

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

NOTICE

- The Policy for which you are applying is written on a claims made and reported basis. Only claims first made against the Insured and reported to Underwriters during the Policy Period are covered, subject to the Policy provisions.
- The Limits of Liability stated in the Policy are reduced, and may be exhausted, by Claims Expenses. Claims Expenses are also applied against your self-insured retention, if any. If you have any questions about coverage, please discuss them with your insurance agent.
- The information requested in this Application is for underwriting purposes only and does not constitute notice to Underwriters of a Claim or potential Claim.
- This Application must be completed, signed and dated by an authorized officer of your firm. Underwriters will rely on all statements made in this Application.

GENERAL INFORMATION

1. Name of Applicant: _____
2. Principal Address: _____
3. Name and E-mail address of Primary Contact: _____
4. Year Established: _____
5. Requested Policy Inception Date: _____
6. Business Type (Individual, Corporation, Partnership, LLC, other): _____
7. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company? Yes No
8. (a) Does the applicant have any subsidiaries? Yes No
(b) Names(s) of any subsidiaries: _____
9. Nature and types of Professional Services the Applicant is engaged in for which coverage is sought:

10. Does Applicant provide other services not disclosed in (9)?
If yes, please provide details: _____
11. Gross Billings: _____
 - a) Current year: _____
 - b) Last year: _____
 - c) Forecast for upcoming year: _____
12. Names of Principals & Qualified Employees:
 - a) Name(s): _____
 - b) Years in Practice: _____
 - c) Years with Applicant: _____
13. For what percentage of clients does the Applicant use a standard written contract?
 100% 76-99% 51-75% Less than 50% Never
14. Does the Applicant's contract define the scope of services to be performed? Yes No
15. a) Does the Applicant engage the services of independent contractors? Yes No
If yes, do the independent contractors provide the same services as the applicant? Yes No
If Yes, please describe services: _____

b) Are all independent contractors required to carry errors and omissions insurance? Yes No

c) Does the Applicant desire to provide coverage for independent contractors as insureds under the policy? Yes No

16. Describe the 3 largest jobs or projects during the past 3 years.

NAME OF CLIENT	SERVICES PROVIDED	GROSS BILLINGS

17. Is similar professional liability insurance currently in force? Yes No

Carrier	Limit	Deductible	Premium	Retroactive Date
_____	_____	_____	_____	_____

18. Has any Policy or Application for Professional Liability insurance on Applicant's behalf ever been declined, cancelled or renewal refused? Yes No (If Yes, please complete Claims Supplement).

19. Is the Applicant currently insured under a Commercial General Liability Policy? Yes No

20. Does the Applicant have a formal plan of continuing education to reduce errors? Yes No

21. Have you initiated litigation against any of your clients in the past five years? Yes No

LOSS HISTORY

1. Have any claims been made or suits filed made against the Applicant in the last 5 years (or 10 years if over \$10M in revenues)?

Yes No (If Yes, please complete Claims Supplement).

2. After enquiry, are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against the Applicant?

Yes No (If Yes, please complete Claims Supplement)

3. Has the Applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities? Yes No (If Yes, please provide details.)

COVERAGE REQUESTED

1. Please Indicate the Limit Requested:

a. \$250K \$500K \$1M \$2M \$3M \$4M \$5M

2. Please Indicate the Deductible Requested:

a. \$2,500 \$5,000 \$7,500 \$10K \$15K \$20K \$25K \$50K

3. Retroactive Date Requested: _____

I acknowledge that that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Underwriters. I represent that the information provided in this Application is true and correct in all matters. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this Application was signed and the effective date of the insurance policy applied for, which would render inaccurate, untrue or incomplete any information provided in this Application, will immediately be reported in writing to Underwriters, and Underwriters may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance.

Applicant's signature: _____

Title: _____ Date: _____

CLAIMS SUPPLEMENT

For each claim or circumstance, please provide the following information.

1. Name of entity Involved: _____
2. Name of individual(s) at the entity involved in the claim or circumstance: _____
3. Name(s) of the Claimant or potential Claimant: _____
4. Date of the alleged error or circumstance: mm/dd/yy _____
5. Date the claim was made: mm/dd/yy _____
6. Has the claim/circumstance been reported to the entity's professional indemnity insurers? Yes No
7. Is the claim or circumstance pending or closed? Pending Closed
 - a. If pending, please describe the current status (eg. Dormant, in discovery, trial, etc.) _____
8. Please provide a description of the claim or circumstance, in particular giving details of:
 - a. The alleged error on which the claim is based or, for a circumstance, the possible basis of a claim:

 - b. The amount claimed, or if closed, the amount paid in settlement of the claim and defense cost incurred:

 - c. If open, the defense costs paid to date: _____
 - d. The steps that have been taken to prevent a similar situation occurring in the future:

NO CLAIMS DECLARATION

Name of insured: _____

I/WE hereby declare that the information contained in the Application Form dated _____ has not materially altered and that, after enquiry, I/WE are not aware of any claim or circumstance which could give rise to a claim or loss on the above captioned policy.

Signed: _____

Owner, Partner and/or Director

Dated: _____