

INTERIOR DESIGNERS/DECORATORS SUPPLEMENT
Forming part of the Professional Liability Application

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Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following operations:

Residential _____
Percentage

Commercial _____
Percentage

Industrial _____
Percentage

Other _____
Describe Percentage

TOTAL should equal 100%

Does your firm provide any appraisal services? Yes No

If Yes, please provide full description

Does your firm provide any service that involve the ordering and/or supplying of any furnishings, artwork, antiques? Yes No

If Yes, please provide details including a sample contract used with the manufacturer/distributor

Does your firm employ any Architect or Engineer? Yes No

If Yes, please provide details

Approximate percentage of billing attributable to sub-contractors/consultants? _____
Percentage

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured? Yes No

If yes, what limits?

How long do you keep your patient's information/documentation on file? _____
Year

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |