

Specific Client / Project Supplemental Application

Specific Client Excess

Specific Project Excess

1. Insured's name: _____
2. Existing ANE policy number: _____
3. Please provide all the following information for the client or project:
 - a. Name of the client: _____
 - b. Contract number: _____
 - c. Name of the project: _____
 - d. Location of the project: _____
4. Please describe the professional services to be performed for the client or on the project: _____

5. Please provide estimated beginning and completion dates for both the design and construction phases (*If for a client, please use "Design Phase" to provide start and end dates for this client engagement*):

Design Phase: ____/____/____ to ____/____/____
Construction Phase: ____/____/____ to ____/____/____
6. Total estimated construction value for the project: \$ _____
7. Your total contract fees for this client or project: \$ _____

 1st Year Fees \$ _____
 2nd Year Fees \$ _____
 3rd Year Fees \$ _____
8. Are you the prime design firm on the project? Yes No
9. Current Policy Limit: _____ Additional Limit needed: _____
10. How long is the additional limit required? _____
11. With regard to the specified client or project for which an additional limit is being requested, do you or any person or entity seeking coverage under this proposed policy have knowledge of any **Claim, Circumstance**, act, error, or omission that is or could be the basis of a professional liability **Claim**? Yes No

If yes, please complete a **Claim** supplement for each incident, act, error, or omission.