



LIMIT AND DEDUCTIBLE NEW YORK SUPPLEMENT

GENERAL INFORMATION

Named Insured: _____ GAIG Policy Number: _____

REQUESTED LIMIT/DEDUCTIBLE

1. What limit of liability or deductible is being requested?

Limit of Liability Per Claim \$ _____
Limit of Liability Policy Aggregate \$ _____

2. What deductible amount and type is being requested?

Deductible Amount Per Claim \$ _____
Deductible Type First Dollar Defense Damages and Claim Expenses

3. Why is this limit and/or deductible being requested (include the client's information, services rendered, project types and construction values)?

Does any Insured have knowledge of a claim, potential claim or any incident that could reasonably be expected to be the basis of a claim or civil proceeding? Yes* No
*If yes, please complete a Claim, Potential Claim or Incident Supplement for each claim, potential claim or incident.

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.

NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.

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