



Facsimile: (913) 564-0603  
Email: submissions@specialtyglobal.com

specialtyglobal.com

## Interior Designer/Space Planner/Landscaper Supplement

1. Applicant Name: \_\_\_\_\_  
(Proposed First Named Insured)

2. What percentage of Applicant's revenue is derived from the following services?

Commercial Design:	_____%	Space Planning:	_____%
Residential Design:	_____%	Landscape Design:	_____%
Industrial Design:	_____%	Appraisals:	_____%
Exhibit Design:	_____%	Other:	_____%
Construction:	_____%	<b>TOTAL</b>	<b>100</b> %

3. Does Applicant have any areas of specialization?  Yes  No  
If yes, please describe: \_\_\_\_\_

4. Do Applicant's services include ordering and/or supplying art work, antiques, furnishings, fixtures?  Yes  No  
(Please provide specimen contract used with manufacturer/distributor.)

5. Does Applicant employ an architect or engineer?  Yes  No  
If yes, does Applicant have a separate professional liability insurance policy in force covering these services?  
 Yes  No

**PLEASE NOTE: CLAIMS INVOLVING SERVICES WHICH CAN ONLY BE LAWFULLY PERFORMED BY A LICENSED, REGISTERED, OR CERTIFIED ARCHITECT OR ENGINEER ARE EXCLUDED.**

6. Does Applicant design, review, or approve work on load bearing walls?  Yes  No

7. Does Applicant require customer(s) to approve design proofs in writing before implementation?  Yes  No

8. Does Applicant require customer(s) to provide written acceptance of work after completion?  Yes  No

9. Does Applicant comply with the Americans with Disability Act (ADA)?  Yes  No  
What steps are taken to ensure compliance? \_\_\_\_\_

10. Do Applicant's contracts include disclaimer wording respecting the Americans with Disability Act?  Yes  No

**THIS INTERIOR DESIGN/SPACE PLANNING/LANDSCAPER SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE MISCELLANEOUS E&O APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS AND WARRANTIES MADE AS IN THE BASIC APPLICATION.**

\_\_\_\_\_  
Signature of authorized representative of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print name of authorized representative

\_\_\_\_\_  
Date