



DESIGN PROFESSIONALS LIABILITY INSURANCE
GREAT AMERICAN INSURANCE COMPANY
CONDOMINIUM SUPPLEMENT

GENERAL INFORMATION

| | |
|-------------------------|---------------------|
| Proposed Named Insured: | GAIG Policy Number: |
|-------------------------|---------------------|

CONDOMINIUM/COOPERATIVES INFORMATION

1. Indicate the approximate percentage of your condominium/cooperative billings for the past fiscal year that were derived from each of the following disciplines: (This section should equal 100%)

| | | |
|---|---------------------------------------|---------------------------------|
| _____% Architecture | _____% Forensic Engineer | _____% Mechanical Engineer |
| _____% Civil Engineer | _____% Geotechnical Engineer | _____% Process Engineer |
| Construction Management _____% Agency/Owners Rep _____% At-Risk | _____% Non-Structural Interior Design | _____% Structural Engineer |
| _____% Electrical Engineer | _____% Landscape Architect | _____% *Other Design Consulting |
| _____% Environmental Consultant* | _____% Land Surveyor | 100% Total |

*Please describe the type of "Other-Design Consulting" above: e.g. acoustical, lighting design, urban planning etc. (Describe): _____

2. Indicate the approximate percentage of your condominium/cooperative billings for the past fiscal year that were derived from each of the following project types in a-d below:

A. Residential Condominiums

| | Percentage (%) of Gross Billings | Number of Projects | % of new construction | % of Renovations | % of conversion to Condos |
|------------------|----------------------------------|--------------------|-----------------------|------------------|---------------------------|
| Last Fiscal Year | % | | % | % | % |
| Two Years Ago | % | | % | % | % |
| Three Years Ago | % | | % | % | % |

B. Mixed-Use Condominiums

| | Percentage (%) of Gross Billings | Number of Projects | Average Number Residential Units | % of new construction | % of Renovations | % of conversion to Condos |
|------------------|----------------------------------|--------------------|----------------------------------|-----------------------|------------------|---------------------------|
| Last Fiscal Year | % | | | % | % | % |
| Two Years Ago | % | | | % | % | % |
| Three Years Ago | % | | | % | % | % |

C. Commercial Condominiums

| | Percentage (%) of Gross Billings | Number of Projects | % of new construction | % of Renovations | % of conversion to Condos |
|------------------|----------------------------------|--------------------|-----------------------|------------------|---------------------------|
| Last Fiscal Year | % | | % | % | % |
| Two Years Ago | % | | % | % | % |
| Three Years Ago | % | | % | % | % |

D. Cooperatives

| | Percentage (%) of Gross Billings | Number of Projects | Average Number of Owners | % of new construction | % of Renovations |
|------------------|----------------------------------|--------------------|--------------------------|-----------------------|------------------|
| Last Fiscal Year | % | | | % | % |
| Two Years Ago | % | | | % | % |
| Three Years Ago | % | | | % | % |

3. Does the application act as the prime design professional on any condominium projects? Yes No

If yes, please provide the below:

| Prime Design Professional | Number of Projects |
|---------------------------|--------------------|
| Current Year | |
| Past Year | |
| Two Years Ago | |
| Three Years ago | |

4. Provide the number of condominium projects the owner/developer has completed within the past five years:

0 1 2-4 5-10 10 or more

5. **Condominium Projects Contracts:** Indicate the percentage of your condominium/cooperative billings for the past fiscal year for each contract type listed below (should equal 100%):

| | |
|---|------------------------|
| ____% Professional Association Contract | ____% Letter Agreement |
| ____% Client Drafted Contract | ____% Purchase Order |
| ____% Your Standard Contract | ____% Verbal Agreement |
| ____% Other (Describe) _____ | 100% Total |

Provide information for condominium projects only

6. Has the firm performed any services related to condominiums over the past five years using a verbal agreement? If so, provide detailed information below.

7. Is a limitation of liability provision incorporated into condominium/cooperative contracts and agreements?

Yes No

If yes, what percentage of contracts contain a limitation of liability clause less than or equal to \$250,000? _____%

8. Does the firm hire subconsultants for any condominium projects? Yes No

If yes, please provide, as a percentage of the applicant's condominium billings, the amount attributable to the following services:

| | | | |
|--------------------------------|---------|------------------------------|---------|
| Architecture | _____ % | Structural | _____ % |
| Civil | _____ % | Acoustical Consultant | _____ % |
| Electrical | _____ % | Building Envelope Consultant | _____ % |
| Geotechnical | _____ % | Code Consultant | _____ % |
| Mechanical | _____ % | | |
| Other (please describe): _____ | | | |

This should not equal 100%

9. Does your firm receive certificates of insurance from your subconsultants? Yes No

10. Does your firm require your subconsultants to carry general liability insurance? Yes No

11. Do you, or will you participate in the development of a maintenance manual on condominium projects?
 Yes No

If yes, what percentage of condominium projects would receive a maintenance manual? _____%

12. Indicate any additional risk management tools that are used to limit your liability on condominium projects you would like us to consider:

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FLORIDA FRAUD WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS FRAUD WARNING: Fraud is an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto and may be subject to criminal and civil penalties.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

I understand that the information submitted in this supplement becomes a part of my Design Professional Liability Insurance application and is subject to the same representations and conditions.

Print Name

Title

Signature

Date

Agency

Agency Contact

* If you are electronically submitting this document, and you elect to sign electronically, apply your electronic signature to this form by checking the Electronic Signature, Acknowledgement and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature, Acknowledgement and Acceptance box constitutes your signature, acknowledgement, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature, Acknowledgement and Acceptance – Authorized Representative