



DESIGN PROFESSIONAL LIABILITY INSURANCE  
GREAT AMERICAN INSURANCE COMPANY

*SPECIFIC ADDITIONAL LIMIT NEW YORK  
SUPPLEMENT*

**GENERAL INFORMATION**

Named Insured:	GAIG Policy Number:
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**ADDITIONAL LIMIT INFORMATION**

1. An additional limit is being requested for professional services for a:  
Specific Client Additional Limit  Specific Project Additional Limit

2. Provide the current and requested limits below:

Current Policy Limit	Per Claim	\$	Aggregate	\$
Requested Additional Limit	Per Claim	\$	Aggregate	\$

3. Does this firm take on any single point responsibility for construction, fabrication, installation or erection? Yes  No

**Client Additional Limit**

4. Name and location of services provided for the firm's client: \_\_\_\_\_

5. Provide a detailed description of the typical services rendered for this client:  
\_\_\_\_\_

6. In general, what type of project(s) does this firm provide services on for this client?  
\_\_\_\_\_

7. Fees billed for this client:

Past Year	\$	Current Year	\$	Projected Next Year	\$
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8. How long has the firm provided services for this client: \_\_\_\_\_

**Project Additional Limit**

9. Name of the Project: \_\_\_\_\_

10. Location of the Project: \_\_\_\_\_

11. Provide a detailed description of the type of project and the services rendered:  
\_\_\_\_\_  
\_\_\_\_\_

12. What type of delivery method is being used for the above project?

Design-Bid-Build  Fast Track  Turnkey  Design/Build

13. Estimated fees for this project:

Past Year	\$	Current Year	\$	Projected Next Year	\$	Total Project Billings	\$

14. Complete the following for the estimated beginning and completion dates for both the design and construction phases.

Design Phase Beginning: \_\_\_/\_\_\_/\_\_\_ Completion: \_\_\_/\_\_\_/\_\_\_

Construction Phase Beginning: \_\_\_/\_\_\_/\_\_\_ Completion: \_\_\_/\_\_\_/\_\_\_

15. Provide the total estimated construction values of the project: \$ \_\_\_\_\_

16. Provide the total estimated contract fees for all design firms for this project: \$ \_\_\_\_\_

17. Advise the name of the prime design firm for this project: \_\_\_\_\_

**CLAIM OR INCIDENT HISTORY**

18. With regard to the specified client or project for which an additional limit is being requested, do you or any person or entity seeking coverage under this proposed policy have knowledge of any claim, potential claim, or incident that could reasonably be expected to be the basis of a claim, potential claim or civil proceeding?  Yes\*  No

**\*If yes, please complete a Claim, Potential Claim or Incident Supplement for each such claim, potential claim or incident.**

**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.

**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