

SECTION A: Applicant Information

1. Applicant Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Website: _____ Phone Number: _____

SECTION B: Business and Operations Information

1. How many years of experience does Insured have as a consultant? _____
 2. Estimated sales for policy term: _____ Estimated gross payroll: _____
 3. Estimated construction value of all projects in which Insured will be involved in during the policy term: _____
 4. Complete the table below with information on the last 5 projects completed:

Job Location	Sales	Construction Value of Project	Contract Directly with Subcontractors? (Y/N)	Term of Project

5. Complete the table below with information on 5 projects currently underway:

Job Location	Sales	Construction Value of Project	Contract Directly with Subcontractors? (Y/N)	Term of Project

6. Percentage of work performed at project site: _____ Percentage of work performed within office: _____
 7. Does Insured carry Professional Liability coverage? ☐ Yes ☐ No
 If yes, provide the carrier, limits, and effective dates: _____
 8. Provide details on any liability claims made against Insured in the past 5 years, including professional liability:

 9. Is Insured named as an additional Insured on the subcontractor's policies? ☐ Yes ☐ No
 10. Is Insured named as an additional Insured on the owner's/client's policies? ☐ Yes ☐ No
 11. Does Insured require waiver of subrogation endorsement from subcontractors? ☐ Yes ☐ No
 12. Does Insured require waiver of subrogation endorsement from the owner/client? ☐ Yes ☐ No
 13. Does Insured sign a contract with clients? ☐ Yes ☐ No
 If yes, what type of contract? _____
 If yes, does the contract contain indemnification and/or hold harmless wording? ☐ Yes ☐ No
 If yes, is the wording mutual and does it favor one party over the other? _____
 14. Does Insured sign contracts or work orders with the subcontractors? ☐ Yes ☐ No
 If yes, is it signed with Insured's name? ☐ Yes ☐ No

15. Does Insured sign contracts or work orders on behalf of clients? ☐ Yes ☐ No
 If yes, does Insured have permission from client to sign contracts or work orders with subcontractors on their behalf?
 ☐ Yes ☐ No
16. If performing inspections, are any inspections performed at height? ☐ Yes ☐ No
 If yes, what equipment is used? _____
17. Is Insured responsible for hiring/firing all subcontractors on all jobs they are involved with? ☐ Yes ☐ No
18. Will Insured exercise control over any contractor activities or direct their activities in any way? ☐ Yes ☐ No
19. Will all contractors at the projects understand that Insured is present to observe their work and that Insured can't instruct them on how they should perform their work? ☐ Yes ☐ No
20. If Insured is contracting with subcontractors directly, what is the estimated subcontractor costs of such contracts for the policy term? _____
21. If Insured is contracting with subcontractors directly, what is the number of sales related to jobs where Insured directly contracts with subcontractors? _____
22. If Insured is contracting with subcontractors directly, explain why and when Insured would directly contract with subcontractors vs. acting as an owner's rep: _____
23. When entering into contracts directly with subcontractors, does Insured sign contracts and receive hold harmless, indemnification and Additional Insured wording in Insured's favor? ☐ Yes ☐ No
- 24. Please provide two executed contracts and certificates from when Insured recently contracted directly with subcontractors**

SECTION H: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____

