

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE BASIS.

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE EXPENSES, AND THAT DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Name of Applicant:
Address:

2. Limits of Liability desired:
\$ each Claim or Related Claims
\$ aggregate for all claims

3. Deductible desired:
\$2,500
\$5,000
\$10,000
\$25,000
Other

4. Applicant is: Individual, Corporation, Partnership, Non-Profit, Privately Held, Publicly Traded

5. Year established: . If less than two years, please attach resumes of all principles.

6. Please describe in detail the professional services for which coverage is desired:

7. Is the Applicant engaged in any business or profession other than as described in Question 6?
Yes No

If "Yes", please attach an explanation and estimated revenues.

8. Please indicate the total annual gross revenues derived from the services described in Question 6 for the past the past three years and the projected revenues for the current year:

Table with 2 columns: YEAR, REVENUE. Rows a) Current, b), c), d)

9. For the revenue listed in Question 8a, please indicate the approximate percentage derived from each of the services listed in Question 6:

Table with 2 columns: SERVICE, PERCENTAGE OF REVENUE. Rows with percentage indicators

10. Is the Applicant controlled or owned by or associated or affiliated with, or does it own, any other firm or business enterprise? Yes No
 If "Yes", please attach an explanation and indicate if any services described in Question 6 are provided to such firm or business enterprise.

11. During the past three years, has the Applicant's name been changed, or has the Applicant purchased, merged or consolidated with any other business or has the Applicant been purchased? Yes Yes
 If "Yes", please attach an explanation.

12. Are any changes in the nature or size of the Applicant's business anticipated over the next 24 months? Yes No
 If "Yes", please attach an explanation. Changes in size of less than 25% need not be explained.

13. Please indicate the number of:
 a) Principals, partners, officers and professional employees directly engaged in providing services to clients:

b) All other (non-professional/clerical) employees: _____

14. Please list professional associations to which the Applicant belongs:

15. Please provide the following:

NAMES OF ALL PARTNERS, PRINCIPALS AND KEY EMPLOYEES	PROFESSIONAL QUALIFICATIONS/ DESIGNATIONS	# OF YEARS IN PRACTISE	# OF YEARS APPLICANT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Has the Applicant provided services to any governmental entities? Yes No
 If "Yes", please attach an explanation.

17. Has the Applicant provided services to any employee benefit plans, including any pension plans, or does it plan to do so? Yes No
 If "Yes", please attach an explanation.

18. Has the Applicant provided services to any bank, savings and loan or other financial institution, or does it plan to do so? Yes No
 If "Yes", please attach an explanation.

19. Please indicate the Applicant's five largest jobs/projects during the past three years, showing client's name, services provided and gross revenues for each:

CLIENT	SERVICE	REVENUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Does any director, officer, employee, or partner of the Applicant serve on the board of directors of any client of the Applicant? Yes No
 If "Yes", please attach an explanation.

21. Does the Applicant use a written contact with the clients? In all cases Sometimes Never
Please attach samples copies of all types.
22. Does the Applicant subcontract work to others? Yes No
If "Yes", please attach an explanation.
23. Does the Applicant have a written procedural manual for employees to follow? Yes No
24. Does the Applicant have procedural literature? Yes No
If "Yes", please attach an explanation
25. Does the Applicant have a formalized training program for newly hired employees? Yes No
26. Please attach the Applicant's most recent annual report/financial statement.
27. Has any errors and omissions or professional liability insurance ever been declined or cancelled? Yes No
If "Yes", please attach an explanation.
28. Is any errors and omissions or professional liability insurance currently in force? Yes Yes
If "Yes", please indicate:
Name of Insurer: _____
Expiration Date: _____ Limit: _____
Deductible: _____ Premium: _____
Length of time coverage has been continuously in force: _____
29. Does any director, officer, employee or partner of the Applicant have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? Yes No
If "Yes", please attach an explanation.
30. Has the Applicant or any director, officer, employee or partner of the Applicant ever been the subject of disciplinary action as a result of professional activities? Yes Yes
If "Yes", please attach an explanation.
31. Please attach a list and status of all errors and omission claims made during the past three years against the Applicant or any director, officer, employee or partner of the Applicant.
If none, please check here: None
32. The basic policy for which you have applied will not cover acts committed before the inception date of the policy. If you desire a quote for these prior acts, please enter the date from which you want prior acts covered: _____ (Note that coverage does not apply to known or expected claims or those which any insured could have foreseen.)

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF ALL PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE COMPANY IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE A POLICY.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE COMPANY AND IS CONSIDERED PHYSICALLY ATTACHED TO THIS APPLICATION. THIS APPLICATION AND SUCH INFORMATION WILL BECOME PART OF, AND BE CONSIDERED PHYSICALLY ATTACHED TO, ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION. IF, AS A RESULT OF THIS APPLICATION, A POLICY IS ISSUED, THE COMPANY WILL HAVE RELIED UPON

THIS APPLICATION AND ON SUCH ATTACHMENTS.

IF THE STATEMENTS IN THIS APPLICATION OR ANY ATTACHMENT CHANGE MATERIALLY BEFORE THE EFFECTIVE DATE OF ANY PROPOSED POLICY, THE APPLICANT MUST NOTIFY THE COMPANY, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY QUOTATION. THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (A) THE POLICY FOR WHICH APPLICATION IS MADE WILL APPLY ONLY TO CLAIMS FIRST MADE OR DEEMED MADE DURING THE PERIOD IN WHICH THE POLICY IS IN EFFECT; AND**
- (B) THE LIMITS OF LIABILITY CONTAINED IN THE POLICY WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE PAYMENT OF DEFENSE EXPENSES AND, IN SUCH EVENT, THE COMPANY WILL NOT BE RESPONSIBLE FOR THE CONTINUED DEFENSE OF ANY CLAIM OR BE LIABLE FOR THE DEFENSE EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY; AND**
- (C) DEFENSE EXPENSES WILL BE APPLIED AGAINST ANY APPLICABLE DEDUCTIBLE.**

APPLICANT _____

BY (*Principal, Partner or Stockholder*) _____

TITLE _____ DATE _____