



ZURICH

PROJECT SPECIFIC EXCESS LIABILITY APPLICATION

Named Insured: _____

Policy No.: _____

Name of Project: _____

Description of Project: _____

Location of Project: _____

Required Limit of Liability: _____

Total Projected Fees: _____

Of this amount, please provide the breakdown:

Current fiscal year: \$ _____

Next fiscal year: \$ _____

Following fiscal year: \$ _____

Services to be rendered: _____

Design Period: From _____ To _____

Construction Period: From _____ To _____

I, the Insured, am not aware of any claims or circumstances that may result in a claim on this project.

Signature _____ **Date** _____

ZURICH NORTH AMERICA
550 W. Washington Blvd., Chicago, IL 60661
PHONE (312) 496-2400
FAX (312) 496-9635

ZURICH AMERICAN INSURANCE COMPANY, AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY,
ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS, AMERICAN ZURICH INSURANCE COMPANY,
ZURICH AMERICAN LLOYDS