



**Supplemental Application for Architects & Engineers Professional Liability Coverage
Limit or Deductible Change Application**

Principal Firm Name:		
Policy Number:	Effective Date of change	
The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.		
1, KNOWLEDGE OF CLAIMS OR INCIDENTS		
Has any claim or suit that would be covered by this insurance been made against any insured under this policy which has not been previously reported to the Company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you, any insured or any predecessor firm insured under this policy have knowledge of any negligent act, error, omission, unresolved job dispute or any circumstances(s) that is or could be a basis for a claim under this policy that has not previously been reported to the Company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. COVERAGE REQUESTED		
Limit of Liability		
Deductible or SIR Amount		
Deductible or SIR Type		

REPRESENTATION

I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be one basis of the contract with the Company.

It is understood and agreed that the completion of this application does not bind the Company to write the insurance nor the applicant to purchase the insurance.

NOTE: This supplemental application must be reviewed, signed and dated within a month of submission by a **principal, partner or officer** of the applicant firm

Title: Principal Partner Officer

Date: _____

Signature: _____

Print Name: _____