

APPLICATION FOR ARCHITECTS AND ENGINEERS SINGLE PROJECT PROFESSIONAL LIABILITY POLICY

UIN: IRDAN108CP0054V01201819



WITH YOU ALWAYS

APPLICANT INSTRUCTIONS:

- Please type or print in ink.
- Answer all questions; leave no blank spaces.
- If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
- This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship, a Partner, if Applicant is a Partnership, or Authorised Officer if Applicant is a Corporation.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the Company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

1. Name of Applicant: _____ Phone: _____
(Usually Prime Professional)

2. Address: _____

3. Indicate applicant's Professional Liability Insurance currently in force:

COMPANY	TERM	LIMIT	DEDUCTIBLE
_____	_____	_____	_____
_____	_____	_____	_____

PROJECT INFORMATION

4. Name and/or designation of project: _____

5. Location of project: _____

6. Description of project: _____

7. Name and address of prime design professional on project (if same as applicant, please indicate): _____

8. Name and address of project owner: _____

9. Contractor/general contractor: _____

10. Name and address of applicant's client (for whom professional services are being rendered): _____

11. Has the applicant worked with the client in the past? Yes ☐ No ☐
If yes, please provide details by attachment _____

12. What prior experience does the applicant have with similar projects? _____

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GROSS RECEIPTS

13. Total estimated project construction value: _____

14. Total estimated professional fees to be paid to Design Team: _____

15. Give estimated beginning and completion dates for all design and construction phases, including gross receipts for each phase.

	Beginning Dates	Completion Dates	Gross Receipts
Schematic Design Phase	_____	_____	_____
Design Development Phase	_____	_____	_____
Construction Document Phase	_____	_____	_____
Bidding/Negotiation Phase	_____	_____	_____
Construction Administration Phase	_____	_____	_____

DESIGN TEAM INFORMATION

16. Indicate specific architectural/engineering discipline to be rendered (i.e., Civil, Structural, HVAC, etc) Note. Sum of Percent Total Professional Fees should equal 100% of fees shown in Question 14 above

Name and Address	Discipline	Percentage of Total Professional Fees	Firm's Current Professional Liability Coverage
A) _____ <i>Prime Professional</i>	_____	_____	Co.: _____
_____	_____	_____	Limit: _____
_____	_____	_____	Ded.: _____
<i>Check if hired by applicant</i>	_____		
B) _____	_____	_____	Co.: _____
_____	_____	_____	Limit: _____
_____	_____	_____	Ded.: _____
<i>Check if hired by applicant</i>	_____		
C) _____	_____	_____	Co.: _____
_____	_____	_____	Limit: _____
_____	_____	_____	Ded.: _____
<i>Check if hired by applicant</i>	_____		
D) _____	_____	_____	Co.: _____
_____	_____	_____	Limit: _____
_____	_____	_____	Ded.: _____
<i>Check if hired by applicant</i>	_____		
E) _____	_____	_____	Co.: _____
_____	_____	_____	Limit: _____
_____	_____	_____	Ded.: _____
<i>Check if hired by applicant</i>	_____		

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F) _____ Co.: _____
 _____ Limit: _____
 _____ Ded.: _____
 Check if hired by applicant _____

Please list additional consultants by attachment

For all "yes" answers to any of the following, please provide complete details by attachment.

17. Does the applicant or any member of the Design Team (including partners, officers, employees, parent or subsidiary firms):

- | | | |
|--|------------------------------|-----------------------------|
| a. Have any equity interest in the project? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Plan to act as a general contractor on the project? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Plan to engage in any actual construction on the project? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Plan to manufacture, fabricate or supply any materials to be used on the project? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Plan to participate in a joint venture for any activity on the project? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Plan to hire a geotechnical consultant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Plan to arrange or procure financing for the project? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

18. Does the project owner plan to act as his own contractor on the project?

Yes ☐ No ☐

19. Will the applicant's client act as a contractor on the project?

Yes ☐ No ☐

20. Indicate the percentage of total gross receipts to be derived from the following activities. Please provide complete description of services performed by attachment

Geotechnical studies	_____ %
Site specific product design	_____ %
Material testing/non-destructive testing	_____ %
Environmental engineering services	_____ %
Construction management (if different from normal Construction administrative services)	_____ %

21. Has the applicant any knowledge of prior acts, errors or omissions which could reasonably be anticipated to be the basis for a claim against any member of the Design Team on this project?

