



ALPHA
SPECIALTY PROGRAMS
A division of Southern Insurance Underwriters Inc.

Development, Design and Construction
Professional Liability Renewal Application



1) Insured's General Information:

a. Named Insured

Company Name:			
D.B.A.:			
Date Established:			
Address:			
State:		Zip :	
Website:			

b. Key Principals, Partners and Employees

Full Name	Professional Qualifications	Date Qualified	Time with applicant	Other information:

2) Operations:

- a. Please apply the annual percentage of billings derived from the below services. To equal 100%.
Design and Technical Consulting:

Architect	%	Mechanical Engineer	%
Civil Engineer	%	Process Engineer/ Consulting	%
Chemical Engineer	%	Right Of Way/ Landman Consulting	%
Non-Licensed Drafting	%	Roofing Inspections/ Consulting	%
Electrical Engineer	%	Safety Consulting	%
Energy Consultant	%	Soils/ Geotechnical Engineer	%
Industrial Engineer	%	Structural Engineer	%
Leed Design/ Consulting	%	Systems Integration Consulting	%
Utility Location Services	%	Surveying	%
Machine Engineer	%	Welding & Nondestructive Inspections	%
Mapping / GIS	%	Other:	%
Other:	%	Other:	%

Construction Management and Contractor Services:

Concrete Contracting	%	Mechanical/ HVAC Contracting	%
Curtain Wall Glazing Contracting	%	Roofing Contracting	%
Electrical Contracting	%	Soils/ Foundation Contracting	%
Environmental Contracting	%	Wastewater/ Sewer Contracting	%
Fire Suppression System Contracting	%	*Agency Construction Management	%
Interior Contracting	%	*At-Risk Construction Management	%
Landscape Contracting	%	*Construction Cost Estimator Services	%
Masonry Contracting	%	Other:	%

*not providing actual contracting only management / consulting services



Development and other Real Estate Services:

Real Estate Agent/ Broker Services	%	Full Time:		Part Time:	
Property Management Services	%	Full Time:		Part Time:	
Asset Management Services	%	Full Time:		Part Time:	
Placeholder	%	Other:			%

b. Does the applicant provide any services on any project or for any entity in which the applicant or any related entity has any ownership?

YES _____ **No** _____

Provide more detail if checked yes above:

c. Does the applicant or any related entity have any ownership in any other company?

YES _____ **No** _____

Provide more detail if checked yes above:

Full Name of related entity:	What is the relationship to the applicant?	Are the operations associated to the applicant's?	Length of time with applicant	Please Provide a description of operations:



d. Please provide the approximate percentage of billings per each below service category:

1. Design with supervisory services	%
2. Design without supervisory services	%
3. Feasibilities studies, reports and surveys not resulting in design	%
4. Construction/ Project Management without design	%
5. Inspection of buildings or structures	%
6. Manufacture, sale or distribution of any product, material, good etc.	%
7. Development of any computer software	%
8. Construction, fabrication or erection services	%
9. Real estate rental, leasing or sales	%
10. Development of real estate with ownership interest*	%
11. Development of real estate without ownership interest*	%
12. Other* _____	%

*if there is any percentage listed in 2.f.10, 11, or 12 please provide more specificity to your operations:

Question 2.f. 10, 11 & 12:

3) Projects:

a) Please provide the approximate percentage of billings derived from the below project types:

Airports	%	Municipal Buildings	%	Underground Storage	%
Alternative Energy	%	Nuclear / Atomic	%	Utilities	%
Amusement Rides	%	Office Buildings	%	Warehouses	%
Apartments	%	Parking Structures	%	Wastewater Treatment	%
Arenas/ Stadiums/ Theaters	%	Oil and Gas Pipeline	%	Water Systems & Sewer	%
Bridges	%	Pools/ Playgrounds	%	Well Site (onshore)	%
Condos	%	Pre-Engineered Structure	%	Well Site (offshore)	%
Convention Centers	%	Recreation	%	Other: _____	%
Dams	%	Residential Homes	%	Other: _____	%



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Harbors/ Piers	%	Roads and Highways	%	Other: _____	%
Hospital/ Healthcare	%	Telecommunications	%		
Hotel/ Motel	%	Townhouses	%		
Industrial/ Refineries	%	Tract Homes	%		
Jails	%	Tunnels	%		

*If any condo project please answer question 3b.

