

Joint Venture 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.

QUESTIONNAIRE INSTRUCTIONS

Please complete a separate questionnaire for each project.

GENERAL INFORMATION

1. Name of **Firm**: _____

PROJECT INFORMATION

2. General Project Information

- a. Legal Name of Joint Venture Entity: _____
- b. Owner of Project: _____
- c. Address of Project: _____
- d. Description of Project: _____
- e. Estimated Construction Value of Project: _____

3. Other Member(s) of the Joint Venture

- a. Other member(s) name(s): _____

- b. Address of the other member(s): _____

- c. Other member's(s') percentage(s) of participation based on fee income: _____

4. Services Rendered by the Joint Venture

- a. Services rendered by the **Firm**: _____

- b. Services rendered by the other member(s): _____

5. Gross Billings

- a. Total gross billings to be derived from the project by the entire joint venture entity: _____
- b. **Firm's** total gross billings to be derived from the joint venture: _____
- c. **Firm's** total gross billings (whether or not collected) derived from the joint venture for:

Past Fiscal Year	Current Fiscal Year	Estimate for Next Fiscal Year
(20__)	(20__)	(20__ to 20__)
\$	\$	\$

6. Contracts (Please forward a copy of the fully executed contract(s) as soon as available).

- a. Date contract was signed or the estimated date the contract will be signed between the joint venture entity and the owner: _____
- b. Date contract was signed or the estimated date the contract will be signed by the members of the joint venture: _____

7. Schedule

	From (M/D/Y)	To (M/D/Y)
a. Schematic Stage		
b. Design Development		
c. Construction Documents		
d. Bidding or Negotiation		
e. Construction		

8. Insurance

- a. Has the **Firm's** liability arising out of this joint venture been insured thus far? ☐ Yes ☐ No
- b. Has the other member's liability arising out this joint venture been insured thus far? ☐ Yes ☐ No
- If "Yes", please provide details as to carrier, limit, deductible and expiration date: _____

9. Claims: Has any suit been filed or claim made against the **Firm** or against any other person named in Question 3 above? ☐ Yes ☐ No

If "Yes", please give details: _____

10. 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 give details: _____

DECLARATIONS AND NOTICE

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.