

WETT (WOOD ENERGY TECHNOLOGY TRANSFER)
SUPPLEMENT

Forming part of the Professional Liability Application

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_____ |
Name of Applicant

Provide the percentage of your firm's sources of gross revenue from the last fiscal period attributable to the following:

Individual Seller _____
Percentage

Individual Buyer _____
Percentage

Real Estate Company _____
Percentage

Relocation Company _____
Percentage

TOTAL should equal 100%

Finance and/or Mortgage Company _____
Percentage

Insurance Company _____
Percentage

Construction Company _____
Percentage

Other _____
Describe Percentage

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Existing Residential _____
Percentage

Existing Commercial _____
Percentage

Existing Industrial _____
Percentage

TOTAL should equal 100%

New Construction-Residential _____
Percentage

New Construction-Commercial _____
Percentage

New Construction-Industrial _____
Percentage

Other _____
Describe Percentage

Provide the percentage of your firm's sources of gross revenue from the last fiscal period attributable to the following types of inspections:

Family Dwelling	_____	Percentage
Condominiums	_____	Percentage
Town Homes	_____	Percentage
Apartment Buildings	_____	Percentage
Farms and Ranches	_____	Percentage
Log Homes	_____	Percentage
Mobile Homes	_____	Percentage
Other _____	_____	Percentage
Describe		

TOTAL should equal 100%

Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client? Yes No

If Yes Please provide:

Client Name

Applicant's relationship with client

Approximate General Revenue generated from Client

Were more than 50% of your total gross billings for any one year derived from a single client or contract? Yes No

If Yes Please provide:

Client Name

Services Rendered

How long you expect this relationship to continue

Describe your firm's five(5) largest jobs or projects during the past three (3) years.

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

Do you provide professional services on projects in which you retain an ownership interest? Yes No

If yes, please provide full details

Does your firm offer repair /renovation services to clients after an inspection? Yes No

If Yes, please provide details

Do you provide all your clients with a written inspection report? Yes No

If No, Please explain

How long do you keep your Clients' information/documentation on file? _____
Years

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |