

**SUPPLEMENT FOR INCREASED LIMITS OF LIABILITY FOR  
A SPECIFIC DESIGNATED PROJECT**

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

- 1. (a) Full name of Applicant: \_\_\_\_\_
- (b) Current Architects and Engineer Professional Liability Policy No.: \_\_\_\_\_
- 2. Provide the following Project Information:
  - (a) Name of Project: \_\_\_\_\_
  - (b) Name of Project owner: \_\_\_\_\_
  - (c) Location of Project: \_\_\_\_\_  

(Street Address)
(City)
(State)
(Zip)
  - (d) Project type: \_\_\_\_\_
  - (e) Total construction value of the Project: \$ \_\_\_\_\_
  - (f) The Applicant's total fees for the Project: \$ \_\_\_\_\_
  - (g) Description of all services the Applicant will provide for the Project: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	<u>Estimated Start Date</u>	<u>Estimated Completion Date</u>
(h) Design Phase	_____	_____
Construction Phase	_____	_____

- 3. Does the Applicant:
  - (a) Have any equity interest in the Project? ..... [ ] Yes [ ] No
  - (b) Plan to engage in any actual construction on the Project? ..... [ ] Yes [ ] No
  - (c) Plan to manufacture, fabricate or supply any materials to be used on the Project? ..... [ ] Yes [ ] No
  - (d) Plan to participate in a joint venture for any activity on the Project? ..... [ ] Yes [ ] No
 If any of the above questions is answered Yes, provide details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 4. Is the Project:
  - (a) On a Fast Track or Design Build delivery method? ..... [ ] Yes [ ] No
  - (b) The subject of any kind of claim or litigation by any party? ..... [ ] Yes [ ] No
  - (c) Delayed or damaged in any way? ..... [ ] Yes [ ] No
 If any of the above questions is answered Yes, provide details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Has (have) any Professional Liability claim(s) on the Project been made against the Applicant or any person or entity? ..... [ ] Yes [ ] No  
 If Yes, provide details. \_\_\_\_\_
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6. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, circumstance or situation which might afford grounds for any claim on the Project:
- (i) Such as would fall under the proposed insurance? ..... [ ] Yes [ ] No  
 If Yes, provide details. \_\_\_\_\_
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- (ii) Against any other professional person or organization on the project? ..... [ ] Yes [ ] No  
 If Yes, provide details. \_\_\_\_\_
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7. Total limits of liability needed for the Project:  
 Limits of Liability: \$\_\_\_\_\_ each claim / \$\_\_\_\_\_ policy aggregate  
 THE COMPANY DOES NOT GUARANTEE TO OFFER THE ABOVE LIMITS.

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

\_\_\_\_\_  
 Name of Applicant

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date