Stuckey & Company

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Architects & Engineers Professional Application

Please answer all questions completely. If there is insufficeient space to complete an answer, continue on a separate sheet of the firm's letterhead. This form must be completed, signed and dated by a principal, partner or officer of the firm. Please type or print.

Note: The insurance for which you are applying is written on a claims made and reported basis, only claims first made against the insured and reported to the company during the policy period or extended reporting period, if applicable, are covered subject to the policy provisions.

	Co	ntact Information		
Applicant Name: Mailing Address: Business Description:				
Owner:		Phone:		000000000000000000000000000000000000000
	Bus	siness Information		
Type of entity:		Years in Business	?	
Geographic extent of services (must total 100	%):	Domestic	Foreign	
	Fin	ancial and Staffing		
Past 12 month reporting period gross billin Reporting Period: Projects insured under separate project portion for next 12 months Number of Personnel- Principal, Partner, Officer or Director Technical (other than above)	to	Gross Billings Licensed	Construction Values	
Support, Administrative or Clerical Total	-			

Professional Disciplines

Type of Services- based on the firm's billings, please indicate the approximate percentage of professional services listed below

Accoustical Engineering	Draftsmen	Marine Eng. / Surveying
Aerospace Engineers	Electrical Engineering	Master Planning
Agricultural Engineers	Elevator Inspectors	Materials Engineers
Architecture- Commercial	Environmental Engineering	Mechanical Engineering
Architects- Residential	Excavation Contractors	Metallurgical Engineers
Automotive Engineers	Expert Witness / Consultant	Nuclear Engineers
Building Code Inspector	Forensic Engineering	OSHA Consultants
Biomedical Engineers	Forensic Testing	Roofing Consultants
Chemical Engineers	Geotechnical Engineers	Safety Engineer/Consultant
	HVAC Engineering	Sanitary Engineer
Civil Engineering	Interior Design	Software Engineering
City Planners	Irrigation Designers	Structural Engineers
Computer Engineering	Laboratory Testing	 Textile Engineer
Communication Engineering	 Land Surveying	 Traffic
Construction Mgmt (Agency)	Landscape Architecture	Utility Consultants
Construction Mgmt (At Risk)	Lighting Design	Water Testing & Analysis
Control Systems Eng.	Mapping	 Total:
	Types of Projects	
pe of Projects- based on the firms e firm is in engaged.	s's gross billings, please indicate approximat	te percentage of projects listed below in wh
Airports	Libraries	Schools / Colleges
Apartments	Manufacturing / Industrial	Sewage Systems
Amusement Rides	— — — — — — — — — — — — — — — — — — —	Shopping Center / Retail

Airports	Libraries	Schools / Colleges
Apartments	Manufacturing / Industrial	Sewage Systems
Amusement Rides	Mass Transit	Shopping Center / Retail
Arenas / Statiums	Multi-Family / HUD	Single Family Houses
Bridges	Municipal Buildings	(subdivisions) Single Family Houses
Convention Centers	Nuclear / Atomic	(custom) Superfund Sites
Correctional Facilities	Office Buildings	Technology Products
Condominiums	Parking Structures	Tunnels
Courts / Justice	Pipelines / Petrochemical	Warehouses
Harbors / Piers / Dams	Pools	Wastewater Treatment
Hospitals / Health Care	Quarries / Mines	Water Systems
Hotels / Motels	Recreation / Sports	Utilities
Industrial Waste Water	Religious	Other
Landfills	Roads / Highways	Description
		Total:

