

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. In consideration of the gross annual revenue specified in the Professional Liability Application, complete the following table describing each service and indicate the approximate percentage of revenue derived from each.

| Services | % (total must be 100%) |
|---|------------------------|
| Interior design | % |
| Products design | % |
| Furniture design | % |
| Decoration, arrangement, home staging | % |
| Furniture sales | % |
| Architect and/or engineering services (describe): | % |
| Bid tendering or contractor selection (describe): | % |
| Other (describe): | % |

3. 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): | % |
| Property development (describe): | % |
| Other (describe): | % |

4. 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 ☐

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

6. Is the Applicant involved in any of the following?

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| • Coordinating or hiring contractors | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Structural design recommendations | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Design & build | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Construction project management | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes to any, please provide details:

7. Does the Applicant ever enter contracts directly with any trades, architects, or engineers? 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: _____