

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Architects & Engineers Joint Venture Supplemental Application
		PROFESSIONAL LIABILITY Division Email to PL@jamesriverins.com or, Fax to 804-420-1054
APPLICANT'S INSTRUCTIONS: Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.		

JOINT VENTURE SUPPLEMENTAL APPLICATION

Supplemental Application for Joint Venture Coverage to be completed for each Joint Venture.

1. Name of Applicant: _____
2. Legal Name of Joint Venture: _____
3. Description of Project: _____
4. Location of Project: _____
 City: _____ State: _____ Zip Code: _____
5. Owner of Project: _____
6. Services to be performed by Applicant: _____
7. Name and Address of other Members: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
8. Total Construction value of Project: \$ _____
9. Gross fees from Project for all Members: \$ _____
10. Applicant's gross fees from Project: \$ _____
 Prior year: \$ _____ Current year: \$ _____ Next year: \$ _____
11. Joint Venture contract signing date: _____ Completion date: _____
12. Construction: Beginning date: _____ Completion date: _____
13. Percentage of Joint Venture completed: _____
14. Percentage of Joint Venture completed: _____
15. Has Applicant's portion of Joint Venture been insured this far? Yes No
16. Do other Members carry insurance on Joint Venture? Yes No
 If yes, give details: _____

Dated this _____ day of _____, 20__ Signature: _____
 Title: _____