

Specific Client / Project Supplemental Application

Specific Client Excess, check here: _____

OR

Specific Project Excess, check here: _____

I. FIRM and CLIENT/PROJECT INFORMATION:

A. Firm name: _____

B. Client/Project:

Name of client: _____

Contract number: _____

Name of project: _____

Location of the project:

Street: _____

City, State, Zip Code: _____

C. Describe the Professional Services to be performed for the client or project: _____

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

*Design Phase (mm/dd/yyyy): _____ / _____ / _____ TO _____ / _____ / _____

****If the dates you will provide Professional Services are different from above, please provide dates below:***

_____ / _____ / _____ TO _____ / _____ / _____

Construction Phase (mm/dd/yyyy): _____ / _____ / _____ TO _____ / _____ / _____

E. Are you the Prime design firm on the project? YES _____ NO _____

F. How long are these additional excess limits required? _____

II. FINANCIAL INFORMATION:

Total estimated construction value for the project: \$ _____

Your total contract fees for this client or project: \$ _____

Your 1st Year Fees: \$ _____

Your 2nd Year Fees: \$ _____

Your 3rd Year Fees: \$ _____

III. INSURANCE:

A. Firm's current professional liability policy limits:

\$ _____ each claim / \$ _____ aggregate

B. Additional excess limits in addition to A. above required:

\$ _____ each claim / \$ _____ aggregate

C. Total professional liability policy limits required:

\$ _____ each claim / \$ _____ aggregate

IV. CLAIMS:

With regard to the client or project described above and for which additional excess limits are being requested, does any principal, partner, officer, director, insurance manager or shareholder of the firm have knowledge of any act, error, omission, unresolved job dispute, accident or any other circumstance that is or could be the basis for a claim under the proposed professional liability insurance policy? YES _____ NO _____

If yes, please include complete details and attach to this supplemental application.

V. WARRANTY

The undersigned authorized partner, principal, director, or officer represents and warrants on behalf of the firm and all individuals or entities who qualify as Insureds under this proposed policy that to the best of his/her knowledge and belief after diligent inquiry and investigation, the statements set forth herein and attached hereto are true. It is understood that the statements in this supplemental application, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. The undersigned authorized partner, principal, director or officer of the applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this supplemental application changes between the date of this supplemental application and the effective date of the insurance, that he/she will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Owner/Partner/Principal Signature: _____

Title: _____

Date: _____