



Miscellaneous Professional Liability Policy

RENEWAL 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
-------------------	------	-----------------------	---------------

1. a. Name of Applicant: _____
 b. Principal Address: _____

 c. Web Site Address: _____
 d. Please list any new
 all subsidiaries, branches _____
 and entities and their locations _____
 for which coverage is desired: _____
 e. Telephone Number: _____
 f. Fax Number: _____

2. Within the past year, 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: _____

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

Professional Service	% of Gross Revenue
_____	_____
_____	_____
_____	_____

4. Does the Applicant provide any services over the Internet? Yes No
 If yes, please explain: _____
5. Describe, in detail, all other services and activities of the Applicant for which coverage is **NOT DESIRED**: _____

6. List the following totals:
 Principals, Partners, Officers: _____
 Other Professional Staff: _____
 Clerical/Non-Professional Staff: _____

7. Provide the total gross receipts for services listed in Question 6:
- | | Domestic | Foreign |
|-------------------------------------|-----------------|----------------|
| Current fiscal year | \$ _____ | \$ _____ |
| Past fiscal year | \$ _____ | \$ _____ |
| Estimated receipts next fiscal year | \$ _____ | \$ _____ |

8. 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
9. 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.

LIMIT INFORMATION: (choose one of the following)

- Renewal of existing policy, no change in requested limit of liability.
 Renewal of existing policy and requesting limit of liability increased to \$ _____
 Are there any pending lawsuits or claims or any facts or circumstances which may result in a claim under this policy? Yes No
 If yes, please provide details on a separate attachment.

REQUIRED ATTACHMENTS

Biographical sketches/resumes of all new Principals, Partners, and key employees in the past year.
 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