



Supplemental Underwriting Questionnaire

Date:

Firm Name: Year Firm Was Established: Retro Date:

Please provide the additional information below. This information will enable us to provide more competitive pricing and allow us to deliver our best value to this firm. Please submit the completed questionnaire along with your client's application (if not previously submitted) to design.us@victorinsurance.com.

1. List your professional service billing information below, including billings to consultants.			
	Current Fiscal Year	Past Fiscal Year	
1A. Date of Reporting Periods	From:	From:	
	То:	То:	
1B. Total Gross Billings	\$	\$	
1C. Direct Reimbursables (not to include sub-consultants)	\$	\$	
1D. Sub-consultants	\$	\$	
1E. International Work	\$	\$	
1F. Abandoned Projects	\$	\$	
1G. Separately Insured Projects	\$	\$	
1H. Approximate Construction Values	\$	\$	

ADDITIONAL PROFESSIONAL SERVICES DATA						
2. During the past year, what percentage of your firm's billings were performed in these service areas? (Must total 100%)						
Alarm Systems/Fire Protection	%	HVAC Engineering	%			
Analytical Laboratory Testing	%	Interior Design	%			
Architecture	%	Laboratory Testing	%			
Chemical Engineering	%	Land Surveying	%			
Civil Engineering	%	Landscape Architecture	%			
Commissioning/Test & Balance	%	Machinery/Equipment Design	%			
Concept Design without Construction Documents	%	Management Consulting	%			
Construction/Program Management	%	Marine Engineering	%			
Drafting Services	%	Mechanical Engineering	%			
Electrical Engineering	%	Mining Engineering	%			
Environmental Abatement	%	Nuclear Engineering	%			
Environmental Impact Studies	%	Oil/Gas Well Engineering	%			
Environmental Permitting	%	Process Engineering	%			
Facilities/Operations Management	%	Structural Engineering	%			
Feasibility Studies/Reports/Opinions/Master Plans	%	Schematic Design without Construction Documents	%			
Forensic Engineering	%	Specialized Non-licensed Technical Consultants	%			
Forensic Investigations & Testimony	%	Transportation Engineering	%			
Geotechnical Engineering	%	Other (please provide description)	%			

PROJECTS					
3. What is the approximate percer	ntage of yo	our total gross billings from each	h project typ	e? (Must total 100%)	
Airports (excluding terminals)	%	Hotels/Motels	%	Recreation/Sports	%
Airport Terminals	%	Jails	%	Roads/Highways	%
Amusement Rides	%	Landfills/Solid Waste	%	Schools/Colleges	%
Apartments	%	Libraries	%	Shopping Centers/ Retail/Restaurants	%
Assisted Living Facilities	%	Manufacturing/Industrial	%	Single-Family Residential	%
Bridges	%	Mass Transit	%	Storm Water Systems	%
Churches/Religious	%	Multi-Family Residential	%	Tunnels	%
Condos/Co-ops	%	Nuclear	%	Utilities	%
Convention Centers/Arenas/ Stadiums	%	Office Buildings/Banks	%	Warehouses	%
Dams	%	Parking	%	Wastewater Treatment	%
Dorms	%	Parks/Playgrounds	%	Waste Treatment	%
Environmental Remediation	%	Petro Chemical	%	Water/Sewer/Pipelines	%
Harbors/Ports/Piers	%	Potable Water Systems	%	Other (include description)	%
Hospitals/Healthcare	%	Real Estate Development	%		

4. What is the approximate percentage of your clients from each business type? (Must total 100%)						
Commercial Companies & Entities	%	Government – Federal	%	Manufacturing/ Industrial Entities	%	
Design-Build Contractors	%	Government – Foreign	%	Real Estate Developers	%	
Design Professionals	%	Government – Local	%	Other	%	
Financial Institutions	%	Government – State	%	·		
General/Specialty Contractors	%	Institutional Entities (non-public)	%			
5. Approximately what percentage of your total gross billings is from repeat clients?			%			



Victor Insurance Managers LLC

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