

A/E EZ Questionnaire

For A/E, Surveying and Landscape Architecture firms with annual gross billings from \$0 to \$500,000

1. Firm Name: _____ Contact Name: _____
 Principal Location: _____ Telephone: _____
 City: _____ State: _____ Zip Code: _____ Fax: _____

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 _____ Current premium _____

C. Does the current policy provide full Prior Acts coverage? Y N

If so, what is your Prior Acts date? _____

D. Number of years continuously insured? _____

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

	Most Recently Completed Fiscal Year	Second Most Recently Completed Year	Estimated Billings
Dates of Reporting Periods	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 Reimbursables (e.g. travel per diem, etc.)	\$	\$	\$
E. Total Gross Billings	\$	\$	\$

5. Are greater than 10% of your billings attributable to: (Please check the appropriate boxes below) If yes, please explain in Question 10.

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 related services? Y N
 If yes, please provide details in Question 10.

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

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

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

- | | |
|-------------------------------|---------------------------------|
| _____ % Commercial Buildings | _____ % Bridges |
| _____ % Industrial | _____ % Chemical/Petro Chemical |
| _____ % Manufacturing | _____ % Condos |
| _____ % Residential Buildings | _____ % Convention Centers |
| _____ % Roads | _____ % Dams |
| _____ % Sewage | _____ % Jails/Justices |
| _____ % Transportation | _____ % Tunnels |
| _____ % Water | _____ % Other: _____ |

8. A. In the past 10 years have any claims, suits, demands been made against the firm, its predecessor or any past or present principal? Y N
 Number _____ Total Paid/Incurred _____
 (Includes reserves)

B. After inquiry, is the Applicant aware of any act, error, omission or circumstance which may possibly result in a claim being made against them? If yes, please explain in Question 10. below: Y N

9. Risk Management

A. Does your firm:

- | | |
|---|---|
| 1. Use written in-house quality control procedures? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Have an automated master specification system? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Have an in-house program for continuing education? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Have a TQM program? | <input type="checkbox"/> Y <input type="checkbox"/> N |

B. Has your firm:

- | | |
|--|---|
| 1. Participated in an Organizational Peer Review? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Completed the Schinnerer Voluntary Education Program? | <input type="checkbox"/> Y <input type="checkbox"/> N |

C. Number of employees who have had at least six hours of continuing education in the past 12 months: _____

D. Please list the percentage of your firm's services rendered under AIA or EJCDC standard forms of agreement: _____ %

10. Explanations to "Yes" answers: _____

11. For Surveyors Only

A. Are all registered land surveyor members of ACSM? Y N

B. Services percentage breakdown should total 100%.

- | |
|--|
| _____ % Subdivision Work, Topographic, Construction Stakeout, Hydrographic |
| _____ % Engineering Services |
| _____ % All Other Services |

NOTE: A completed and signed CNA program application will be required in order to issue a policy.

Please fax new business questionnaires to: (301) 951-5444