

**SUPPLEMENT TO PROFESSIONAL LIABILITY APPLICATION
Contract Only/Dedicated Practice Supplement**

Name of Applicant:

1. Indicate the number of staff:	Full-Time	Part-Time
A. Principals, Partners or Officers	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>
B. Professional Staff	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>
C. Office Employees (Clerks, Typists, etc.)	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>
D. Construction Staff	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>
E. Total Staff (A+B+C+D)	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>

2. Explain the details of the contract/dedicated practice for which coverage is desired:

3. How much work will be subcontracted out? If more than 0%, please explain.

4. Total fees for contract only/dedicated practice services:

Previous Fiscal Year	Current Fiscal Year	Estimate for Projected Fiscal Year
Professional Fees \$ <input style="width: 100px;" type="text"/>	Professional Fees \$ <input style="width: 100px;" type="text"/>	Professional Fees \$ <input style="width: 100px;" type="text"/>
Construction Costs \$ <input style="width: 100px;" type="text"/>	Construction Costs \$ <input style="width: 100px;" type="text"/>	Construction Costs \$ <input style="width: 100px;" type="text"/>

5. What total revenues do you expect to receive from this contract? \$

6. Did you use a written contract on this project? Yes No
If yes, please supply a copy of the contract with the scope of services included.

I UNDERSTAND INFORMATION SUBMITTED HERIN BECOMES A PART OF MY APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE, AND IS SUBJECT TO THE SAME WARRANTY AND CONDITIONS.

Applicant Signature

Date (Mo/Day/Yr)