

# ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY JOINT VENTURE INFORMATION SHEET

In the past 10 years, or for the projected year, have you been or will be a member in a Joint Venture?

YES If YES, complete the remainder of this form.

NO If NO, complete Question #1, sign, date & return the form to our office.

1. Name of Applicant/Firm: Dammon Engineering, Inc.

2. General Project Information:

A. Legal Name of Joint Venture Entity: \_\_\_\_\_

B. Name & Description of Project: \_\_\_\_\_

C. Location of Project: \_\_\_\_\_

D. Owner of Project: \_\_\_\_\_

3. Other Joint Venture Member(s):

a) Name & Location of Other Member Firm(s): \_\_\_\_\_

b) Services rendered by Other Member(s): \_\_\_\_\_

4. Specify services sublet or subcontracted to other firms: \_\_\_\_\_

5. Total Joint Venture Construction Values: \$ \_\_\_\_\_

6. Joint Venture Billings:

a) Total Joint Venture Billings: \$ \_\_\_\_\_

b) Total Billings to be collected by Applicant during each of the following time periods:

Second Past Fiscal Year: \$ \_\_\_\_\_

Immediate Past Fiscal Year: \$ \_\_\_\_\_

Projection for Current Fiscal Year: \$ \_\_\_\_\_

7. Project Schedule:

a) Joint Venture Contract Signing Date: \_\_\_\_\_

b) Design Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

c) Percentage of Design Completed: \_\_\_\_\_ %

d) Construction Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

8. Has the Applicant's Joint Venture Professional Liability been insured to date?  YES  NO

*If YES, please provide full details of coverage, including name of Insurer, Limit of Liability, Deductible & Expiration Date of Coverage.*

9. Has the Other Members' Joint Venture Professional Liability been insured to date?  YES  NO

*If YES, please provide details as requested in Question #8.*

10. Does, has or will the Applicant maintain any ownership interest in the Joint Venture project?

YES  NO *If YES, provide the percentage of ownership maintained: \_\_\_\_\_ %*

11. Have any claims involving Professional Services performed on this project ever been made against the Applicant, other Joint Venture members, predecessors in business or any other person for whom coverage is requested?

YES *If YES, provide full details, including name of claimant, allegations of claim, date of claim, demand amount, amount paid & current status of the claim.*  
 NO

12. After inquiry, is the Applicant, predecessors in business or any other person for whom insurance is requested aware of any act, error, omission or circumstance which may result in a claim being made against them with respect to this project?

YES *If YES, provide complete details & indicate if such circumstance has been reported to current or past liability carrier.*  
 NO

**I UNDERSTAND THAT THIS INFORMATION SHEET IS ATTACHED TO & IS MADE A PART OF THE ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY APPLICATION & IS SUBJECT TO THE SAME REPRESENTATIONS & CONDITIONS.**

Signature of Owner, Partner or Principal



Date 8/28/2019

David Dammon

*(Please Print Name)*

President

*(Title)*

**PLEASE RETURN THE COMPLETED FORM TO:**

Alexander & Sanders Insurance Agency, Inc.  
4610 Bluebonnet Boulevard, Suite A  
Baton Rouge, LA 70809  
225.295.2995 FAX 225.368.2145

## LIST OF LARGEST PROJECTS

Name of Project: Hampton by Hilton Client's Name: Mike Desai  
Location: New Orleans, LA Year Completed: Permitting  
Description of Project: New 3 story Hotel  
Services Performed by your Firm: Architectural and Engineering Design  
Your Total GROSS RECEIPTS From This Project: \$35,000 Construction Value of Your Project: \$3.5 million

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Name of Project: Holiday Inn Express Client's Name: Mike Desai  
Location: Denham Springs, LA Year Completed: Owner decided not to construct  
Description of Project: New 3 story Hotel  
Services Performed by your Firm: Architectural and Engineering Design  
Your Total GROSS RECEIPTS From This Project: \$40,000 Construction Value of Your Project: \$2.5 million

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Name of Project: Grace Fellowship Client's Name: Curtis Gray  
Location: Slidell, LA Year Completed: 2018  
Description of Project: Architectural and Engineering design after fire destroyed the Church  
Services Performed by your Firm: Architectural and Engineering design  
Your Total GROSS RECEIPTS From This Project: \$32,726 Construction Value of Your Project: \$175,000

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Name of Project: Prestige Fitness Spa Client's Name: Bob Thirstrup  
Location: Diamond Head, MS Year Completed: Permitting  
Description of Project: New fitness center  
Services Performed by your Firm: Architectural and Engineering design  
Your Total GROSS RECEIPTS From This Project: \$30,000 Construction Value of Your Project: \$1.2 million

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Name of Project: Alliance Laser Client's Name: Duane Stimens  
Location: Slidell, LA Year Completed: 2018  
Description of Project: Renovation of existing office warehouse for an industrial client  
Services Performed by your Firm: Architectural and Engineering design  
Your Total GROSS RECEIPTS From This Project: \$10,000 Construction Value of Your Project: \$210,000

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