

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

NOTICE: This application is for a **CLAIMS MADE POLICY**. Except as may be otherwise provided herein, this coverage is limited to liability for only those claims which are first made against the insured and reported to the Company during the policy period.

1. Name of Firm _____
Street Address _____
City _____ State _____ Zip _____
2. Date Established _____
3. Is applicant firm a Corporation _____ LLC _____ Partnership _____ Sole Proprietorship _____?
4. Is the firm owned by, associated with or controlled by any other business? Yes No
If Yes, give details _____
5. Describe in detail the nature of the professional or business activities for which insurance is desired.

6. How long have you been engaged in your current occupation or business? _____ years.
7. Are you engaged in any other profession or business? Yes No
If Yes, explain _____
8. Provide the number of your staff.
Partners or Officers _____ Professional/Technical Personnel _____ Support _____
9. List the qualifications of professional staff. If in business five years or less attach resumes.

10. List membership in professional and/or trade organizations.

11. Gross Income estimated for next year. Indicate year in spaces provided _____ \$ _____
Current Year _____ \$ _____ Previous Year _____ \$ _____

12. Are any changes in the nature or size of the applicant's business anticipated over the next 24 months? Yes No

If Yes, explain _____

13. Does the applicant subcontract services to others? Yes No

If Yes, explain what types of services and what percent of your total receipts are subcontracted.

Does the applicant require certificates of professional liability insurance or other financial responsibility ? Yes No

14. Does your firm use a written contract or agreement describing the services to be provided? Yes No

15. Have your contracts and procedures been reviewed by a law firm? Yes No

16. Does your firm assume liability for others under contracts utilized? Yes No

17. List your three largest clients during the past year and indicate services performed and approximate revenue from each:

<u>Name</u>	<u>Services</u>	<u>Revenues</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Provide details of General Liability Insurance in force:

<u>Company</u>	<u>Limit</u>	<u>Deductible</u>	<u>Policy Term</u>
_____	_____	_____	_____

Does the policy detailed above include coverage for Products/Completed Operations Hazard? Yes No

19. Please provide details of Errors and Omissions insurance carried during last three years.

<u>Company</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>	<u>Policy Term</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is your expiring policy a CLAIMS MADE POLICY? Yes No

If Yes, advise Retroactive Date. _____

20. Give an example of a claim that you intend to have insured under this policy.

21. Do you provide services/advice to customers/clients which could in any way be impacted by Year 2000 compliance? Yes No

If Yes, provide details of the services provided or advice given and the type of exposures arising out of or impacted by Year 2000 compliance. _____

22. Have you done an assessment of the impact of Year 2000 related issues in your organization? Yes No

If Yes, describe the assessment in detail. If No, describe in detail why you have not. Attach sheet providing full details of your answer. _____

23. Describe how you will monitor the Year 2000 compliance of third parties' services that you depend upon to conduct your business. _____

24. Has any application for Errors and Omissions or similar insurance made on behalf of you or your firm, or present partners, owners, officers or employees ever been declined, or has any such insurance ever been canceled or refused renewal? Yes No

If Yes, give details below or attach an information sheet.

25. Have any claims, suits or proceedings been made during the past five years against any of you or your firm, your predecessors in business or against any present partners, owners, officers or employees? Yes No

If Yes, give details below or attach an information sheet.

26. Are any of you aware of any alleged act, circumstance, situation, error or omission which may result in a claim being made against you or any of the persons or firm described? Yes No

If Yes, give details below or attach an information sheet.

27. Limit of Liability requested _____ Deductible _____

28. Please include with this application the following items:

- A. Current brochure or similar item describing activities or services.
- B. Most recent financial statement or annual report.
- C. Copies of standard contracts for professional or business activities.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I/WE HEREBY DECLARE that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the sole basis of any subsequent contract or insurance with the company. Signature of the application does not bind the Firm or Company to complete the insurance.

Application must be signed and dated by principal, partner, officer or director of the firm.

Date	Signature of Applicant	Title
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PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE POLICY. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.

AGENT OR BROKER _____