



# WESTERN SURPLUS LINES AGENCY, INC.

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## Architects & Engineers Supplemental Application

1. Name of applicant: \_\_\_\_\_
2. Mailing address: \_\_\_\_\_ Phone No. \_\_\_\_\_
3. Date established \_\_\_\_\_  Corporation  Partnership  Individual
4. During the past five years has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place?  Yes  No If yes, please give full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. a. Is the firm engaged in, owned by, associated with or controlled by any other business?  Yes  No  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

b. Fees & Receipts/Construction Values \_\_\_\_\_

	Estimate for Coming Year	Present 12 Months	Previous 12 Months
Dates	From _____ to _____	From _____ to _____	From _____ to _____
Domestic Operations			
a. Construction Values	_____	_____	_____
b. Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures)	_____	_____	_____
Foreign Operations			
a. Construction Values	_____	_____	_____
b. Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures)	_____	_____	_____

6. Professional activities and specialty (Attach narrative description if necessary)
  - a. Describe in detail the professional activities for which coverage is desired and indicate percentage of gross receipts derived from each activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Please attach separately lists of:
    - (i) five largest projects and description of work performed for each;
    - (ii) names of partners, key employees, etc. and their professional qualifications including resources.
  - c. Please attach copies of:
    - (i) advertisements, brochures, descriptive literature;
    - (ii) sample contract between you and your clients outlining services to be rendered;
    - (iii) latest financial data (Annual Report or Balance Sheet).

7. Total Personnel: (including those listed in 6.b.(ii)) \_\_\_\_\_
- |                               |   |
|-------------------------------|---|
| a. Number of Engineers _____  | e. Number of Fieldmen (roadmen, chainmen, etc.) _____ |
| b. Number of Surveyors _____  | f. Number of Draftsmen _____                          |
| c. Number of Architects _____ | g. Number of Technical Employees _____                |
| d. Number of Inspectors _____ | h. Number of Clerical & Accounting Employees _____    |

8. States in which licensed? \_\_\_\_\_

9. Please indicate the approximate percentages of the professions in which your firm is engaged:

Architects _____ %	Electrical Eng. _____ %	Naval/Marine _____ %	Const. Mgmt. _____ %
Build. Designers _____ %	HVAC Eng. _____ %	Process Eng. _____ %	Soil Eng. _____ %
Civil Eng. _____ %	Land Surveyors _____ %	Struct. Eng. _____ %	Others not shown
Design/Const. _____ %	Mechanical Eng. _____ %	Testing Lab _____ %	please specify below:
Environmental Eng. _____ %	Interior Design _____ %		

10. Has the applicant ever provided any service other than noted under Question 9?  Yes  No If yes, please explain. \_\_\_\_\_

11. Does the applicant's practice involve any subletting or subcontracting of work to others?  Yes  No If yes, please specify what is sublet or subcontracted. \_\_\_\_\_

12. Foreign work?  Yes  No If yes, please give full details: \_\_\_\_\_

13. Have any of those listed in item 6.b.(ii) ever been the subject of disciplinary action by authorities as a result of their professional activities?  Yes  No If yes, please give details: \_\_\_\_\_

14. What professional association does the applicant belong to? \_\_\_\_\_

15. Please indicate the type and approximate percentage of work under each heading:

**I. Type of Services**

Work in connection with:

a. Feasibility studies, reports, surveys where applicant is not involved in design	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
b. Design without supervisory services	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
c. Design and Observation	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
d. Boundary Surveys	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
e. Soil Testing	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
f. Sewerage Systems	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
g. Water systems	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
h. Foundations	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
i. Interior Design	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
j. HVAC, plumbing & electricity	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
k. Naval/Marine	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
l. Work as construction managers	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
m. Testing labs	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
n. Materials handling	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
o. Disposal or handling of hazardous waste	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
p. Other	<input type="checkbox"/> None	<input type="checkbox"/> Yes _____ %
	Total	_____ 100%

Please specify the percentages relative to the applicant's total work volume

Services not resulting in construction	_____	%
Design with no construction phase services	_____	%
Design with periodic inspection of construction to ensure design compliance (per AIA/ACEC/NSPE contracts)	_____	%
Design with responsibility for directing the contractor	_____	%
Other _____	_____	%
<b>Total</b>	<b>100</b>	<b>%</b>

**II. Type of Projects**

Work in connection with:

