

Condominium Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

INSTRUCTIONS

Whenever used in this Questionnaire, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance, unless otherwise stated.

GENERAL INFORMATION

1. Name of **Firm**: _____
2. What average annual percentage of the **Firm's** billings represented condominium work over the last five years?
_____ %
3. What average annual percentage of the **Firm's** billings is expected to represent condominium work over the next five years? _____ %
4. Do the **Firm's** contracts that involve condominiums include a Limitation of Liability clause in **Your** favor? ☐ Yes ☐ No
5. How does the **Firm** protect itself from maintenance type claims? _____

6. Please list the **Firm's** three largest condominium projects in the last five years:

Name and Location of Project		
Client		
Services Provided		
Number of Units		
Firm's Total Design Fees		
Construction Value		
Construction Period	Start Date:	Completion Date:

Name and Location of Project		
Client		
Services Provided		
Number of Units		
Firm's Total Design Fees		

Construction Value		
Construction Period	Start Date:	Completion Date:

Name and Location of Project		
Client		
Services Provided		
Number of Units		
Firm's Total Design Fees		
Construction Value		
Construction Period	Start Date:	Completion Date:

Additional Information:

The undersigned, acting on behalf of all of **You**, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

Date **Signature / Title**

(mm/dd/yyyy) (Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

(mm/dd/yyyy) (Print Name and Title)

A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.

Please submit this "Questionnaire" including appropriate documentation to your agent.