

Architects & Engineers Professional Liability Insurance Specialists



For a preliminary premium estimate, please complete the following information and fax it back to us at 954.563.1849. The premium indicated will be an estimate only and is not binding until an underwriter has reviewed a completed application and offers coverage.

Firm information					
Firm Name: Contact Name:					
Firm Address:					
	County:				State: Florida Zip:
	Fax Number:				
Currently Insured? ☐ Yes ☐ No Car					
Prior Acts Date://					Expiration Date:/
Limit of Liability: \$			Deductible: S	\$	
How many years have you had continuous c					
Percentage of income derived from					
Architecture		Interior Design		loc (total	Landscape Architecture
Civil Engineering			ectrical Engineering		Construction Management
HVAC Engineering		Traffic Engineering			Mechanical Engineering
Structural Engineering			and Surveying		Other (Specify)
Percentage of subcontractors with profession Total number of claims & Circumstances in		•		Amount Pa	id \$
Have the firm's professionals participated in	continui	ng edu	cation in the last 2 years:	\square Yes \square	No
Does the firm provide any of the following s	services:	□ Y	es □ No If "yes" pro	ovide perce	entage.
Design/build projects where A/	E responsi	ible for	construction		
Same design used more than or				tract home)	
Asbestos abatement or consulti	Asbestos abatement or consulting		Soils Engineering		Laboratory Testing
Process Engineering			Product or Equipment Design		Phase 1- Phase 3
Landfill or Superfund projects			Mine Projects		Foreign Projects
Indicate by percentage the types of projects	designed/	undert	aken:		
Health Care		Сс	ondos		Industrial
Educational		Re	eligious		Commercial
Other (provide detail)					