- a. Private dwelling, apts., and condominiums  None  Yes \_\_\_\_\_ %
  - b. Commercial Buildings  None  Yes \_\_\_\_\_ %
  - c. Hospitals, Schools, Churches and Municipal Buildings  None  Yes \_\_\_\_\_ %
  - d. Industrial Buildings  None  Yes \_\_\_\_\_ %
  - e. Petrochemical, refinery, fertilizer, ammonia, urea plants  None  Yes \_\_\_\_\_ %
  - f. Mines  None  Yes \_\_\_\_\_ %
  - g. Harbors & jetties  None  Yes \_\_\_\_\_ %
  - h. Bridges & tunnels  None  Yes \_\_\_\_\_ %
  - i. Dams  None  Yes \_\_\_\_\_ %
  - j. Nuclear & atomic projects  None  Yes \_\_\_\_\_ %
  - k. Parking Structures  None  Yes \_\_\_\_\_ %
  - l. Highways/roads  None  Yes \_\_\_\_\_ %
  - m. Power Plants  None  Yes \_\_\_\_\_ %
  - n. Subdivisions  None  Yes \_\_\_\_\_ %
  - o. Industrial/process  None  Yes \_\_\_\_\_ %
  - p. Environmental  None  Yes \_\_\_\_\_ %
  - q. Other \_\_\_\_\_  None  Yes \_\_\_\_\_ %
- Total \_\_\_\_\_ 100%

16. Does the applicant foresee any substantial changes in item No. 6.a. during the next twelve months?  Yes  No  
 If yes, please give details: \_\_\_\_\_

17. If the applicant provides any of the following services, please indicate percentage:  
 Product or Equipment Design \_\_\_\_\_ %    Material Testing \_\_\_\_\_ %    Soil Mechanics \_\_\_\_\_ %  
 Solar Heating \_\_\_\_\_ %    Valuations \_\_\_\_\_ %    Financial or Economic Studies \_\_\_\_\_ %

18. Does the applicant, or any enterprise financially related to the applicant or the applicant's principals, partners, directors or officers engage in any of the following activities?  
 Construction, erection, fabrication or installation  Yes  No  
 The letting of construction contracts  Yes  No  
 Construction of project management  Yes  No  
 Manufacture, sale or distribution of any product, good or process  Yes  No  
 Real Estate Development  Yes  No  
 if any of the above are answered "Yes", please explain. \_\_\_\_\_

19. What percentage of the applicant's practice involves any of the following:  
 a. Subletting of work to others \_\_\_\_\_ %    Type of work sublet \_\_\_\_\_ %  
 b. Is evidence of Insurance from consultants required?  Yes  No

20. Equity Interest:  
 Does the applicant provide professional services on projects in which he retains ownership interest. (BASIC POLICY EXCLUDE COVERAGE FOR THESE PROJECTS)?  Yes  No  
 If coverage is desired, provide complete details.

21. Does any one contract or client represent more than 50% of annual work?  Yes  No    If yes, please give details: \_\_\_\_\_

22. Does the applicant or any subsidiary, parent or otherwise related entity engaged in actual construction, manufacturing or fabrication?  Yes  No If yes, give details: \_\_\_\_\_

23. Are any of the individuals named in item No. 6.b.(ii) owners, officers or employees of firm engaged in actual construction, manufacturing or fabrication?  Yes  No If yes, give details: \_\_\_\_\_

24. Does the applicant work with other firms in Joint Ventures?  Yes  No (BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES). If coverage is desired, provide complete details: \_\_\_\_\_

25. Give Professional Liability coverage for last five years for the firm:

Carrier	Limit	Deductible	Premium	Expiration
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If expiring insurance is claims made policy, what is the retroactive date? \_\_\_\_\_

26. Is the applicant currently insured under a Commercial General Liability Policy?  Yes  No If yes, please give details:

Insurance Company	Type of Coverage	Limits		Effective	
		BI	PD	From	To
_____	_____	_____	_____	_____	_____

27. Has any application for Architects & Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused?  Yes  No If yes, please give details: \_\_\_\_\_

28. Has any claim ever been made against the firm or any persons named in item 1 or in item 6.b.(ii)?  Yes  No If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

29. Is the applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers?  Yes  No If yes, please give full details on the same basis as item 28.

30. Has any insurer cancelled or refused to renew any similar insurance during the past five years? \_\_\_\_\_

31. Limits of Liability requested \_\_\_\_\_ Deductible \_\_\_\_\_

32. Desired term of policy: From \_\_\_\_\_ to \_\_\_\_\_

33. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this applications will be made a part of the policy.

The applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Producer \_\_\_\_\_