

Chemical Professionals In Consulting - Application for Professional Liability Insurance

This Application Is For A Claims Made Insurance Policy

AIChE

Questions?
Contact Alliant Insurance Services
aiche-questions@alliant.com

Administered By:



Alliant Insurance Services
4530 Walney Road, Suite 200
Chantilly, VA 20151
Toll free: 844-78-AICHE
Fax: 703-563-1510

DIRECTIONS

- 1) Fully Complete Application;
- 2) Submit application On-Line, or fax completed application to 703-563-1510;
- 3) Email or Fax requested attachments to aiche-questions@alliant.com;

APPLICANT INFORMATION If filling out the form electronically, please forward supplements to address and/or fax shown at end of document.

1.	Applicant First Name:	Applicant Last Name:			
2.	Organization Name:				
	Organization Type:	Proprietorship	Partnership	Corporation	LLC
	Street Address:				
	City:	County:	State:	Zip Code:	
3.	Telephone:	Fax No:	E-Mail:		
	Cell Telephone:	Company Web Address:			
4.	Branch Office Address(es); <i>please forward details via separate attachment.</i>				
5.	Date Established (current entity):				
6.	Is the Applicant a Professional Engineer? *	Yes	No		
	Does the Applicant have a PE license? *	Yes	No		
7.	Is the Applicant a consultant?	Yes	No		

** Please provide additional information pertaining to your operations and/or scope of services.*

ASSOCIATION INFORMATION

American Institute of Chemical Engineers *	Membership #:
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** Please provide additional information pertaining to your operations and/or scope of services.*

PERSONNEL

7a.	Number of Staff		
	<i>PLEASE NOTE: Leave each field that you do not enter set to "0"; otherwise program will not calculate totals correctly.</i>		
		Last Year	This Year
	- Principals / Partners / Directors:		
	- Other Licensed Professionals:		
	- Other Staff:		
	Total Licensed Professionals:		
7b.	Are principals or staff members also employed by another entity, including any educational institutions? <i>If Yes, please forward details via separate attachment.</i>	Yes	No
7c.	Please forward details of the Academic Qualifications of the Applicant's Principals/Partners/Directors and Licensed Professionals. (Please attach resume and include detail of experience level on work you are currently performing).		

GROSS BILLINGS

8.	Total Gross Billings for professional services (collected or not) to include reimbursable expenses and sub-consulting fees:		
	Current Year (estimated): \$	Prior Year (actual): \$	Next Year (projected): \$

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GROSS BILLINGS - continued

PLEASE NOTE: Leave each field that you do not enter set to "0"; otherwise program will not calculate totals correctly.

a)	Work pursuant to Federal or State grants:	%		
b)	Feasibility Studies:	%		
c)	Patent Research:	%		
d)	All Other Billings:	%		
	Total (Must equal 100%)	%		
9.	Please indicate percentage of the Applicant's gross billings derived from projects outside the USA and Canada:	%		
10.	Were more than 20% of the Applicant's billings during the past fiscal year derived from a single client or contract? (If Yes, please attach details).	Yes	No	

PROFESSIONAL DISCIPLINES

11a.	Please provide a summary description of professional services the Applicant is engaged in:			
11b.	Is the applicant working with or planning to work with any ethanol and/or ethanol related projects?	Yes	No	
11c.	Do you provide any of the following Technology Based Services?			
	Computer and electronic technology services, including data processing, Internet services, application and data hosting, computer systems analysis, technology consulting and training, custom software programming	Yes	No	
	Computer and software systems installation and integration, computer and software support, and network management services	Yes	No	
	Develop or manufacture computer, telecommunications hardware, software products, or related electronic products for others	Yes	No	
	Distribute, license, lease or sell software updates, service packs and other maintenance releases	Yes	No	
11d.	Are you interested in coverage for Technology Based Services?	Yes	No	
12.	Are any significant changes in the nature or size of the Applicant's business anticipated over the next 12 months? Or have there been any such changes in the past 12 months? If Yes, please explain:	Yes	No	
13.	Specify as a percentage of the Applicant's Gross Billings (Total must equal 100%):			

PLEASE NOTE: Leave each field that you do not enter set to "0"; otherwise program will not calculate totals correctly.

Description	Percentage	Years Experience	Description	Percentage	Years Experience
Aerospace / Transportation	%		Metals / Metal Products	%	
Agriculture & Food	%		Nuclear	%	
Analytical	%		Organic	%	
Biochemistry	%		Paint / Coatings	%	
Biotechnology	%		Patent Research	%	
Chemical Education	%		Personal Care / Cosmetics	%	
Chemical Information	%		Pharmaceutical / Medicinal	%	
Clinical / Diagnostic *	%		Physical	%	
Colloids & Surfaces	%		Pollution - Analysis	%	
Combination Chemistry	%		Pollution - Remediation	%	
Computing / Molecular Modeling	%		Polymers / Plastics	%	
Electronics / Semiconductors	%		Process Engineering / Modeling *	%	
Energy / Fuels	%		Pulp / Paper / Wood	%	
Environmental - Analyzing	%		Rubber	%	

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PROFESSIONAL DISCIPLINES - continued

