

# Professional Liability: Interior Design/Landscaper/Space Planner Supplement

<p><b>Visit us at:</b></p> <p><a href="http://WWW.KEYSTROKEINS.COM" style="color: blue; text-decoration: underline;">WWW.KEYSTROKEINS.COM</a></p>	 <p><b>KEYSTROKE</b><sup>SM</sup> UNDERWRITERS <small>Division of Specialty Program Group, LLC</small></p>
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The Applicant is applying for CLAIMS-MADE Professional Liability POLICY which, if issued, applies only to CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD. The LIMIT OF LIABILITY available to pay DAMAGES will reduce and may be exhausted by the payment of CLAIM EXPENSES.

Applicant means all disclosed corporations, organizations or other entities, including subsidiaries, proposed for this coverage. Please complete all questions with an answer, if question is not applicable then answer with N/A.

**1. Applicant Information:**

Name of Applicant: \_\_\_\_\_

**2. What percentage of the Applicant’s revenues is derived from the following:**

Services	Percentage	Annualized Revenues
Commercial Design		
Construction		
Exhibit Design		
Industrial Design		
Landscape Design		
Residential Design		
Space Planning		
Other, please describe		
<b>TOTAL</b>	<b>100%</b>	

**3. Does Applicant have any areas of specialization:**  No  Yes

If “Yes”, please describe:  
\_\_\_\_\_

**4. Are there any architects or engineers on staff?**  No  Yes If “Yes”, does Applicant have a separate professional liability insurance policy in force covering these services; please explain.

PLEASE NOTE, CLAIMS INVOLVING SERVICE WHICH CAN ONLY BE LAWFULLY PERFORMED BY A LICENSE, REGISTERED, OR CERTIFIED ARCHITECTS OR ENGINEER ARE EXCLUDED.

5. Are there any Land Surveyors on staff? No Yes

If "Yes", does Applicant have a separate professional liability insurance policy in force covering these services; please explain.

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6. Does Applicant's services include ordering and/or supplying any of the following:

- a. Art work No Yes
- b. Antiques No Yes
- c. Fixtures No Yes
- d. Furnishings No Yes

(PLEASE PROVIDE SPECIMEN CONTRACT USED WITH MANUFACTURER/DISTRIBUTER)

7. Does Applicant comply with the Americans with Disability Act (ADA)?

No Yes

If "Yes", what steps are taken to ensure compliance?

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8. Does Applicant's contracts include disclaimer wording respecting the Americans with Disability Act?

No Yes

9. Does Applicant require customer(s) to provide written acceptance of work after completion?

Always  Yes with exceptions Only when asked  Never

10. Does Applicant require customer(s) to approve design proofs in writing before implementation?

Always  Yes with exceptions Only when asked  Never

11. Does the Applicant design, review or approve work on load bearing walls?

No Yes

12. Does Applicant calculate/determine water flow and/or grading (land slope)?

No Yes

**FALSE INFORMATION**

**THIS SUPPLEMENT WILL BE ATTACHED TO AND BECOMES A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.**

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

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

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

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by an authorized representative.

**Signing of this form does not bind the applicant or the Underwriters to complete this insurance.**