

## FREE PROFESSIONAL LIABILITY INSURANCE ESTIMATE

NOTE: PLEASE PRINT IN INK OR TYPE. DO NOT USE CORRECTION FLUID OR GEL PENS. INITIAL AND DATE ANY CHANGES YOU MAKE.

### 1. FIRM INFORMATION

Firm Name \_\_\_\_\_ Contact Name \_\_\_\_\_ No. of Engineers \_\_\_\_\_ Year Firm Established \_\_\_\_\_

Firm Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ May we contact you via text?  Yes  No

Have you taken any Risk Management or related ASCE conferences, seminars, or Continuing Education Courses?  Yes  No (If "Yes," attach a copy of your Certificate of Completion)

Is a member of your firm a Diplomat?  Yes  No (If "Yes," you may be eligible for a premium discount)

Please provide the Diplomat's name and member number.

Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

This insurance requires that one insured be an ASCE Member and Professional Engineer. Please provide:

Name	ASCE Membership ID (required for acceptance)	Year First Licensed as an Engineer	ASCE Membership Grade			
			Fellow	Member	Associate Member	Affiliate
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 2. AREAS OF PRACTICE

Express percentages of gross billings derived in each area during the previous year. Total must equal 100%.

Structural Engineering _____%	Urban Planning & Development _____%
Irrigation & Drainage _____%	Hydraulics _____%
Geotechnical Engineering* _____%	Waterway _____%
Environmental Engineering* _____%	Port _____%
Urban Transportation* _____%	Coastal & Ocean _____%
Pipeline Engineering _____%	Surveying Engineering _____%
Construction Engineering _____%	Other _____%

\* Supplement or additional information required

Total = 100%

### TYPES OF PROJECTS

Airports	<input type="radio"/> Yes <input type="radio"/> No
Amusement Rides	<input type="radio"/> Yes <input type="radio"/> No
Condos/Co-ops	<input type="radio"/> Yes <input type="radio"/> No
Dams	<input type="radio"/> Yes <input type="radio"/> No
Design of Multiple Structures (excluding Multi-Family Residential & Condos)	<input type="radio"/> Yes <input type="radio"/> No
Environmental Remediation	<input type="radio"/> Yes <input type="radio"/> No
Nuclear/Atomic	<input type="radio"/> Yes <input type="radio"/> No
Petro/Chemical	<input type="radio"/> Yes <input type="radio"/> No
Port	<input type="radio"/> Yes <input type="radio"/> No
Utilities (Gas, Electric, & Steam)	<input type="radio"/> Yes <input type="radio"/> No

### 3. GROSS BILLINGS

Please provide your **actual** gross billings for the **past** 12 months: \$ \_\_\_\_\_

Please provide your **projected** gross billings for the **next** 12 months: \$ \_\_\_\_\_

### 4. INSURANCE HISTORY (please attach a copy of your declarations page)

Does your firm have liability coverage?  Yes  No  
(If "Yes," please provide more information:)

Carrier \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Expiration Date \_\_\_\_\_ Retroactive Date (Prior Acts) \_\_\_\_\_

Limit \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Per Claim \_\_\_\_\_ Aggregate \_\_\_\_\_ Deductible \$ \_\_\_\_\_

My current policy has  CEOL (Claims Expense Outside Limit)  
 FDD (First Dollar Defense)

Any claims in the past five years?  Yes  No (If "Yes," please complete:)

Date of Claim*	Reserve Amount	Paid Amount	Status
_____	_____	_____	(use codes below)

STATUS CODES: [O] Open [C] Closed [I] Incident [N] Closed No Pay

\* For additional claims, please attach a separate page

Signature of Owner, Officer, or Partner (title) X \_\_\_\_\_

Date \_\_\_\_\_

BY SIGNING MY NAME, I CONSENT TO RECEIVING FAXED COMMUNICATIONS FROM PEARL INSURANCE AT THE NUMBER LISTED ABOVE.