

ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY JOINT VENTURE INFORMATION SHEET

In the past 10 years, or for the projected year, have you been or will be a member in a Joint Venture?

YES If YES, complete the remainder of this form.

NO If NO, complete Question #1, sign, date & return the form to our office.

1. Name of Applicant/Firm: _____

2. General Project Information:

A. Legal Name of Joint Venture Entity: _____

B. Name & Description of Project: _____

C. Location of Project: _____

D. Owner of Project: _____

3. Other Joint Venture Member(s):

a) Name & Location of Other Member Firm(s): _____

b) Services rendered by Other Member(s): _____

4. Specify services sublet or subcontracted to other firms: _____

5. Total Joint Venture Construction Values: \$ _____

6. Joint Venture Billings:

a) Total Joint Venture Billings: \$ _____

b) Total Billings to be collected by Applicant during each of the following time periods:

Second Past Fiscal Year: \$ _____

Immediate Past Fiscal Year: \$ _____

Projection for Current Fiscal Year: \$ _____

7. Project Schedule:

a) Joint Venture Contract Signing Date: _____

b) Design Dates: Beginning: _____ Ending: _____

c) Percentage of Design Completed: _____ %

d) Construction Dates: Beginning: _____ Ending: _____

8. Has the Applicant's Joint Venture Professional Liability been insured to date? YES NO

If YES, please provide full details of coverage, including name of Insurer, Limit of Liability, Deductible & Expiration Date of Coverage.

9. Has the Other Members' Joint Venture Professional Liability been insured to date? YES NO

If YES, please provide details as requested in Question #8.

10. Does, has or will the Applicant maintain any ownership interest in the Joint Venture project?

YES NO *If YES, provide the percentage of ownership maintained: _____ %*

11. Have any claims involving Professional Services performed on this project ever been made against the Applicant, other Joint Venture members, predecessors in business or any other person for whom coverage is requested?

YES *If YES, provide full details, including name of claimant, allegations of claim, date of claim, demand amount, amount paid & current status of the claim.*
 NO

12. After inquiry, is the Applicant, predecessors in business or any other person for whom insurance is requested aware of any act, error, omission or circumstance which may result in a claim being made against them with respect to this project?

YES *If YES, provide complete details & indicate if such circumstance has been reported to current or past liability carrier.*
 NO

I UNDERSTAND THAT THIS INFORMATION SHEET IS ATTACHED TO & IS MADE A PART OF THE ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY APPLICATION & IS SUBJECT TO THE SAME REPRESENTATIONS & CONDITIONS.

Signature of Owner, Partner or Principal



Date _____

(Please Print Name)

(Title)

PLEASE RETURN THE COMPLETED FORM TO:
Alexander & Sanders Insurance, a division of BXS Insurance
asinfo@bxsi.com

LIST OF LARGEST PROJECTS

Name of Project: _____ Client's Name: _____
Location: _____ Year Completed: _____
Description of Project: _____
Services Performed by your Firm: _____
Your Total GROSS RECEIPTS From This Project: _____ Construction Value of Your Project: _____

Name of Project: _____ Client's Name: _____
Location: _____ Year Completed: _____
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Location: _____ Year Completed: _____
Description of Project: _____
Services Performed by your Firm: _____
Your Total GROSS RECEIPTS From This Project: _____ Construction Value of Your Project: _____

