

## Excess Application for Architects, Engineers & Consultants

Please indicate which types of excess coverage you are seeking:

**Specific Project Excess**

**Specific Client Excess**

**Excess Over Other Coverage**

### Firm Information

1. Firm name: \_\_\_\_\_
2. Limits Needed: \_\_\_\_\_

	Per Claim	Aggregate	Excess Over Other Coverage Only	
Current Policy Limit			Deductible	Premium
Excess Limit Needed			Carrier	Expiration Date
Total Limits				

### Project Information

3. Project name: \_\_\_\_\_
4. Description of the Project: \_\_\_\_\_
5. Have you had past experience working on this type of Project? Yes      No
6. Project construction value: \_\_\_\_\_
7. Project owner/client: \_\_\_\_\_
8. Have you worked with this owner/client before? Yes      No
9. Are you the prime? Yes      No
10. SPX: fees to be paid to your firm      \$ \_\_\_\_\_ (include subconsultant fees)
- SCX: estimated annual fees from this client:      \$ \_\_\_\_\_ (include subconsultant fees)

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11. Design and Construction Dates

Design Phase:

\_\_\_\_\_

Begin

\_\_\_\_\_

Completion

Construction Phase:

\_\_\_\_\_

Begin

\_\_\_\_\_

Completion

12. Please provide a copy of the contract.

13. Are you aware of any claim or circumstance that may give rise to a claim from this project or with this client

Yes                      No

On behalf of our firm, I agree that this application is true to the best of my knowledge and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the insurance company. I understand this application and the related materials submitted with the application are part of any policy Berkley Insurance Company may issue to our firm. It is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Principal, Partner or Officer: \_\_\_\_\_

Title: \_\_\_\_\_