

**LLOYD'S**

**LLOYD'S OF LONDON**

**APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE  
WITH CERTAIN UNDERWRITERS AT LLOYD'S**

**JOINT VENTURE INTEREST COVERAGE**

This Supplement to the Application for Architects and Engineers Professional Liability Insurance is to be completed by firms providing professional services using the Design/Build method of project delivery.

**Use a separate Supplement for each Joint Venture project**

Name of Applicant: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**JOINT VENTURE**

1. Name of Joint Venture: \_\_\_\_\_

2. Names and addresses of all firms comprising Joint Venture:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please submit a copy of the Joint Venture Agreement between the member firms).

**PROJECT INFORMATION**

3. Name and location of project:  
\_\_\_\_\_  
\_\_\_\_\_

4. Project description and services the Applicant is to perform:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please submit a copy of the Contract between the client and the Joint Venture)

**CONSTRUCTION VALUES/FEEES**

5. Give estimated beginning and completion dates for all design and construction phases, indicating gross receipts for each phase:

	Beginning Dates	Completion Dates	Gross Receipts
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Schematic Design Phase: \_\_\_\_\_

Design Development Phase: \_\_\_\_\_  
 Construction Documentation Phase: \_\_\_\_\_  
 Bidding/Negotiation Phase: \_\_\_\_\_  
 Construction Administration Phase: \_\_\_\_\_

6. Total estimated construction value of the project: \$ \_\_\_\_\_  
 7. Total estimated gross receipts from project to Joint Venture: \$ \_\_\_\_\_  
 8. Total estimated gross receipts from project received by applicant to date: \$ \_\_\_\_\_  
 9. Total estimated gross receipts from project to Applicant in next 12 months: \$ \_\_\_\_\_

**LIABILITY ISSUES**

10. Has any insurer declined to provide, cancelled or refused to renew any similar insurance for any member firm participating in the Joint Venture? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain in detail.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Is the Applicant aware of any circumstances which may result in any claim against the Applicant or any other member firm, with respect to this Joint Venture project?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Has any claim or suit ever been made against the Applicant, or against any other member firm, with respect to this Joint Venture project?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Indicate the Professional Liability Insurance currently in force by each member firm of the Joint Venture

NAMED INSURED	COMPANY	TERM	LIMIT	DEDUCTIBLE
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Describe nature of work the Joint Venture subcontracts to others

\_\_\_\_\_  
 \_\_\_\_\_

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15. Does the Joint Venture require certificates of insurance from its subcontractors?  
Yes \_\_\_\_ No \_\_\_\_

**I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.**

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**Must be signed by Owner, Partner or Officer:**

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Authorised signature of applicant Title

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Date