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|  |  DESIGN PROFESSIONAL LIABILITY INSURANCE**GREAT AMERICAN INSURANCE COMPANY*****DESIGN/BUILD SUPPLEMENT*** |  |

GENERAL INFORMATION

|  |  |
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| Proposed Named Insured:       | GAIG Policy Number:       |

DESIGN/BUILD INFORMATION

**1**. Please provide a detailed description of the design/build services being performed:

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|       |

**2**. How may years of design/build experience do you have?

3. Total number of design/build projects your firm has engaged in:

Past Fiscal Year       Two Year Ago       Three Years Ago       Estimated Current Year       Next Year

4. Complete the following chart:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Past Fiscal Year*** | ***Past Fiscal Year*** | ***Next Fiscal Year*** | ***Next Fiscal Year*** |
| **Types of Services/Work** | *Construction Values* | *Professional Fees* | *Construction Values* | *Professional Fees* |
| Design and Construction Responsibility |       |       |       |       |
| Design Only Responsibility |       |       |       |       |
| Construction Only-No Design Responsibility |       |       |       |       |
| Agency Construction Management |       |       |       |       |
| At-Risk Construction Management |       |       |       |       |
| Other:       |  |       |       |       |       |

**5**.Does your firm perform, or subcontract to others any services in connection with the generation, transportation, storage, or disposal of pollutants? [ ]  Yes [ ]  No

 If yes, please provide full details, including services, clients, and fees billed for past fiscal year and estimates for the

 current year:

6. Do you require your subcontractors to name you as an additional named insured? [ ]  Yes [ ]  No

**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.**

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|       |  |       |

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

ADDITIONAL INFORMATION

If providing additional details please reference the question number below:

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| --- |
|       |