Project Delivery

Contractual Responsibility / Project Delivery- based on the fit contractual responsibility undertaken.	rm's gross billings, please indicate the approxima	ate percentag	ge of
Design Only, with no construction phase responsibility			
Design with observation of construction duties			
Observation of contruction only			
Design with Construction Responsibility (Construction in-house or subcontracted)			
Construction with design Responsibility (All Design subcontracted)			
Fast Track			
Other (Describe)			
Total	·		
Business Practice	/ Risk Management		
Indicate the approximate percentage of your gross billings deriv	ed from repeat clients:		
Does the firm use written agreements on every project?		☐ Yes ☐	No
Does the firm have legal counsel or insurance professionals review written agreements prior to implementing?			No
Has the firm implemented a limitation of liability clause in 100%	of its professional service agreements?	☐ Yes ☐	No
If no, please indicate the approximate percentage of executed contracts containing these clauses?			
Has the firm participated in a "peer review" sponsored by the AIA, NSPE or other organization?			No
If yes, when was this last completed?			
Does the firm has a written in-house quality control procedure?			No
If yes, when was this last updated?			
Does the firm have an in-house continuing education program for employees?			No
What percent of your firm's projects utilize Building Information Modeling (BIM)?			
What CAD program(s) do you use at your firm?			
Sub-Contrac	ted Services		
Does the firm subconract professional services?] No
Indicate the percentage of sub-consultants that maintain professional liability:			
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Joint V	entures		
Does the firm participate in joint ventures?		☐ Yes ☐] No
If yes, please describe the firm's involvement			
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Current E&O Insurance and Claims History Current Insurer: Expiration Date: Limit of Insurance: Retro Date Insurance Contact Name: Phone: Email: Have any claims been made or legal action been brought against the firm, it's predecessor(s), any past or ☐ Yes ☐ No present principals, partners, directors, or officers in the past FIVE years? What is the total # of claims made against firm in the past FIVE years? What is the total amount of claims payment (expense & indemnity) in the past FIVE years? **Quoting Options: E&O Limits, Deductibles and Coverage** Limits of Liability: Each Claim Aggregate Deductible per Claim: Coverage Options: ☐ Aggregate Deductible Endorsement ☐ Claims Expense Outside the Limit ☐ First Dollar Defense ☐ Worldwide Coverage **Professional Memberships and Conventions Attended Professional Memberships** Conventions Attended ACEC National AIA National AEA AIEE NSPE/PEPP AEE ACEC AIA Trust AIA National State ASCE WEC Other: ASME NSPE/PEPP SEA SEAC Other: **Publications and Websites Professional Publications** Websites AIA Trust AlArchitect Am. Consul. Eng Architecture Magazine NSPE Architectural Record ☐ Planet AEC Civil Engineering LinkedIn **ENR** Other: **Engineering Times**

Other: _____

Business Owners Package Insurance Have any Property or General Liability claims been reported or paid in the last FIVE years? ☐ Yes ☐ No If Yes, please provide Details. **Property Limits: Building Limit:** Personal Property: **Business Computer:** Personal Property of Others: Employee Dishonesty: Property in Transit: **Building Characteristics** Are functioning burglar alarms present? Yes No Is all electrical wiring connected to functional and operational circuit breakers? Yes No Are there functioning smoke and heat detectors in all units and/or occupancies? Yes No Is aluminum wiring present in the building? Yes No Property Protection Class (1-10): Building Construction (please check one): Frame- Building is made from a wood frame. ☐ Joisted Masonry- Outside walls are constructed with bricks/cinder blocks, roof is made of wood. ☐ Masonry Non-Combustible- Same as Joisted Masonry, except roof is steel. ☐ Fire Resistive- Structural steel framing, reinforced concrete outside / load bearing walls. **Workers Compensation Insurance** Please indicate the Payroll for the following Classes: Architects and Engineers: Clerical: Outside Salespeople: **Applicant Signature** The undersigned authorized representative of the applicant, based upon reasonable inquiry, warrants to the best of it's knowlege that the statements set forth herein are true and include all material information. The Applicant further warrants that if the information supplied on this application changes materially between the date of this application and the inception date of the policy, it will immediately notify the insurance company of the changes Signing of this application does not bind the Company to offer nor the Applicant to accept insurance, but it is agreed that this application shall be a basis of the insurance and it will be attached and made a part of the policyshould a policy be issued. Signature of Applicant: Date: _____ Title: _____