

**Specific Additional Project Limit Questionnaire**

1. Insured's name: \_\_\_\_\_

2. Name of project: \_\_\_\_\_

3. Location of Project: \_\_\_\_\_

4. Contract No. \_\_\_\_\_

5. Name of Client: \_\_\_\_\_

6. Describe your services for the project: \_\_\_\_\_  
 \_\_\_\_\_

7. Provide the estimated beginning and completion dates for both the design and construction phases: *(if construction has already begun, coverage may not be available)*

Design Phase \_\_\_\_\_ to \_\_\_\_\_ / Construction Phase \_\_\_\_\_ to \_\_\_\_\_

8. Total estimated construction value of the project: \_\_\_\_\_

9. Insured's estimated contract fees for this project: Total Fees \$ \_\_\_\_\_

Insured's contract fees by year	\$	\$	\$	
		Last Year	Current Year	Next Year

10. Total estimated contract fees for all design firms for this project: \_\_\_\_\_

11. Prime design firm on this project: \_\_\_\_\_

12. Additional limit requested: \_\_\_\_\_

13. How long is this additional limit required? \_\_\_\_\_

14. Is the Applicant aware of any claims or any circumstances which might give rise to a claim on this project?  Yes  No (If yes, please explain) \_\_\_\_\_

Principal's Name \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*A Copy of the Contract may be required with this Questionnaire*

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