



DESIGN PROFESSIONAL LIABILITY INSURANCE
GREAT AMERICAN INSURANCE COMPANY

SPECIFIC ADDITIONAL LIMIT 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	\$
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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.**

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