

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. (Total must be 100%)

Services	% of revenue	Services	% of revenue
Ground occupational plans	%	Environmental projects	%
Elaboration of policies and their application	%	Developing Countries	%
Transport planning	%	Urban design	%
Housing and districts life quality	%	Landscape architecture	%
Community organization	%	Supervision of work	%
Patrimony conservation	%	Territory arrangement	%
Economic development and resources management	%	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. Is the Applicant involved in any property development or construction activities? Yes ☐ No ☐

If Yes, please provide details and revenue derived from it:

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: _____