Yes ☐ No ☐

If yes, please provide details by attachment

(4) ADDITIONAL INFORMATION

22. Please attach a copy of the following:

- | | |
|---|--|
| a) Owner/Prime Professional Agreement | b) Scope of services provided by the Design Team |
| c) Site plan or diagram of the proposed project | d) Claim history for each Design Team member |

23. The applicant would like a quotation based upon the following Professional Liability limit and deductible:

Limit

Deductible

_____	_____
_____	_____
_____	_____
_____	_____

Note: If the deductible exceeds ₹2,50,000 please enclose a copy of the applicant's balance sheet and income statement for the most recent fiscal year.

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Additional Details:

Nationality: ☐ Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country: _____

Type of Organization

☐ Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐ International Organization
☐ Trust ☐ Partnership ☐ Cooperatives ☐ Section 25 Company

PAN card number (10 character number): _____

Sources of funds: Please tick appropriate box ☐ Salary ☐ Business ☐ Others (please specify) _____

Section 41 of Insurance Act 1938 (Prohibition of rebates)

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer."
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

AML declaration

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons * nor are their close relatives / family members / associates . I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons. "Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time."

Contact details of TAGIC and TAGIC CIN

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India.

24x7 Toll Free No: 1800 266 7780 | Visit us at www.tataaig.com | IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425

IRDA Approved Product Name & Product UIN no. IRDAN108P0004V01201415

All written statements and materials furnished to the company accepting this proposal (Herein called the Company) in conjunction with this proposal are hereby incorporated by reference into this proposal and made a part hereof.

This proposal does not bind the proposer to buy, or the company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The undersigned proposer declares that the statements set forth in this proposal are true. The undersigned proposer must disclose all facts relevant to all persons proposed to be insured that may affect the Company's decision to issue a policy or its terms. Non-compliance may result in the avoidance of the policy. The proposer further declares that if the information supplied on this proposal changes between the date of this proposal and the date the policy is issued, the proposer will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorisation or agreement to bind the insurance.

Must be signed by Owner, Partner or Officer: _____

Authorised Signature of Applicant: _____

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Title: _____ Date: _____

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**CLAIM/INCIDENT INFORMATION SUPPLEMENT
SINGLE PROJECT ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY INSURANCE**

This supplement is to be completed if the firm answered yes to Question 21. If space is insufficient to answer any question fully, please provide further details by attachment. Do not attach copies of Summons & Complaint. Please leave no blanks.

USE A SEPARATE SUPPLEMENT FOR EACH CLAIM/INCIDENT.

Name of Firm: _____

1. Full name of individual(s) and name of firm involved in the claim/incident: _____

2. Additional Defendants: _____

3. Full name of claimant/plaintiff: _____

4. Date of alleged error: _____

5. Description of project and scope of services provided: _____

6. Allegations and/or nature of claim/incident: _____

7. Date reported to insurance company: _____

8. To what insurance company was the claim reported: _____

9. Present status of claim/incident ☐ Open ☐ In Suit ☐ Closed

10. If pending, please indicate:

Total damages claimed: ` _____

Settlement demand: ` _____

Settlement offer ` _____

Total amount paid in defense costs to date: ` _____

Total damages paid/outstanding ` _____

11. If open, current valuation (including your deductible):

Damages ` _____ Expenses ` _____

12. If closed, total paid (including your deductible):

Damages ` _____ Expenses ` _____

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13. Please explain what action has been taken to prevent a recurrence of similar claim/incident: _____

The undersigned declares that the information provided herein is accurately presented and it is understood that this Supplement, in conjunction with the original Application accepted by us, shall form the basis of the contract should the Underwriter approve coverage.

Must be signed by Owner, Partner or Officer:

Authorised Signature of Applicant:

Title: _____

Date: _____

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