

*Specified Project/Client Excess*

*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**

- ☐ Specified Project Excess (SPX)  
☐ Specified Client Excess (SCX)

1. Name of **Firm**: \_\_\_\_\_
2. Project(s) Name: \_\_\_\_\_
3. Project(s) Location: \_\_\_\_\_
4. Project(s) Owner: \_\_\_\_\_
5. Project(s) Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is the **Firm** the prime on this project? \_\_\_\_\_

7. Total Gross Billings: (Per Project/Per Client)

Previous Twelve Months	Last Twelve Months	Next Twelve Months

8. Project Construction Costs (if requested Client Excess, provide each construction cost separately): \_\_\_\_\_  
\_\_\_\_\_

9.

	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Design Phase		
Construction Phase		

10. **Firm's** Services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does the **Firm** obtain certificates of insurance from all subconsultants?

☐ Yes ☐ No

12. Limit of Liability Requested: \$\_\_\_\_\_

13. Please attach any additional information **You** feel would be helpful.

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.