



Miscellaneous Professional Liability Policy

APPLICATION

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE OR DEEMED MADE AGAINST THE "INSURED" AND REPORTED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND SUCH "DEFENSE EXPENSES" SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

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

AGENCY/ BROKER	CODE	NAME & LICENSE NUMBER	POLICY NUMBER
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1. a. Name of Applicant: _____
- b. Principal Address: _____

- c. Web Site 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:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	<input type="checkbox"/> 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	Numbers 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:

	Domestic	Foreign
Current fiscal year	\$ _____	\$ _____
Past fiscal year	\$ _____	\$ _____
Estimated receipts next fiscal year	\$ _____	\$ _____

13. Describe the Applicants five largest projects or jobs during the past three years:

Client Name	Services Rendered	Annual Revenue derived from the project or job
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Is a written contract or agreement required for each client? Yes No
 If yes, please provide a copy of a standard contract or agreement.
 If no, how are responsibilities defined between the Applicant and their client? _____

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 a 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 WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Signature of Applicant's Authorized Representative Date
(Principal, Partner or Officer)

Agency/Broker

Name (printed)

Agent/Broker (Individual)

Title

Address