

Equity Interest 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(S) 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.

Please complete a separate supplement for each project.

NAME, ADDRESS AND CONTACT INFORMATION

1. Name of **Firm**: _____

GENERAL INFORMATION

2. a. Project Name: _____ City: _____ State: _____
Description: _____

b. Please indicate the following:

1) Start of Design (Date): _____

2) Start of Construction (Date): _____

3) Completion Date: _____

4) Total Construction Value: _____

5) Total Gross Billings: _____

3. Give full name of all parties having an ownership interest in the project: Please indicate percentage of ownership for each party.

Name	Percentage of Ownership

4. What are the relationships between the other owners of the **Firm**? _____

5. Does the **Firm**, or any subsidiary, parent, or otherwise related entity of the **Firm**, engage in actual construction, erection, installation, assembly, manufacturing, fabrication, or supplying of materials in connection with this project?

☐ Yes ☐ No

If Yes", please provide details: _____

6. Are any of the parties named in Question 3, or any owners, officers, employees of such firm, engaged in actual construction, erection, installation, assembly, manufacturing, fabrication, or supplying of materials in connection with this project?

☐ Yes ☐ No

If Yes", please provide details: _____

7. Claims: Has any suit been filed or claim made against the **Firm** or against any other party named in Question 3 above?

☐ Yes ☐ No

If Yes", please provide details: _____

8. Awareness: Are any of **You**, after inquiry of each person or entity proposed for insurance, aware of any facts, circumstances, incidents, situations, or accidents (including, but not limited to: faulty or defective workmanship, product failure, construction dispute, fee dispute, roof failure or leakage, construction worker injury or construction delays) that may give rise to a claim, whether valid or not, which might directly or indirectly involve the **Firm**?

☐ Yes ☐ No

If Yes", please provide details: _____

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.