



SPECIALTY E & O PLAN

**SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION
FOODSERVICE CONSULTANTS SOCIETY INTERNATIONAL SUPPLEMENT**

1. Name of **Your** firm:

2. Scope of **Your** Services:

- a) Food Facilities Planning _____% of gross receipts
_____ % Commercial kitchen layout and design
_____ % Equipment selection/specifications
_____ % Budget estimating

b) Interior Design _____%

c) Management Services _____%

d) Other _____%

Describe in detail: _____

3. Types of **Your** Clients:

- a) Government or public entities _____%
- b) Owners acting as their own builders _____%
- c) Turnkey contractors _____%
- d) Design/build contractors _____%
- e) Other: _____ %

4. Do **You** anticipate substantial changes in operations or new activities during the next 12 months? If yes, explain in detail:

5. List all Architects and Engineers who are **Your** partners, officers, directors or employees. (Coverage not afforded under this program for professional acts of such people.)

6. Are any of **You** a member of:

_____ FCSI _____ AIA _____ ACEC
_____ NSPE _____ IFT

THIS FOODSERVICE CONSULTANT SOCIETY INTERNATIONAL SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Date

Your Signature/Title

**NOTE: A signature is required in two places on this application (Pgs 4 & 6).
THE SIGNATURE MUST BE THAT OF AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER OF YOUR FIRM.**

V. T. Eckert, inc.
INSURANCE BROKERS

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