

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Architects & Engineers Equity Interest 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.		

EQUITY INTEREST SUPPLEMENTAL APPLICATION

1. Name and location of project: _____
2. Description of project: _____
3. Name of Owners: _____ Percentage of Ownership: _____
4. Service provided by your firm: _____
5. Total construction value of project: _____
6. Total fees from the project: \$ _____
7. Applicant's fee from the project: \$ _____
8. Design phase: Beginning date: _____ Completion date: _____
9. Construction phase: Beginning date: _____ Completion date: _____
10. a. Has any claim or suit such as would be covered by the proposed insurance been made against the Applicant or any of the Owners named in Question 3? Yes No
 If "Yes", give details: _____
- b. Does the applicant or any of the owners named in Question 3 have knowledge of any prior error, omission or of any other circumstances that is or could be a basis for a claim under the proposed insurance? Yes No
 If "Yes", give details: _____

I/WE DECLARE THAT THIS STATEMENT AND PARTICULARS MADE IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND THAT I/WE WILL UNDERTAKE TO INFORM THE COMPANY OF ANY MATERIAL ALTERATION TO THESE FACTS WHETHER OCCURRING BEFORE OR AFTER COMPLETION OF THE CONTRACT OF INSURANCE.

Dated this _____ day of _____, 20__

Signature of Director/Partner/Principal: _____

Title: _____

Name of Insured: _____