Environmental - Remediation	%	Soaps / Detergents / Cleaners – Process	%
Expert Witness	%	Soaps / Detergents / Cleaners – Analysis	%
Forensics	%	Soaps / Detergents / Cleaners – Research	%
Geochemistry	%	Textiles / Fiber	%
Glass / Ceramics / Composites	%	Toxicology	%
Health & Safety	%	Writing – Technical	%
Inorganic Chemistry	%	Writing – Reporting	%
Lubricants / Oils (Petrol)	%	Other (please specify)	%
Marketing / Sales / Business	%		
Materials	%	Total (Must equal 100%)	%

** Please supply detail of discipline*

14. Please describe the Applicant's 3 largest projects during the last three years.

Client Name	Service	Applicant's Fee	Total Project Cost

15. Please forward a copy of the Company's brochure, if available.

16. Do you use a written contract with clients? Yes No

17. Please forward a copy of a typical contract of hire utilized by the Applicant

SUBCONTRACTORS / SUBCONSULTANTS

18. a)	Please indicate percentages of work Applicant subcontracts to others:	%		
b)	Are written contracts used for all subcontractors and subconsultants?		Yes	No
c)	Do the Applicant's contract with subcontractors and subconsultants contain indemnification and hold harmless provisions?		Yes	No
d)	Does the Applicant obtain certificates of insurance from all subcontractors and subconsultants?		Yes	No
e)	Is the Applicant named as an Additional Insured under all subcontractor and subconsultant General Liability policies?		Yes	No

MANAGEMENT

19. a)	Does the Applicant have any in-house quality control procedures?		Yes	No
b)	Has the name of the Applicant changed or has any other firm been merged with or into the applicant, or is any such change pending? <i>If yes, please forward details via separate attachment.</i>		Yes	No
c)	Is the Applicant controlled, owned by or associated with, or does the Applicant control or own any other entity? <i>If yes, please forward details via separate attachment.</i>		Yes	No

LOSS HISTORY

20. a)	Have any claims or suits been made against the Applicant? <i>If yes, please forward details via separate attachment.</i>		Yes	No
b)	Are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against the Applicant? <i>If yes, please forward details via separate attachment.</i>		Yes	No
c)	Has the Applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities? <i>If yes, please forward details via separate attachment.</i>		Yes	No

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INSURANCE

21. Has insurance of the type for which the Applicant is now applying been declined, cancelled or had the renewal thereof refused? *If yes, please forward details via separate attachment.* Yes No

22. Please give details of previous insurance:

Carrier	Policy No.	Limits Each Claim / Aggregate	Deductible	Paid Premiums	Eff. Date	Exp. Date
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Retroactive Date of Current Policy:

23. Please check coverage Limits and Deductible requested:

a)	Cover Limits of Liability	\$250,000	\$500,000	\$1,000,000	Other (specify):
b)	Deductible	\$5,000	\$10,000		Other (specify):

SURVEY

If this is your first time applying for coverage, how did you hear about us?

AIChE news letter

Online search

A colleague, friend, or peer

Other _____

SUBMISSION

THE APPLICANT DECLARES THAT, AFTER INQUIRY, TO THE BEST KNOWLEDGE OF ALL PERSONS TO BE INSURED THE STATEMENTS SET FORTH HEREIN AND IN ANY ATTACHMENTS MADE HERETO ARE TRUE, AND NO MATERIAL FACTS HAVE BEEN SUPRESSED, OMITTED, OR MISSTATED.

UNDERWRITERS RESERVE THE RIGHT TO AMEND THE TERMS, CONDITIONS AND LIMITATIONS OF ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION, IF SUBSEQUENT TO THE DATE OF THIS APPLICATION, BUT PRIOR TO THE INCEPTION OF SUCH POLICY, THERE ARE ANY MATERIAL ALTERATIONS TO THE INFORMATION CONTAINED HEREIN.

COMPLETION OF THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO PROVIDE COVERAGE, BUT IT IS AGREED THAT THE STATEMENTS AND PARTICULARS CONTAINED HEREIN WILL BE RELIED UPON BY UNDERWRITERS IN THE EVENT A POLICY IS ISSUED.

THIS APPLICATION IS SIGNED ON BEHALF OF ALL OWNERS, PRINCIPALS, PARTNERS, SHAREHOLDERS, DIRECTORS AND EMPLOYEES.

BY SUBMITTING THIS APPLICATION, THE APPLICANT AGREES THAT IN THE EVENT THE APPLICATION CONTAINS MISREPRESENTATIONS OR FAILS TO STATE FACTS MATERIALLY AFFECTING THE RISK ASSUMED BY THE INSURING COMPANY UNDER A POLICY ISSUED, THE POLICY MAY BE DEEMED NULL AND VOID.

Signature:

Title:

(Must be signed by Owner, Partner or Officer)

Date:

PLEASE FORWARD ANY ATTACHMENTS TO THE PLAN ADMINISTRATOR

BY: FAX: 703-563-1510

OR

MAIL: Alliant Insurance Services
4530 Walney Road, Suite 200
Chantilly, VA 20151

PLEASE NOTE: DUE TO STATE REGULATORY FILING REQUIREMENTS, PREMIUM PAYMENT & A SIGNED APPLICATION MUST BE RECEIVED BY THE EFFECTIVE DATE TO BIND COVERAGE.