

**APPLICANT:**

- 1) Name of Applicant/Company: \_\_\_\_\_
- 2) Address: \_\_\_\_\_
- 3) Limits Required: \_\_\_\_\_
- 4) Deductible Required: \_\_\_\_\_
- 5) Description of Services: \_\_\_\_\_
- 6) Number of Staff: \_\_\_\_\_  
 Design Personnel (Licensed Professionals):
  - a) Total Professionals: \_\_\_\_\_
  - b) Architects: \_\_\_\_\_
  - c) Engineers: \_\_\_\_\_
  - d) Construction Personnel: \_\_\_\_\_
  - e) Other Personnel (specify): \_\_\_\_\_
  - f) Other Professionals (specify): \_\_\_\_\_
 Total Staff: \_\_\_\_\_

7) Breakdown of Fees/Revenues:

	Past 12 months (expiring)		12 months prior (previous year)		Next 12 months (anticipated)	
	Construction Values	Professional Fees	Construction Values	Professional Fees	Construction Values	Professional Fees
1) In-house Design and Technical supervision with Construction Responsibility	\$	\$	\$	\$	\$	\$
2) In-house Design with No Construction Responsibility	N/A	\$	N/A	\$	N/A	\$
3) Sub-contracted Design with Construction Responsibility	\$	\$	\$	\$	\$	\$
4) Construction Only with NO design input (Please note this will not be covered by this insurance)	\$	N/A	\$	N/A	\$	N/A
<b>TOTAL:</b>	\$	\$	\$	\$	\$	\$

- 8) With respect to Q7, item 4) above (Construction with no design input), please advise approximate % of construction revenue whereby you modify the design provided to you by an independent Third Party consultant:  
 \_\_\_\_\_
- 9) Does your firm have any financial interest in any entity or project for which professional services have been or are to be rendered?  YES  NO  
 If YES, please provide full details on a separate sheet of paper.
- 10) If you subcontract any Design services, do you require proof of E&O Insurance from all Design Professionals?  YES  NO  
 If NO, please explain: \_\_\_\_\_
- 11) List the 5 largest Design / Building projects in the last five years:

Project Name and Client	Location	Construction Value	Nature of Services	Completion Date
1.				
2.				
3.				
4.				
5.				

**Applicant's Name:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_  
**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Brokerage:** \_\_\_\_\_ **Broker Name:** \_\_\_\_\_  
**Broker Email:** \_\_\_\_\_ **Broker phone:** \_\_\_\_\_