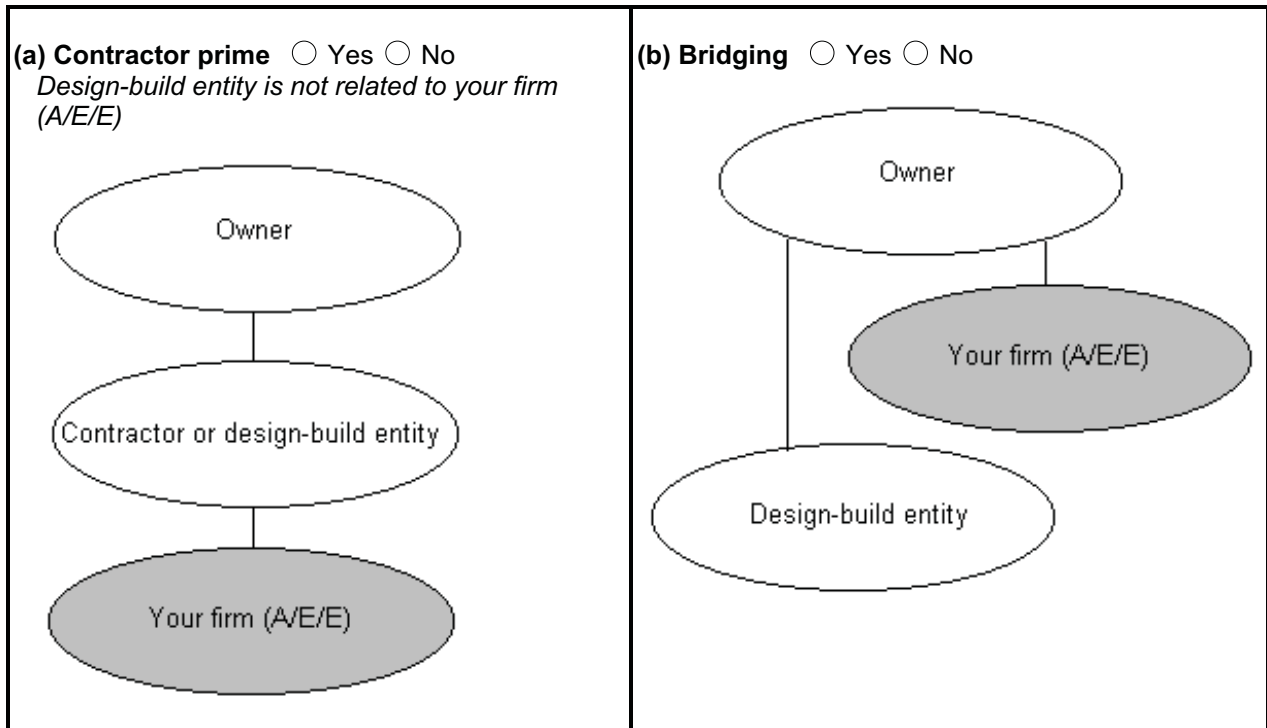
Name of Project: _____ Client's Name: _____
Location: _____ Year Completed: _____
Description of Project: _____
Services Performed by your Firm: _____
Your Total GROSS RECEIPTS From This Project: _____ Construction Value of Your Project: _____

DESIGN-BUILD QUESTIONNAIRE

Firm's name _____

Review the diagrams below and indicate which diagram(s) reflects the contractual relationship(s) of your design-build activities: *(Lines indicate the contractual relationship; shading indicates your A/E/E firm.)*

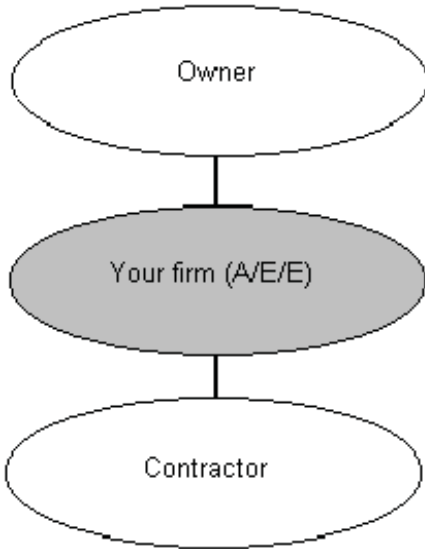
- (a) Contractor or other entity prime --- A/E/E firm is retained by this prime for design services.
- (b) Bridging --- A/E/E firm is retained by owner and has no contractual relationship with the design-build entity.
- (c) A/E/E prime --- A/E/E firm acts as the single point of contact for the owner on a design-build project and subcontracts the "build" to the contractor.
- (d) Design-build shell entity --- entity is comprised of and is owned in whole or in part by the A/E/E firm and contractor. All design and construction are subcontracted to contractor and A/E/E firm. No design or construction is performed by the "shell" entity.
- (e) Design-build entity --- both design and construction are performed in-house by the design-build entity.
- (f) Other form of design-build.



If all of your design-build GROSS RECEIPTS were derived from projects as described in (a) and (b) above, STOP.

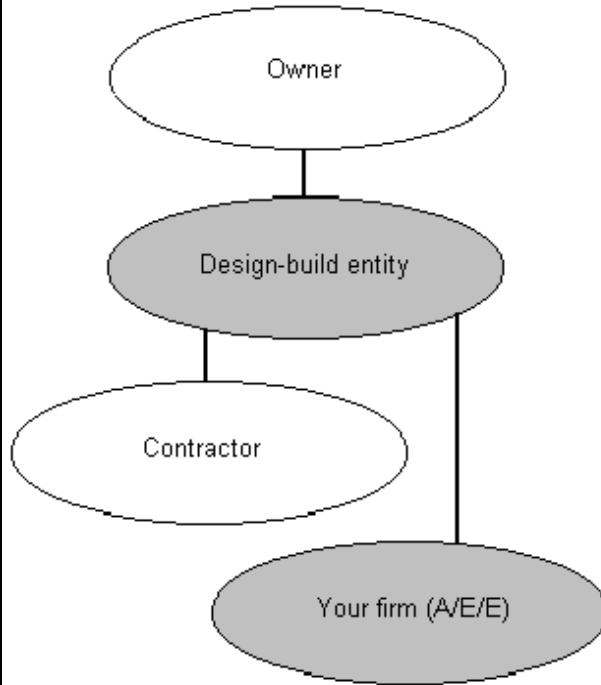
You don't need to complete the rest of this questionnaire.

