

**ALDWYN GROUP, INC.**  
**SPRINKLER DESIGN PROFESSIONAL LIABILITY**  
Phone- 610-321-1030 Fax - 610-321-1031  
**APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE**  
**WITH CERTAIN UNDERWRITERS AT LLOYD'S**

THIS APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY

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**I. GENERAL INFORMATION**

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Website: \_\_\_\_\_
4.  New  Renewal
5. Coverage Desired:  
 Professional Liability  Employment Practices  
 Professional Engineers  
 Designer/Technician  
 Contractors
6. Requested Effective Date of policy: \_\_\_\_\_
7. Limits of Liability Requested:  
 1M/1M  1M/2M  Other \_\_\_\_\_
8. Please indicate type of company:  
 Corporation  Solo Practitioner  Other \_\_\_\_\_
9. Date established: \_\_\_\_\_
10. Is the applicant controlled or owned by, or associated or affiliated with, or does it own any other firm or business enterprise? Yes  No   
If yes, please explain: \_\_\_\_\_
11. Total Number of Staff: \_\_\_\_\_
12. Please provide the following:

Name of Principals & Qualified Employees	Professional Qualification or Designations (i.e. PE, NICET)	Number of years Experience	Number of years with Applicant

13. Please list Professional Associations to which the Applicant belongs:

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14. Gross Billings:

This year (EST): \_\_\_\_\_ Last Year: \_\_\_\_\_ Year Prior: \_\_\_\_\_

15. Please indicate the Applicant's five largest jobs/projects during the last three years:

Client	Services	Applicants Fee	Total Project Cost

16. Does the applicant subcontract work to others? Yes  No

17. If yes, describe subcontracted work and percentage of overall revenues:

If yes, do you get certificates of professional liability of at least \$1,000,000? Yes  No

18. Does the Applicant use a written contract:

Always: \_\_\_\_\_ Sometimes: \_\_\_\_\_ Never: \_\_\_\_\_

If not always, please explain how the scope of services to be provided is agreed:

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19. Has the applicant ever filed for bankruptcy? Yes  No

20. Enclose any brochures or promotional material and resumes on principals and key personnel.

## II. DESIGN AND/OR SHOP DRAWINGS

1. a. Are shop drawings for sprinkler systems prepared by the insured? Yes  No
- b. How are drawings checked for compliance with the engineering specifications and the local building and life safety codes? \_\_\_\_\_

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2. Design work done by PE on staff

- a. Is there a licensed and/or registered Professional Engineer (P.E.) on staff? Yes  No
- b. If yes, does the P.E. do any stamping or sealing? Yes  No
- c. Does the PE stamp and seal plans for outside firms? Yes  No
- d. Does the PE do any non-fire sprinkler design work? Yes  No

If yes, please explain: \_\_\_\_\_

3. Who approves changes to the drawings/specifications? \_\_\_\_\_

4. Types of work:

- Commercial     Institutional     Government     Industrial     Apartments     Condos  
 Townhouses     Track houses     Custom Single Family    Percentage of residential work: \_\_\_\_\_%

5. Do you have any current contracts in effect that hold other party harmless for their negligent acts? Yes  No

If yes, please identify: \_\_\_\_\_

6. Is the applicant currently carrying Professional Liability? Yes      No

If yes:

Carrier	
Effective Date	
Limit	
Deductible	
Retroactive Date	
Premium	

7. Has the Applicant has any Professional Liability claims in the last five years? Yes  No

(Please provide loss runs from current carrier)

8. Is the Applicant aware of any situations that are likely to give rise to a claim? Yes  No

9. Within the last 3 years, has the Applicant, any subsidiary or any person associated with such entities for whom this insurance is being sought, been the subject of or involved in any claim, written demand, notice, proceeding or litigation alleging:

- A. anti-trust, copyright or patent violation? Yes  No
- B. violations of any federal or state securities laws or regulations? Yes  No
- C. employment or labor-related matters? Yes  No
- D. Violation of the Employee Retirement Income Security Act of 1974, as amended, or any similar law? Yes  No
- E. discriminatory practice violation or litigation? Yes  No

If yes to any of the above, please provide full details.

10. Within the last 3 years, has the Applicant, any subsidiary or any person associated with such entities for whom this insurance is being sought been the subject of :

A. disciplinary action by any regulatory agency or association?

Yes  No

B. action where a license was revoked or suspended?

Yes  No

If yes to any of the above, please provide full details.

a. Schools, colleges or public buildings	%	m. Water systems	%
b. Hospitals, retirement homes or convalescent hospitals	%	n. Bridges, trestles or tunnels	%
c. Hotels, motels or resort properties	%	o. Land reclamation design	%
d. Condominiums	%	p. Structures for offshore use	%
e. Garages, theatres or grandstands	%	q. Harbours, jetties, docks or piers	%
f. Shopping centres	%	r. Machine design/mechanical design	%
g. Office/mercantile/commercial buildings	%	s. Earth dams/reservoirs	%
h. Public utilities or industrial buildings	%	t. Pipelines	%
i. Single family residential subdivisions	%	u. Petrochemical	%
j. Custom single family residential	%	v. Mines and quarries	%
k. Apartments and other multi-unit residential	%	w. Nuclear projects	%
l. Sewage or waste disposal systems		x. Other (please specify)	

### III. OTHER SERVICES

1. Does the Applicant provide services other than sprinkler design/drafting? Yes  No

If yes, please describe on separate paper.

(Include sample project, annual revenues, etc.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Broker: \_\_\_\_\_ Date: \_\_\_\_\_