

Poole Professional Ltd.
 401 Edgewater Place, # 180
 Wakefield, MA 01880
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**Project Insurance
 Preliminary Information Form**

Wortley/Poole Professional Ltd.
 100 N. 17th Street, Suite 1200
 Philadelphia, PA 19103
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 Fax: 215-564-6975

Please note that this information is for indications only. All quotations are subject to a completed application.

Contact: _____ Date: _____
 Firm Name: _____ Prime? Yes _____ No _____

1. Project: (Name, type, description) _____

 Location: _____
 Owner: _____

2. Estimated construction cost: _____
 Estimated total fees to whole design team: _____

3. Dates:

	Begin	End
Design:	_____	_____
Construction:	_____	_____

4. Fee distribution by discipline (All Firms):

Name (if known)	Discipline	Percent of Fees	Insurance Company (if known)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Quotations Requested:

Limits	Deductible	Discovery Period *
_____	_____	_____
_____	_____	_____

* Discovery period is the policy term during which coverage continues after substantial completion of construction

6. If Specific Job Excess Quotations are being requested, please breakdown the Estimated Fees per *fiscal* year:

Year	Fees	Year	Fees
_____	_____	_____	_____
_____	_____	_____	_____

