



VICTOR O.
SCHINNERER
& COMPANY, INC.



Supplemental Additional Limit Endorsement Application

Items Required for a quote:

- Insurance provision/ insurance requirements from contract
- Indemnification provision from contract

Firm Name: _____

Policy # or Reference #: _____

Broker: _____

1. Owner/Client: _____

2. Name of proposed project: _____

3. Project location: _____

4. What total limits needed for the project? _____

5. How long are limits required: _____

(the maximum number of years we will retain the endorsement on the policy is SIX)

6. Type of project (circle item):

Airports

Apartments

Bridges/ Dams/ Tunnels

Cellular Telephone Towers

Condominiums

Environmental (describe)

Geotechnical/ Structural

Hospitals

Hotels/Motels

Houses/Townhouses

Jails/Justice

Land Planning/ Restoration

Libraries

Manufacturing/Industrial

Office Buildings

Parking Structures

Potable Water Systems

Recreation/Sports Pools/Playgrounds

Roads/Highways

Schools/Colleges

Shopping Center/Retail

Warehouses

Sewage/ Storm water/Water/Wastewater

Systems

Other (describe) _____

7. Describe your specific services: _____

8. What are the **total** design fees for your portion of the project? _____

Current year: _____

Next year: _____



VICTOR O.
SCHINNERER
& COMPANY, INC.

Each subsequent year: _____

9. Will your firm be the 'prime professional' A/E on the project? _____

10. What is the Construction Cost or Construction Value of the project? _____

11. What portion (use %) will be paid to sub-consultants-hired by contract? _____

12. List the types of sub-consultants *you* will hire: _____

13. Approximate date DESIGN will begin: _____

14. What phases of the project will you have responsibility for (circle):

Schematics/ Pre-construction Construction Phase Post-construction

15. Approximate date construction will begin: _____

16. Approximate date construction will finish: _____

Additional Items Required to Bind and Issue the Supplemental Additional Limit Endorsement:

- Signed and dated Increased Limits Application
- A copy of the professional service contract
- The additional premium
- Any additional information, as requested

I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be one basis of the contract with the Company.

It is understood and agreed that the completion of this application does not bind the Company to write the insurance nor the applicant to purchase the insurance.

Signature: _____

Date: _____

(Principal /Partner or Officer)