



DESIGN PROFESSIONAL LIABILITY INSURANCE
GREAT AMERICAN INSURANCE COMPANY

LIMIT AND DEDUCTIBLE SUPPLEMENT

GENERAL INFORMATION

Named Insured:	GAIG Policy Number:
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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)?

4. 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.

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