Landscape Architects or Other Technical Services
Professional Liability Supplemental Application

THIS SUPPLEMENTAL APPLICATION IS PART OF THE PROFESSIONAL LIABILITY APPLICATION, INCLUDING CLASS SPECIFIC AND RENEWAL APPLICATIONS, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENTAL APPLICATION.

PLEASE ANSWER ALL QUESTIONS AND LEAVE NO BLANK SPACES. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, KINDLY APPEND A SEPARATE PAGE WITH YOUR DETAILED ANSWERS.

APPLICANT

1. Name: _____

BUSINESS ACTIVITIES AND FINANCIAL INFORMATION

2. Complete the following table describing your activities and indicate the approximate percentage of revenue derived from each.

Activities	% (total must be 100%)
Residential	%
Industrial (describe):	%
Institutional (describe):	%
Commercial (describe):	%
Agricultural (describe):	%
Municipal (describe):	%
Other (describe):	%

3. Is the Applicant involved in services resulting in construction, installation or erection, manufacturing or assembling of products?   Yes ☐   No ☐

   If Yes,

   a) Please provide details on the work performed: _____

   b) Does the Applicant carry a comprehensive general liability policy?   Yes ☐   No ☐

4. Does the Applicant or any of his independent contractors use drones as part of the professional services rendered?   Yes ☐   No ☐

5. Could the services rendered by the Applicant have an impact on the environment?   Yes ☐   No ☐

   If Yes, please provide details

The undersigned authorized representative of the Applicant declares that the statements in this Supplemental Application and any attachments or information submitted with this Supplemental Application are true and complete. The undersigned understands that this Supplemental Application and any such attachments or information submitted herein are part of the Application submitted by or on behalf of the Applicant for the proposed insurance and are subject to the conditions and representations set forth therein.

Applicant name (print): _____   Date: _____

Applicant signature: _____   Applicant title: _____