

Roush Insurance Services, Inc.

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- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

SUPPLEMENT FOR LIMITS OF LIABILITY FOR A DESIGNATED PROJECT

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. (a) Full name of Applicant: _____
(b) Current Architects and Engineer Professional Liability Policy No.: _____
2. Provide the following Project Information:
 - (a) Name of Project: _____
 - (b) Name of Project owner: _____
 - (c) Location of Project: _____
(Street Address) (City) (State) (Zip)
 - (d) Project type: _____
 - (e) Total construction value of the Project: \$ _____
 - (f) The Applicant's total fees for the Project: \$ _____
 - (g) Description of all services the Applicant will provide for the Project: _____

Estimated Start Date

Estimated Completion Date

- | | | |
|--------------------|-------|-------|
| (h) Design Phase | _____ | _____ |
| Construction Phase | _____ | _____ |

3. Does the Applicant:
 - (a) Have any equity interest in the Project?..... [] Yes [] No
 - (b) Plan to engage in any actual construction on the Project?..... [] Yes [] No
 - (c) Plan to manufacture, fabricate or supply any materials to be used on the Project? [] Yes [] No
 - (d) Plan to participate in a joint venture for any activity on the Project?..... [] Yes [] No

If any of the above questions is answered Yes, provide details. _____

4. Is the Project:
 - (a) On a Fast Track or Design Build delivery method?..... [] Yes [] No
 - (b) The subject of any kind of claim or litigation by any party? [] Yes [] No
 - (c) Delayed or damaged in any way? [] Yes [] No

If any of the above questions is answered Yes, provide details. _____

5. Has (have) any Professional Liability claim(s) on the Project been made against the Applicant or any person or entity? [] Yes [] No
If Yes, provide details. _____

6. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, circumstance or situation which might afford grounds for any claim on the Project:

(i) Such as would fall under the proposed insurance? [] Yes [] No
If Yes, provide details. _____

(ii) Against any other professional person or organization on the project? [] Yes [] No
If Yes, provide details. _____

7. Total limits of liability needed for the Project:

Limits of Liability: \$ _____ each claim / \$ _____ policy aggregate

THE COMPANY DOES NOT GUARANTEE TO OFFER THE ABOVE LIMITS.

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

Name of Applicant

Title

Signature of Applicant

Date

Notice to District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Maine Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Notice to New Hampshire Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Notice to Vermont Applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Agency _____

Phone _____

Address _____

Fax _____

City _____

State _____ Zip _____