

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

This Supplement to the Application for Architects and Engineers Professional Liability Insurance is to be completed for those projects in which the Applicant has an Equity Interest.

Use a separate Supplement for each Equity Interest Project

Name of Applicant: _____ Phone (____) _____

Address: _____

PROJECT INFORMATION

1. Name of project: _____

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

3. Please indicate the following:

	Beginning Dates	Completion Dates
Design Phase	_____	_____
Construction Phase	_____	_____

4. Total construction value: \$ _____

5. Total gross receipts to all design professionals: \$ _____

6. Total gross receipts to Applicant: \$ _____

EQUITY INTEREST

7. Give full name of all parties having an Equity Interest in the project. Please indicate percentage of ownership for each party.

Name	Percent Ownership (Total must equal 100%)
_____	_____
_____	_____
_____	_____
_____	_____

8. Was Equity Interest taken in lieu of gross receipts?

If yes, please provide details by attachment.

Yes

No

GENERAL INFORMATION

9. Does the Applicant or any subsidiary, parent or related entity, engage in construction, manufacturing or fabrication in connection with this project?

If yes, please explain in detail.

Yes

No

10. Do any of the parties named in Question 7, including their owners, officers or employees, engage in construction, manufacturing or fabrication in connection with this project?

If yes, please explain in detail.

Yes

No

11. Has any claim or suit ever been made against any of the parties named in question 7?

If yes, please explain in detail.

Yes

No

12. Is the Applicant aware of any circumstance which may result in any claim against the Applicant, or any other party named in Question 7?

If yes, please explain in detail.

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