



Architects and Engineers Advantage

Professional Liability Insurance

Custom Residential 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 INSUREDS 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.

G	GENERAL INFORMATION							
1.	Name of Firm:							
2.	2. What average annual percentage of the Firm's billings represented residential work on projects with construction v greater than \$3MM over the last five years?%							
3.	What average annual percentage of the Firm's billings is expected to represent residential work on projects vector construction values greater than \$3MM over the next five years?							
4.	Do the Firm's contracts that involve residential projects include a Limitation of Liability clause in Your favor?							
5.	Please list the Firm's three large	est residential projects in the last five years:						
	Name and Location of Project							
	Client							
	Services Provided							
	Firm's Total Design Fees							
	Construction Value							
	Construction Period	Start Date: Completion Date:						
	Name and Location of Project							
	Client							
	Services Provided							
	Firm's Total Design Fees							
	Construction Value							
	Construction Period	Start Date: Completion Date:						
	Name and Location of Project							



Architects and Engineers Advantage Custom Residential Questionnaire

	Client			
	Services Provided			
	Firm's Total Design Fees			
	Construction Value			
	Construction Period	Start Date:	Completion Date:	
Add	itional Information:			
nad		on from all persons to be insured,	tatements above are true and complete, that thorough no facts have been suppressed or misstated, and	
Date	e Signature	/ Title		
(m	m/dd/yyyy) (Chief E	xecutive Officer, President, Finan	cial Officer, Managing Partner or Owner)	
(m	m/dd/yyyy) (Print N	ame 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.