

LARGE PROJECT SUPPLEMENTAL QUESTIONNAIRE

Firm's Name

- 1. Name of project: _____
- 2. Client's Name: _____ 3. Location: _____
- 4. Description of project: _____
- 5. Services provided by the Applicant's firm: _____
- 6. The Applicant's total **GROSS RECEIPTS** from this project: _____
- 7. Construction value of project: _____
- 8. Year completed: _____

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It is agreed that this form is part of the Architects and Engineers Professional Liability, Architects, Engineers and Contractors Pollution Liability, Technology Based Services, Technology Products, Computer Network Security, and Multimedia and Advertising Liability Insurance Application which shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy. The undersigned authorized officer of the Applicant declares that the statements set forth in this supplemental application are true. The undersigned authorized officer 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, the Applicant will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signed:

Must be signed by corporate officer with authority to sign on Applicant's behalf

Date:

Day

Month

Year