

SUPPLEMENTAL APPLICATION - INTERIOR DESIGN

- 1. Name of applicant or insured:
- 2. Please provide areas of practice by percentage of revenue, total must equal 100%:

AREA OF PRACTICE	PERCENTAGE OF REVENUES
Residential	%
Commercial	%
Restaurants	%
Hotels	%
Other (describe):	%
	100%

- 3. Total number of jobs performed in last 12 months:
 - a. Average job budget: \$_____
 - b. Highest job budget: \$_____

4. Does the applicant provide any of the following services or subcontract any of the following services?

	a.	Engineering	□Yes	🗆 No
	b.	Architectural services	□Yes	🗆 No
	C.	Building contractor/build-out services	□Yes	🗆 No
5.		ontractors are hired, does the applicant require them to show proof of professional insurance before work begins?	□Yes	□ No
6.	makes	he applicant, in any manner, advise, recommend, direct, organize, manage, execute or structural/construction/ architectural design changes to any real property, directly or indirectly? ,"please explain:	□Yes	□ No
7.	Does,	or will, any one client represent more than 25% of the applicant's revenues?	□ Yes	□ No
	lf " Yes	' please explain:		
8.		required, does the applicant have procedures in place to be in compliance with the ans with Disabilities Act (ADA) of 1990?	□ Yes	□ No



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	its sign a disclaimer form, letter of agreement, engagement letter o agreement before any work begins?		□ Yes	□ No		
10. Does the	ent's approval?	□ Yes	🗆 No			
11. Are all project alterations or changes approved by the client in writing?				□ No		
12. Are all oral communications and commitments (such as changes in instructions and decisions) approved in writing by the client?			🗆 Yes	□ No		
13. What associations does the applicant belong to (check all that apply)?:						
	American Association of Interior Designers					
	Interior Design Society					
	Interior Decorators & Designers Association					
	Interior Design Education Foundation					
	International Federation of Interior Architects & Interior Designers					
	Other(s):					
14. What percentage of the applicant's interior designers have taken and passed the National Council of Interior Design Qualification (NCIDQ) examination?%						
SIGNATURE	IN FULL:D	ATE:				
PRINTNAME:						
ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED						
Agency Nam	e and Address:					
Person Subr	nitting Application:					
Telephone N	umber: Email:					