(c) A/E/E prime Yes No



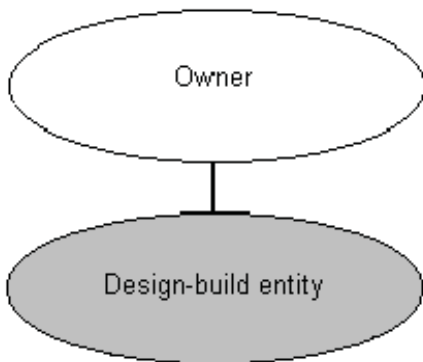
Provide copies of the contracts between your firm and owner, and firm and contractor.*

(d) Design-build shell entity Yes No



Provide copies of the contracts between 1) your firm, the contractor and any other parties establishing the design-build entity and 2) your firm and your client.*

(e) Design-build entity Yes No



This design-build entity is comprised of contractor and A/E/E in-house and performs design and construction.

(f) Other form of design-build Yes No

If yes, identify and diagram.

Number of Design-Build Projects/Design Fees and Construction Costs

When	Number of Projects	Design Fees	Construction Costs
Estimated current year		\$	\$
Last complete year		\$	\$
Two years ago		\$	\$
Three years ago		\$	\$

1. How was the design-build entity selected by owner?

- Quality-based selection
 Past experience
 Other (Explain)
 Pre-qualified
 Bid

2. Was insurance required of all design-build team members? Yes No

If no, explain.

*** If you use unmodified standard professional association forms, provide form numbers only, not copies.**

ABANDONED PROJECTS QUESTIONNAIRE

Firm's name

1. Name of project: _____
2. Location: _____
3. Description of project: _____
4. Services provided by your firm: _____

5. Your total **GROSS RECEIPTS** from this project:

Current year: _____ Last complete year: _____ Two years ago: _____ Three years ago: _____

6. Why was the project abandoned (reinstated)? _____

-
1. Name of project: _____
 2. Location: _____
 3. Description of project: _____
 4. Services provided by your firm: _____

5. Your total **GROSS RECEIPTS** from this project:

Current year: _____ Last complete year: _____ Two years ago: _____ Three years ago: _____

6. Why was the project abandoned (reinstated)? _____

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1. Name of project: _____
 2. Location: _____
 3. Description of project: _____
 4. Services provided by your firm: _____

5. Your total **GROSS RECEIPTS** from this project:

Current year: _____ Last complete year: _____ Two years ago: _____ Three years ago: _____

6. Why was the project abandoned (reinstated)? _____

ENTITY OWNERSHIP QUESTIONNAIRE

Firm's Name

Our Professional Liability Insurance Policy does **NOT** cover claims against your firm by any other **ENTITY** insured under the policy, or any **ENTITY** that maintains an ownership interest in your firm. **ENTITY** means any legally separate enterprise, e.g., Sole Proprietorship, Corporation, Partnership, Limited Liability Corporation, Limited Liability Partnership, Joint Venture.

Except for third party claims, our Professional Liability Insurance Policy does **NOT** cover claims against your firm by any **ENTITY** in which your firm or any **KEY PERSONNEL** maintain a cumulative ownership interest greater than ten percent (10%).

Does your firm or any **KEY PERSONNEL** maintain a cumulative ownership interest greater than ten percent (10%) in any other **ENTITY**? Yes No *If yes, complete the remainder of this form.*

Provide the following information for each **ENTITY** in which your firm or any **KEY PERSONNEL** maintain a cumulative ownership interest greater than ten percent (10%).

1. Name of the **ENTITY**: _____
2. Location: _____
3. Description of **ENTITY**: _____
4. Gross Revenue of the **ENTITY**: \$ _____
5. Description of the services provided by your firm to the **ENTITY**:

6. The dollar value of the services provided: \$ _____

7. List all Owners of the **ENTITY** & the percentage owned by each:

Name:	%
Name:	%
Name:	%
Name:	%
Name:	%
Name:	%
Name:	%
	100%

8. Does your firm request coverage for the percentage owned by others? Yes No
(Coverage is subject to our underwriting guidelines & rates.)

