational	_____ % Hotels/Motels	_____ % Wastewater Treatment
		_____ % Other _____

8. Indicate the types of clients: (Must Total 100%)

Commercial _____ %	Developers _____ %	Institutional _____ %
Contractors _____ %	Governmental _____ %	Lending Institutions _____ %
Design Professionals _____ %	Industrial _____ %	Owners acting as builders _____ %
		Other (please specify): _____ %

9. A. In the past 10 years have any claims, suits or demands been made against the firm, its predecessor or any past or present principal? \_\_\_Y \_\_\_N # of claims \_\_\_\_\_ Total Paid/Incurred (incl. reserves): \_\_\_\_\_

B. After inquiry, is the Applicant aware of any act, error, omission or circumstance that may possibly result in a claim being made against them? \_\_\_Y \_\_\_N (If yes, please explain in Question 11, below)

10. Risk Management

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. Number of employees who have had at least six hours of continuing education in the past 12 months. _____		
5. Use written contracts on at least 90% of your projects?	_____ Y	_____ N
6. Provide professional services for any client in which any member of the firm or their relatives own a financial interest or serves as an officer, director, trustee or partner?	_____ Y	_____ N
7. Participate in any written joint venture agreements?	_____ Y	_____ N
8. Use at least 70% of your consultants that are covered by professional liability insurance?	_____ Y	_____ N

11. Explanations to "Yes" Answers: (Questions 5, 6 or 9)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. We have \_\_\_\_\_ total staff categorized as follows: Licensed Professionals \_\_\_\_\_ Technical \_\_\_\_\_ Office \_\_\_\_\_

13. List professional society memberships:

\_\_\_AIA    \_\_\_NSPE    \_\_\_ACEC    \_\_\_ASLA    \_\_\_ASCE    \_\_\_ASME

\_\_\_ASID    \_\_\_ASGCA    Other (please specify) \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**     Search Engine     Referred     Google Adwords     Direct Mail     Other

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

Name (please print): \_\_\_\_\_

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

**Please return by mail or fax to:**

**RISKPRO INSURANCE AGENCY, LLC**  
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**DALLAS, TEXAS 75251**  
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