



## 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                   | Manufacturing/Industrial                    |
| Apartments                 | Office Buildings                            |
| Bridges/ Dams/ Tunnels     | Parking Structures                          |
| Cellular Telephone Towers  | Portable Water Systems                      |
| Condominiums               | Recreation/Sports Pools/Playgrounds         |
| Environmental (describe)   | Roads/Highways                              |
| Geotechnical/ Structural   | Schools/Colleges                            |
| Hospitals                  | Shopping Center/Retail                      |
| Hotels/Motels              | Warehouses                                  |
| Houses/Townhouses          | Sewage/Storm Water/Water/Wastewater Systems |
| Jails/Justice              | Other (describe) _____                      |
| Land Planning/ Restoration | _____                                       |
| Libraries                  |   |

7. Describe your specific services: \_\_\_\_\_

\_\_\_\_\_

8. What are the total design fees for your portion of the project? \_\_\_\_\_

Current year: \_\_\_\_\_

Next year: \_\_\_\_\_

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)

**Victor Insurance Managers LLC**

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