



Application Supplement for Interior Designers / Decorators

Please attach the following information:

1. Name of Applicant: _____

2. Please indicate the approximate percentage of involvement, by project type, of the Applicant's total operation:

Commercial	_____ %
Industrial	_____ %
Residential	_____ %
Other: _____	_____ %

3. Are there any architects or engineers on staff? Yes No
 If yes, please indicate the nature of their business: _____

4. Does any of the Applicant's members qualifications include membership in:
 - (a) American Society of Interior Design? Yes No
 - (b) Institute of Business Designers? Yes No
 - (c) Certification through National Counsel of Interior Design Qualification Examination? ... Yes No

5. Are clients notified in writing that the Applicant cannot guarantee cost estimates and contractor performance? Yes No

6. Does the Applicant obtain formal client approval prior to entering into any contract or agreement on behalf of the client? Yes No

7. Does the Applicant provide clients with frequent written design progress reports and notify them as soon as problems develop? Yes No

8. Are there oral communications and commitments (such as changes, instruction and decisions made at meetings) also put in writing? Yes No

9. Is the Applicant involved in the construction or installation aspects of the project? Yes No

Notice to Applicant

This is a supplemental application and is subject to the same provisions concerning representation made in the general application originally submitted to obtain professional liability coverage.

I understand that the information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions. This Supplemental Application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Name of Owner, Partner or Principal

Title

Signature of Owner, Partner or Principal

Date