



Project Specific Questionnaire

1. Insured's name: _____
2. Name of project: _____
3. Location of project: _____
4. Contract No. _____
5. Name of Client: _____
6. Describe your service for the project: _____

7. Provide the estimated beginning and completion dates for both the design and construction phases: (if construction has already begun, coverage may not be available)
Design Phase _____ to _____ / Construction Phase _____ to _____
8. Total estimated construction value of the project: _____
Insureds contract fees by year: _____
Total estimated contract fees for all design firms for this project: _____
9. Prime design firm on this project: _____
10. Additional limit requested: _____
11. How long is this additional limit required? _____
12. Are you aware of any claims or any circumstances which might give rise to a claim on this project? Yes No (If yes, please explain)

Principal's Name _____

Principal's Signature _____

Date _____