

HALL & COMPANY

Professional Liability Insurance Brokers

SUPPLEMENT FOR DESIGN / BUILD FIRMS

This Supplement to the Application for Architects/Engineers Professional Liability Insurance, Directors and Officers Insurance and Employment Practices Liability Insurance is to be completed by firms providing Professional Services using the Design/Build method of project delivery. (If more space is needed than is on this form, please attach additional information when submitting.)

Name of Applicant _____

1. Please indicate gross billings attributable to each of the following:

Most recent full fiscal year

Construction Values & Professional Fees	Construction Values	Professional Fees
Design and Construction		
Design Only		
Construction Only		
Other _____		
Total - All Operations		

2. Please describe relationships between the design firm and construction firm:

3. Please list the 10 largest Design/Build projects in the past 5 years.

Indicate names, locations, types of structures, services performed, construction values and completion dates.

Names	Locations	Types of Structure	Services Performed	Construction Values	Completion Dates

4. What is the Applicant's current bonding capacity?

5. Has a surety company ever declined to offer a bond?

Yes No

6. Is the Applicant aware of any actual or alleged faulty or defective or workmanship or faulty malfunctioning equipment? Yes No

Liability Issues

7. Is the Applicant aware of any unresolved construction dispute including an unexcused delay, budget overrun, or a change order which exceeds \$10,000? Yes No

8. Has the Applicant or any subcontractor ever defaulted, failed to complete a contract, or had liquidated damages or similar penalties assessed against them? Yes No

9. Has the Applicant or a subcontractor made a claim or lien against any part because of compensation due, or alleged to be due, which exceeds \$10,000? Yes No

10. If YES, is answered to question 5, 6, 7, 8, or 9, please provide details.
If more space is needed please attach additional information when you submit the application.

11. Please provide the following details with respect to the Applicant's Commercial General Liability and Umbrella Liability coverages:

	Commercial General Liability	Umbrella Liability
Company		
Limit		
Deductible		
Premium		

Applicant understands the information submitted herein becomes part of the application for Professional Liability Insurance and is subject to the same representations and conditions.

YOUR SIGNATURE AND AUTHORIZATION

Name _____ Date _____

Title _____

Applicant's Signature _____

To submit the application follow the instructions in the order listed below.

1. Save a copy of the completed application to your computer for your records.
2. Print, sign and mail or fax a copy of the completed application to Hall & Company at the address below. (A signed application is needed to complete underwriting.)
3. Submit completed application to Hall & Company.
Alternatively you can fax the application to (360)598-3703 or mail to the address below.

When you press the Submit button an e-mail window will open with the application attached.
Please attach to this e-mail any additional information, if needed, as requested in the application.

If you use a web based e-mail program, such as Hotmail or Yahoo, please save the completed application to your computer and e-mail it along with any additional information to submittals@hallandcompany.com