

**SUPPLEMENTAL MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION
INTERIOR DESIGNERS/DECORATORS
(Claims Made Basis)**

Name of Applicant: _____

1. Please set forth the percentage of involvement by project type in relation to your total operations.

Residential	_____	%
Commercial	_____	%
Other (describe) _____	_____	%
Total:	_____	%

2. Briefly describe any areas of Specialization:

3. Are there any Design Professional on your staff? () Yes () No

If "Yes", please attach Professional Resumes of all the Professional Personnel.

4. Do you subcontract out any design services to other Design Professionals? () Yes () No

If "Yes", please provide full particulars and procedures you follow to obtain certificates of general liability insurance and professional liability insurance from subcontractors to whom you subcontract such work.

5. Does the Applicant's services involve the sale, ordering and/or supplying of furniture, furnishings, artwork, antiques, etc.? () Yes () No

If "Yes", please provide a brief narrative on the contractual procedures you follow with your client with respect to these services and similarly with the manufacturer, distributor or supplier of goods. If specific contracts are utilized, please also provide specimen copies such contracts.

6. Specify the Applicant's contract revenue separately for the various categories obtained from (1) Design Fees and (2) Sale, ordering and/or supplying of an furniture, furnishings, artwork, antiques, etc

	<u>Past 12 Months</u>		<u>Present 12 Months</u>		<u>Estimate For Coming Year</u>	
	(1)	(2)	(1)	(2)	(1)	(2)
a) Residential	_____	_____	_____	_____	_____	_____
b) Commercial	_____	_____	_____	_____	_____	_____
c) Others (describe) _____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

7. Specify the percentage of the Applicant's contact revenue attributable to the following type of client for the immediate past fiscal year:

- a) Federal, State, County or Local Government and Agency thereof _____ %
 - b) Real Estate Developers _____ %
 - c) Design Professionals _____ %
 - d) Other Private or Public Held Corporations _____ %
 - e) Other Individuals, Partnerships or Joint Ventures _____ %
 - f) Other (describe) _____ %
- Total: _____ 100 %

8. During the immediate past fiscal year, did the Applicant derive more than 50% of its contract revenue from any one single client? () Yes () No
If "Yes", please give details. _____

9. Does the Applicant provide any appraisal Services? () Yes () No
If "Yes", please provide a narrative description and sample appraisal:

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability insurance, and is utilized to develop pertinent information unique to interior designer/decorator operations.

Date

Authorized Representative

Title