

Foreign Projects 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. Does the **Firm** maintain a physical office outside the United States? ☐ Yes ☐ No
If "Yes", please list all locations: _____
3. Is the **Firm** required to provide proof of professional liability insurance locally? ☐ Yes ☐ No
If "Yes", please provide details: _____
4. List types of contracts used and their percentages:
 _____ % US Standard industry forms (AIA, EJCDC, etc.)
 _____ % FIDIC (International Federation of Consulting Engineers)
 _____ % Non-standard forms approved by an independent authority
 _____ % Purchase Order Agreements
 _____ % Email Contracts or Agreements
 _____ % Other non-standard forms
 _____ % Verbal contracts. Please advise under what situations are verbal agreements utilized by the firm.
5. Does the **Firm** carry all required licenses in each foreign country where the **Firm** operates? ☐ Yes ☐ No
6. Please provide the following information for each foreign country where the **Firm** has operated in the past five years:

Country	Client Name & Client Type (*)	Project Type	Disciplines	Current Fees	Last Fiscal Fees	Construction Value
				\$	\$	
				\$	\$	

Country	Client Name & Client Type (*)	Project Type	Services	Current Fees	Last Fiscal Fees	Construction Value
				\$	\$	
				\$	\$	
				\$	\$	

- Owner=O, Contractor=C, Developer=D, Design Professional=DP, US Gov't=USG, Foreign Gov't=FG

7. Does the **Firm** hire sub-consultants? Foreign _____% US _____% ☐ Yes ☐ No
8. Does the **Firm** confirm licenses and requirements of sub-consultants? ☐ Yes ☐ No
9. Does the **Firm** acquire certificates of insurance of sub-consultants? ☐ Yes ☐ No

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.