SUPPLEMENT TO PROFESSIONAL LIABILITY APPLICATION Construction Managers

Name of Applicant:								
1. Indicate the number of staff officers:			F	ull-Time	Part-Time			
A. Principals, Partners or Officers								
B. Architects, Engineers, Site Representatives, Surveyors, Draftsmen, and all other technical personnel, excluding Principals.								
C. Office Employees (Clerks, Typists, etc.)								
D. Construction Workers								
E. Total Staff (A+B+C+D)								
2. States in which professional license is held:								
3. Foreign work?								
4. Please indicate the approximate percentage of billings derived from each project type (Total must equal 100%):								
Apartment		Hospital/Healthcare		Site Developme	ent			
Hotels/Motels		Recreation/Sports		Road/Highway				
One Family Dwelling		Libraries		Bridge/Dam/Tu	ınnel			
Condo/Townhouse		Jails/Justice		Harbor/Pier/Por	rt			
Office Building		Convention Center		Landfill				
Shopping Center		Airport		Mass Transit				
Parking Structure		Water System		Petro/Chemical				
Warehouse		Sewage Treatment		Nuclear/Atomic	2			
Manufacturing/Industrial		Industrial Waste Treatment		Other (Specify)	:			
Ecclesiastical		Superfund/Pollution						
Asbestos Evaluation/Abatement		Pool/Playground						
School/College		Amusement Ride						

5. Please indicate the approximate the proximate of the p	nate percentage of fees derived	from each of the following:
Commercial	Local Government	Owners who act as their own builders
Contractors	Real Estate Developers	Industrial
Other Design Professional	Lending Institutions	Other (Specify):
Federal Government	State Government	
6. Does any one contract or cli If yes, please give details:	ient represent more than 50% or	f annual work. Yes No
7. Does the Applicant foresee a next twelve months? Ye	and substantial changes in the personal in the	percentages of Questions 5-7 during the in.
A. Actual construction, fabB. Design/Build: ☐ YesC. Development or sale ofD. Real Estate Development	orication or erection: ☐ Yes ☐ No computer software to others: ☐ nt: ☐ Yes ☐ No	related to your firm engaged in: No Yes No atented production process: Yes No
• •		details, including a description of the eived. Also enclose sample contract(s).
9. Do you use written contract. If no, describe the circumsta	s on every project? Yes ances when verbal agreements a	□ No are used:
10. If non-standard or modified counsel for liability implications.	d AIA or EJCDC contracts are ations prior to signing? ☐ Yes	used, are they reviewed by your legal
11. Does the firm ever enter in ☐ Yes ☐ No	to contracts that contain indem	nification or "hold harmless" agreements?

12. Accounting Year Data - Report all revenue generated by every entity to be listed as an insured, broken down by the following contract types/revenues:

Reporting Period	Past 12 N	Months	Estimated for Next 12 Months		
	From: /	To: /	From: /	To: /	
Types of Contracts/ Activities	Estimated Construction Values	Professional Fees	Estimated Construction Values	Professional Fees	
Design Only - Perform design services only with no contractual obligations for construction or construction management (CM)	\$	\$	\$	\$	
Construction Only - Perform as general or specialty constructor with no contractual obligations for design or agency CM services	\$		\$		
Agency CM - Provide project administration and management services as agent of owner but hold no design or construction subcontracts.	\$	\$	\$	\$	
At-Risk CM - Provide agency CM services during preconstruction and self-perform or hold and manage all construction subcontracts during construction.	\$	\$	\$	\$	
Design-Build with In-House Design - assume contractual obligation for design and construction where design is substantially performed by in-house employees.	\$	\$	\$	\$	
Design-Build with Subcontracted Design - Assume contractual obligation for design is substantially subcontracted to others.	\$	\$	\$	\$	
Other - Revenue generated from sources other than the above contract types/activities (Please attach detailed descriptions)	\$	\$	\$	\$	
TOTALS:	\$	\$	\$	\$	
I UNDERSTAND INFORMATION FOR PROFESSIONAL LIABILI CONDITIONS.					
Applicant Signature		Date (Mo	o/Day/Yr)		