



## MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION

### NOTICE:

THE POLICY FOR WHICH APPLICATION IS MADE, SUBJECT TO ITS TERMS, IS ON A CLAIMS-MADE BASIS. COVERAGE APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD AND ANY EXTENDED REPORTING PERIOD, IF APPLICABLE, AS THOSE TERMS ARE DESCRIBED IN THIS POLICY. COVERAGE DOES NOT APPLY TO ANY WRONGFUL ACT COMMITTED BEFORE THE RETROACTIVE DATE STATED IN THIS POLICY.

Wherever used in this Application, the term Applicant means all Corporation(s), Partnership(s), and Sole Proprietors and each person who is an officer, director, partner, or employee of the firm(s).

1. a. Name of Applicant: \_\_\_\_\_

b. Principal Address: \_\_\_\_\_  
\_\_\_\_\_

c. Website Address: \_\_\_\_\_

d. List all subsidiaries, branches \_\_\_\_\_  
and entities and their locations \_\_\_\_\_  
for which coverage is desired: \_\_\_\_\_

e. Telephone Number: \_\_\_\_\_

f. Fax Number: \_\_\_\_\_

2. Applicant is:                      Sole Proprietorship      Partnership      Corporation      Joint Venture  
   For Profit                      Not for Profit      Other: \_\_\_\_\_

3. Date Established: \_\_\_\_\_

4. Is the firm owned, controlled, or affiliated with any other firm, corporation, or company?                      Yes      No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. Within the past five years, has the Applicant changed its name, acquired any business, or merged or Consolidated with any entity?                      Yes      No  
If yes, please explain names, dates, and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe, in detail, the professional services for which coverage is desired and identify the percentage of gross revenue derived from each service.

**Professional Services**

**% of Gross Revenue**


7. Does the Applicant provide any services over the Internet? Yes    No  
 If yes, please explain: \_\_\_\_\_

8. Describe in detail all other services and activities of the Applicant for which coverage is **NOT DESIRED**: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. List the following totals:  
 Principals, Partners, Officers: \_\_\_\_\_  
 Other Professional Staff: \_\_\_\_\_  
 Clerical/Non-Professional Staff: \_\_\_\_\_

10. List the following information for all Principals, Partners, Officers, and key employees:  
 Attach a separate sheet, if necessary.

Name	Title	Professional Designation	Number of Years Experience in Practice	Number of Years With the Applicant

11. List all professional associations to which the Applicant firm belongs: \_\_\_\_\_  
 \_\_\_\_\_

12. Provide the total gross receipts for services listed in Question 6:

	<b>Domestic</b>	<b>Foreign</b>
Current fiscal year	\$ _____	\$ _____
Past fiscal year	\$ _____	\$ _____
Estimated receipts next fiscal year	\$ _____	\$ _____

13. Describe the Applicant's five largest projects or jobs during the past three years:

Client Name	Services Rendered	Annual Revenue Derived from the Project or Job
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. a. Please indicate the percentage of time that written contracts are used: \_\_\_\_\_ %  
 b. Does a law firm experienced in the Applicant's field review written contracts? Yes No  
 c. Does the Applicant's firm have a written training and procedures manual? Yes No  
 d. What does the Applicant see as its potential exposure to E&O claims? \_\_\_\_\_

15. Do the Applicant's contracts contain:  
 Hold Harmless or Indemnity Agreements inuring to the benefit of the Applicant? Yes No  
 Hold Harmless or Indemnity Agreements inuring to the benefit of the client? Yes No  
 Guarantees or warranties? Yes No  
 Specific description of the services to be provided by the Applicant? Yes No

16. What percentage of the Applicant's services are subcontracted to others? \_\_\_\_\_ %  
 If subcontractors are used, does the Applicant require evidence of professional liability insurance? Yes No

17. Have any professional liability claims been made against the Applicant during the past five years? Yes No  
 If yes, please provide details on a separate Claim Supplement attachment.

18. Is the Applicant aware of any circumstances, alleged errors or omissions, acts or situations, which may reasonably be expected to result in a claim being made under the proposed insurance? Yes No  
 If yes, please provide details on a separate Claim Supplement attachment.

19. Has the Applicant or any of its principals, partners, officers, or directors been the subject of any disciplinary action or have been cited by any regulatory agency or professional association? Yes No  
 If yes, please provide details on as separate Claim Supplement attachment.

**NOTE:** It is agreed that any professional liability claims made prior to the inception of the policy or any future professional liability claims resulting from any circumstances, alleged errors or omissions, acts, or situations which the applicant has knowledge or information prior to the inception of the policy, are excluded from the coverage sought by the Applicant from the company.

20. a. List all prior professional liability insurance coverage carried during the past five years.

Insurance Carrier	Limit	Deductible	Premium	Policy Period
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b. Has any similar insurance made on behalf of the Applicant ever been canceled, declined, or non-renewed? Yes No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

- 21. a. Limit of liability desired: \_\_\_\_\_
- b. Deductible desired: \_\_\_\_\_
- c. Effective date: \_\_\_\_\_
- d. Retroactive date: \_\_\_\_\_

**REQUIRED ATTACHMENTS**

Completed Supplemental/Application if applicable for this industry.  
 Copies of standard contracts and engagement/proposal letter used with clients.  
 Biographical sketches/resumes of all Principals, Partners, and key employees.  
 Brochures, advertisements, or other descriptive literature about the Applicant firm, its operations, and activities.

Most current financial statement or annual report.  
 THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY HAS RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED

**THE PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT UNDER THIS POLICY OR BENEFIT UNDER THIS POLICY IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

\_\_\_\_\_  
 Signature of Applicant's Authorized Representative      Date      Agency/Broker  
 (Principal, Partner or Officer)

\_\_\_\_\_  
 Name (printed)      Agent/Broker (Individual)

\_\_\_\_\_  
 Title      Address