



INTERIOR DESIGNERS/DECORATORS SUPPLEMENT
 Forming part of the Professional Liability Application

 Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following operations :

Residential _____
 Percentage

Commercial _____
 Percentage

Industrial _____
 Percentage

Other _____
 Describe Percentage

TOTAL should equal 100%

Does your firm provide any appraisal services? Yes No

 If Yes, please provide full description

Does your firm provide any service that involve the ordering and/or supplying of any furnishings, artwork, antiques? Yes No

 If Yes, please provide details including a sample contract used with the manufacturer/distributor

Does your firm employ and Architect or Engineer? Yes No

 If Yes, please provide details

Approximate percentage of billing attributable to sub-contractors/consultants? _____
 Percentage

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured? Yes No

 If yes, what limits?

How long do you keep your patient's information/documentation on file? _____
 Year

 Print Name and Title

 Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |