

TOTTEN GROUP

I N S U R A N C E

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New Submission: professionalliability@tottengroup.com Website www.tottengroup.com

DESIGN / BUILD SUPPLEMENTARY FORM

This Supplement to the Application for Architects and Engineers Professional Liability Insurance is to be completed by firms providing professional services using the Design/Build method of project delivery.

Please indicate Gross Billings attributable to each of the following:

Construction Values/Professional Fees

	Last Fiscal Year 20_____		Projected Current Fiscal Year 20_____	
	Construction Values	Professional Fees	Construction Values	Professional Fees
Design and Construction	\$ _____	\$ _____	\$ _____	\$ _____
Design Only - No Construction	\$ _____	\$ _____	\$ _____	\$ _____
Construction Only – No Design	\$ _____	\$ _____	\$ _____	\$ _____
Construction Management	\$ _____	\$ _____	\$ _____	\$ _____
Other (please specify)	\$ _____	\$ _____	\$ _____	\$ _____
Total - All Operations	\$ _____	\$ _____	\$ _____	\$ _____

Design/Build services

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

3. Please describe construction observation services performed by design firm:

4. Please list by attachment the 5 largest Design/Build projects in the past 5 years. Indicate names, locations, types of structures, services performed, construction values and completion dates.

5. What is the Applicant's current bonding capacity? \$ _____

6. Has a surety company ever declined to offer a bond? Yes No
If yes, please provide details on a separate sheet

Liability Issues

For all "yes" responses to questions 7 - 10, please provide details on a separate sheet. Include project name and indicate if circumstance has been reported to insurance carrier.

- 7. Is the Applicant aware of any actual or alleged faulty or defective workmanship or faulty or malfunctioning equipment?
 Yes No
- 8. Is the Applicant aware of any unresolved construction dispute including an unexcused delay, a budget overrun, or a change order which exceeds \$10,000?
 Yes No
- 9. 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
- 10. Has the Applicant or any subcontractor made a claim or lien against any party because of compensation due, or alleged to be due, which exceeds \$10,000?
 Yes No

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

	CGL	Umbrella
Company	_____	_____
Term	_____	_____
Limit	_____	_____
Deductible	_____	_____

12. Please detail by attachment the Applicant's Commercial General Liability loss history for the past year.

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

Must be signed by Owner, Partner or Officer

Authorized Signature of Applicant

Title

Date

5 Largest Projects

	Name & Location	Client/Owner:	Project Type:	Professional Services:	Fees:	Construction Values:	Completion Date
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____

Must be signed by Owner, Partner or Officer

_____ Authorized Signature of Applicant

_____ Title

_____ Date