

## Condominium Supplemental Application

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

Please complete the following for all condominium related projects provided in the last three (3) (or five (5)) years: This should be the percentage (%) of condominium project fees compared to the Applicant's overall fees.

Residential %	% of total fees	Number of units	Mixed Use %	% of total fees	Number of residential units	Commercial %	% of total fees

Please complete the following information for each condominium project where the Applicant has performed professional services in the past three (3) (or five (5)) years.

1. Name of project: \_\_\_\_\_
2. Developers Name: \_\_\_\_\_
3. Location: \_\_\_\_\_  
Is this considered a resort? Yes  No
4. Contractors Name: \_\_\_\_\_  
By what process was the contractor selected: \_\_\_\_\_
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: \_\_\_\_\_
9. Has the Applicant worked with the project Owner in the past? Yes  No
10. Is the Applicant the Prime Architect? Yes  No
11. Is the Applicant performing HVAC Engineering for the project? Yes  No  If Yes, please describe how mold concerns being addressed: \_\_\_\_\_
12. Has the Applicant hired sub-consultants for this project? Yes  No   
If Yes, does the Applicant:
  - Require certificates of insurance from all sub-consultants: Yes  No
  - Require the same limits of liability as the Applicant is required to carry: Yes  No
  - Obtain renewal certificates for sub-consultants during the project duration: Yes  No
13. Has the Applicant worked with the other project team members in the past? Yes  No
14. Is the Applicant aware of any cost overruns or delays impacting the substantial completion of the project? Yes  No
15. Is the Applicant aware of any claims that may be made against it on this project? Yes  No

16. Does the Applicant or any related entity engage in the following for any condominium projects:

- Actual construction, installation or erection: Yes  No
- Design/Build: Yes  No
- Fast Track: Yes  No
- Construction Management (At-Risk or otherwise) Yes  No
- Provide design without construction observation services: Yes  No

What percentage (%) of the Applicant's professional services are attributable from the following types of clients:

	%		%		%
Developer	%	Architect	%	Condominium or Homeowners Association	%
Contractor	%	Other Design Professional	%	Individual Unit Owner	%
Design/Build Contractor	%	Construction Manager	%	Other (please describe)	%

Are condominium projects a source of repeat business for the Applicant? Yes  No

Please describe the firms overall experience in providing services for condominium projects:

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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:

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

Date:

\_\_\_\_\_  
 Day                      Month                      Year