



Supplemental Application  
for  
Miscellaneous Professional Liability  
Insurance Policy

***THIS IS A CLAIMS MADE AND REPORTED INSURANCE POLICY. READ IT CAREFULLY.***

**INTERIOR DESIGN SUPPLEMENTAL APPLICATION**

Name of Applicant's Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

1. Please complete the following indicating the approximate percentage of involvement by project type in relation to the Applicant's total operation:

Residential: \_\_\_\_\_ %

Commercial: \_\_\_\_\_ %

Industrial: \_\_\_\_\_ %

2. Briefly describe any areas in which the Applicant's firm specializes:

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

3. (a) Does the Applicant employ any architects or engineers? ☐ Yes ☐ No  
(b) Do employed architects or engineers have separate Professional Liability Insurance in force? ☐ Yes ☐ No

**NOTE: Claims based upon services which can only be performed by a registered architect or engineer will be excluded.**

4. Do the Applicant's services involve the ordering and/or supplying of any furnishings, artwork, antiques? ☐ Yes ☐ No  
**If yes, please provide details including a sample contract used with the manufacturer/distributor:**

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

5. Does the Applicant offer any appraisal services? ☐ Yes ☐ No  
**If yes, please provide a narrative description of those services along with a sample appraisal:**

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

***Attention - Applicants in AR, CO, DC, KY, NJ, NM, NY, OH, OK, VA:***

*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 may also be subject to a civil penalty.*

*In California:* For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison

*In Colorado:* Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

*In Florida:* 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.

Also provide: Agent Name: \_\_\_\_\_ Agent License #: \_\_\_\_\_

***In Iowa and New Hampshire:***

Provide: Producer Signature \_\_\_\_\_ Date: \_\_\_\_\_

*In Maryland:* Any person who, knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*In Pennsylvania:* 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.

*In Washington, Maine, Louisiana and Tennessee:* It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company (including false information in an application for insurance and claim for payment of loss or benefit). Penalties include imprisonment, fines and denial of insurance benefits.

**THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.**

**This Application must be signed by the Applicant.**

\_\_\_\_\_  
Signature Title Date

**NOTE:** This Application including any material submitted herewith shall be treated in strictest confidence.

Please submit this Application including appropriate documentation to:

Great American Insurance Group, Professional Liability Division