

**APPLICATION FOR
ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD'S
JOINT VENTURE INTEREST COVERAGE**

This Supplement to the Professional Liability Insurance Application is to be completed for those projects in which the firm has a Joint Venture Interest.

Use a separate Supplement for each Joint Venture project

Name of Applicant: _____ Phone (____) _____

Address: _____

JOINT VENTURE

1. Name of Joint Venture: _____

2. Names and addresses of all firms comprising Joint Venture: _____

(Please submit a copy of the Joint Venture Agreement between the member firms.)

PROJECT INFORMATION

3. Name and location of project: _____

4. Project description and services the Applicant is to perform: _____

(Please submit a copy of the Contract between the client and the Joint Venture)

CONSTRUCTION VALUES/FEES

5. Give estimated beginning and completion dates for all design and construction phases, indicating gross receipts for each phase:

	<i>Beginning Dates</i>	<i>Completion Dates</i>	<i>Gross Receipts</i>
Schematic Design Phase:	_____	_____	_____
Design Development Phase:	_____	_____	_____
Construction Documentation Phase:	_____	_____	_____
Bidding/Negotiation Phase:	_____	_____	_____
Construction Administration Phase:	_____	_____	_____

6. Total estimated construction value of the project: \$ _____

7. Total estimated gross receipts from project to Joint Venture: \$ _____

8. Total estimated gross receipts from project received by applicant to date: \$ _____

9. Total estimated gross receipts from project to Applicant in next 12 months: \$ _____

LIABILITY ISSUES

10. Has any insurer declined to provide, cancelled or refused to renew any similar insurance for any member firm participating in the Joint Venture?
If yes, please explain in detail. Yes No

11. Is the Applicant aware of any circumstance which may result in any claim against the Applicant or any other member firm, with respect to this Joint Venture project?
If yes, please explain in detail. Yes No

12. Has any claim or suit ever been made against the Applicant, or against any other member firm, with respect to this Joint Venture project?
If yes, please explain in detail. Yes No

13. Indicate the Professional Liability insurance currently in force by each member firm of the Joint Venture:

NAMED INSURED	COMPANY	TERM	LIMIT	DEDUCTIBLE

14. Describe nature of work the Joint Venture subcontracts to others:

15. Does the Joint Venture require certificates of insurance from its subcontractors? Yes No

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:

AUTHORISED SIGNATURE OF APPLICANT

TITLE

DATE