



## Selvaggio, Teske & Associates

3401 Enterprise Parkway, Ste. 101 Beachwood, OH 44112  
216-839-2800 800-974-9468 216-839-2815 fax

### Project Insurance Indication Questionnaire

*Please complete the following*

\*Indicates required fields

#### Your Firm

\*Contact Name: \_\_\_\_\_

\*Firm Name: \_\_\_\_\_

\*Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact via:  Phone  Fax  email  U.S. Mail

#### Project Profile

1. Project Owners Complete Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

2. This project is:  Public or  Private and will be:  Occupied or Used by Owner or  Leased or  Sold

3. Project Name: \_\_\_\_\_

Project Designation (or Contract Number): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Project Type (e.g., School, Office, etc.): \_\_\_\_\_

5. Project Description: (Include as much detail as possible. Provide the description from an RFP Time Line or other documents, if available. Describe: the geographic location and site involved, the number and sizes of various buildings or structures in square feet, and number of stories, phases, new or remodel, end-use, unique features, etc.)

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6. Administrator: (Who will be responsible for premium/deductible payment, project status notification, and changes.) \_\_\_\_\_

7. Does the project owner have experience with projects similar to this one?  Yes  No  
If yes, describe:

If the project is multi-location, multi-building, or multi-phase, provide a list and answer Questions 8 and 9 for each location, building and phase. \_\_\_\_\_

8. Estimated

Construction Cost	Design Fees	Construction Management Fees
\$	\$	\$

Construction Cost means the total cost of all elements of the project, based on all construction contracts and any other construction costs. Construction cost does not include design fees, cost of land, rights-of-way, or financing.

9. Estimated Project Dates

	Beginning	Ending
Design Phase:		
Construction Phase:		

10. Prime Design Firm's Complete Legal Name: \_\_\_\_\_

Location (City and State): \_\_\_\_\_

If there are multiple primes for the project, provide a list and answer Questions 10 and 11 for each.

11. List three (3) similar projects completed by the prime design firm (as the prime):

Project Name	Location	Construction Cost	Date

12. Prime Design Contract Type:  Owner's Form  Standard Association Form  Prime's Form  Other

13. Has the prime design firm worked with the project owner previously?  Yes  No

14. General Contractor's Name: \_\_\_\_\_

15. Identify the selection process for the contractor:

Quality-Based Selection  Pre-Qualified  Past Experience  Bid  Other

If other, please describe: \_\_\_\_\_

16. Has the contractor worked with the prime design firm previously?  Yes  No

17. Project delivery method:

Design-Bid-Build (traditional delivery method)

Design-Build (if checked, complete and submit the Design-Build Questionnaire.)

Other (Describe): \_\_\_\_\_

18. Construction Management Firm's Name: \_\_\_\_\_

Constructor at Risk  Advisor Not at Risk

19. For this project, will the construction manager hire contractors or subcontractors, or perform actual construction activities, including performing actual construction, erection, fabrication, installation, assembly, manufacture, demolition, dredging, or remediation, or assume the duties or responsibilities for construction means, methods, techniques, sequences, procedures, or implement or enforce job site safety?

Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

20. Consulting design disciplines and firm's names that are not to be covered by this insurance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Premium indication requests:

Limit of Liability	Deductible*	Extended Discovery Period
\$1,000,000 (Minimum)	\$10,000 (Minimum)	2 Years (Minimum)

\* Payment of the deductible is the responsibility of the prime design firm or administrator according to the policy. A deductible that is greater than three percent (3%) of prime design firm's total annual fees or greater than \$25,000 requires insurance company approval. Financial statements are normally required from the prime design firm for deductible approval.

**Provide All Applicable Contracts.**

**Fee Distribution by discipline,  
for disciplines that are to be covered by this insurance:**

List all disciplines separately even if more than one discipline is performed by the same firm:

**Architecture**

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

State: \_\_\_\_\_

PL Ins. Co. \_\_\_\_\_

Percentage of Total Fees: \_\_\_\_\_

**Interior Design**

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

State: \_\_\_\_\_

PL Ins. Co. \_\_\_\_\_

Percentage of Total Fees: \_\_\_\_\_

**Landscape**

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

State: \_\_\_\_\_

PL Ins. Co. \_\_\_\_\_

Percentage of Total Fees: \_\_\_\_\_

**Mechanical/Electrical/Plumbing**

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

State: \_\_\_\_\_

PL Ins. Co. \_\_\_\_\_

Percentage of Total Fees: \_\_\_\_\_

**Structural**

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

State: \_\_\_\_\_

PL Ins. Co. \_\_\_\_\_

Percentage of Total Fees: \_\_\_\_\_

**Traffic**

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

State: \_\_\_\_\_

PL Ins. Co. \_\_\_\_\_

Percentage of Total Fees: \_\_\_\_\_

**Civil**

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

State: \_\_\_\_\_

PL Ins. Co. \_\_\_\_\_

Percentage of Total Fees: \_\_\_\_\_

**Site/Survey**

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

State: \_\_\_\_\_

PL Ins. Co. \_\_\_\_\_

Percentage of Total Fees: \_\_\_\_\_

**Environmental/Geo Tech**

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

State: \_\_\_\_\_

PL Ins. Co. \_\_\_\_\_

Percentage of Total Fees: \_\_\_\_\_

**Specialty**

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

State: \_\_\_\_\_

PL Ins. Co. \_\_\_\_\_

Percentage of Total Fees: \_\_\_\_\_

**Construction Manager**

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

State: \_\_\_\_\_

PL Ins. Co. \_\_\_\_\_

Percentage of Total Fees: \_\_\_\_\_

**Owners Representative**

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

State: \_\_\_\_\_

PL Ins. Co. \_\_\_\_\_

Percentage of Total Fees: \_\_\_\_\_