



**TUDOR
INSURANCE COMPANY**

A Member Company of the Western World Insurance Group

PROJECT EXCESS/PRACTICE INCREASE SUPPLEMENT

To be attached to

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE

- 1. Name of Applicant _____ Policy Number: _____
- 2. Reason for the increase: _____
- 3. Increase desired: Practice Increase Project Increase
(If available)
- 4. Prior Acts desired: Full Prior Acts Retro-Inception
(If available)
- 5. Increased Limit desired: _____
- 6. Name of Project/Owner: _____
- 7. Location of Project: _____

8. Description of Services to be provided by the insured:

Design Phase	Start: _____/_____/_____	End: _____/_____/_____
Construction Phase	Start: _____/_____/_____	End: _____/_____/_____
Applicant's/Insured's Services	Start: _____/_____/_____	End: _____/_____/_____

If this increase is required for a client/project and the total fees to be derived **were not** included in the Gross Fee Protection on the application at the time of binding, please complete the following information:

- a) Total project gross fees to be received: \$ _____
- b) Gross fees from project for present fiscal year: \$ _____
- c) Gross fees from project for second fiscal year: \$ _____
- d) Gross fees from project for third fiscal year (if applicable) \$ _____
- e) Total Construction Value: \$ _____

Signed: _____ Dated: _____

Prior to binding, we will need the following on insured's signed and dated letterhead:

- 1) No known loss letter.
- 2) A written request to increase the limits from the insured.
- 3) If applicable, please provide a copy of the contract.