

**INTERIOR DESIGN
SUPPLEMENTAL APPLICATION**



INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by authorized person.

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1. Applicant name: _____
 2. The Applicant is affiliated with which of the following: (Please mark "X" next to all that apply):

_____ Real Estate Firm	_____ Building Contractor
_____ Architect	_____ Construction Manager
_____ Consulting Firm	_____ Designer
_____ Engineer	_____ Other (Please specify)

 3. Please provide a detailed description of your professional services as an interior designer.
 4. Are you in any manner advising as to, recommending, directing, organizing, managing, executing, or otherwise directly or indirectly involved in structural changes made to any real property? Yes No
 5. On a separate document on the Applicant's letterhead provided herewith, describe in detail the two largest space planning consulting projects undertaken by the Applicant during the past (3) years. Such document must include for each: (a) Gross income*, (b) Basis of Compensation, (c) Applicant's Responsibilities, (d) Applicant's Qualifications for the project, (e) Goal the Applicant was retained to achieve and (f) whether or not the Goal was met.

* Gross Income – All income derived from fees and commissions before split with brokers or sales people or deduction for expenses.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (m-d-y)