- b) Please advise the percentage of condo projects that are conversions/ remodels: _____
- c) Please list the states and the percentage of billings for the applicant's services

State	Percentage	State	Percentage
	%		%
	%		%
	%		%

4) Income

- a) Please provide the applicable annual income/ construction cost figures for the categories below. Each column is representative of the types of services offered. Fill out the column most applicable to your operations.

	1) Fee Based Services	2) Construction/ Contracting	3) Development Operations	4) Other : _____
Last Year	Income: \$ _____	Income: \$ _____ Construction Values/ Cost: \$ _____	Income: \$ _____ Construction Values/ Cost: \$ _____	\$ _____
Current Year to Date	Income: \$ _____	Income: \$ _____ Construction Values/ Cost: \$ _____	Income: \$ _____ Construction Values/ Cost: \$ _____	\$ _____
Current Year Annual Projection	Income: \$ _____	Income: \$ _____ Construction Values/ Cost: \$ _____	Income: \$ _____ Construction Values/ Cost: \$ _____	\$ _____
Next Year Annual Projection	Income: \$ _____	Income: \$ _____ Construction Values/ Cost: \$ _____	Income: \$ _____ Construction Values/ Cost: \$ _____	\$ _____



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b) Please list your total annual gross revenues for the past 5 years below:

Year	Gross Revenues
2024	\$ (Annual Projection)
2023	\$
2022	\$
2021	\$
2020	\$

c) Please list below your 5 largest projects in the past 5 years

Project Name	Total Project Cost	Total fees/ Revenues Earned	Start Date	Stop Date
1.				
2.				
3.				
4.				
5.				

5) Risk Management

a) Does the applicant follow written in-house quality control procedures?

Yes _____ **No** _____

b) Does the applicant participate in continuing education for its employee?

Yes _____ **No** _____

c) What percentage of employees have participated in at least 6 hours of continuing education in the past 12 months?

%

d) Please provide the percentage of projects where the insured uses written contracts?

%

e) What percentage of contracts does the applicant use limitation of liability clauses in their favor?

%

f) What percentage of contracts does the applicant negotiate provisions for mediation or other alternative dispute resolutions?

%

g) If non-standard contracts or modified AIA contracts are being used, what percentage are reviewed by the applicant's legal counsel prior to signing?

%



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h) Does the applicant subcontract any services?

Yes _____ **No** _____

If yes, do you require proof of professional and general liability coverage from your sub-consultants/ sub-contractors?

Yes _____ **No** _____ **n/a** _____

If you sub out services please fill out the below table

Please list the types of services you sub-out to others	Entity/ Consultants Name	Professional Liability Limits	General Liability Limits
1.			
2.			
3.			
4.			
5.			

6) Insurance:

a. Please provide the applicant's current general liability coverage:

Insurer	Type of coverage	Limits		Effective to
		BI	PD	



The undersigned Applicant represents that the statements set forth in this application and its attachments and other materials submitted to the Insurer are true and correct.

Signing of this application does not bind the Applicant or the Insurer. In the event there is any material change in the answers to the questions herein prior to the issuance date of the Policy that would render this application form inaccurate or incomplete, the Applicant will notify the Insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn.

FRAUD Warnings NOTICE: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states may be subject to fines and confinement in prison.

Arkansas, 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.

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.

Colorado 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Louisiana, 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.

Maine, Tennessee, Virginia, 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 may include imprisonment, fines, and denial of insurance benefits.

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

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.

Ohio Any person who, with intent to defraud or knowing that he/she 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.



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

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.

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.

Name of applicant: _____ Title: _____

Signature:

Date: _____