
Revenue Breakdown

4. Please list the professional services that the Applicant provides and the % of revenue generated by each service.

| Professional Service | Percentage of Revenue |
|----------------------|-----------------------|
| | % |
| | % |
| | % |
| | % |

Description of Business

5. Please indicate the total revenue for the following fiscal years for both the Applicant and any subsidiaries performing professional services sought to be covered under this policy?
- Current Year:
- Last Year:
- Next Year (projected):
6. How many years has the Applicant been in business?
7. Please indicate the Applicant's total number of employees.
8. How many of these employees provide professional services directly to clients?
9. Does the Applicant derive more than 20% of its gross annual revenue from any single customer? No Yes
10. Does the Applicant have a contract in place with clients?
- | | | | |
|-----------------|------------------|------------------|-------|
| All of the time | Most of the time | Some of the time | Never |
|-----------------|------------------|------------------|-------|
11. Do the Applicant's contracts contain indemnification/hold-harmless clauses running in its favor?
- | | | | |
|-----------------|------------------|------------------|-------|
| All of the time | Most of the time | Some of the time | Never |
|-----------------|------------------|------------------|-------|
12. Does the Applicant do business through independent contractors?
- | | | | |
|-----------------|------------------|------------------|-------|
| All of the time | Most of the time | Some of the time | Never |
|-----------------|------------------|------------------|-------|
13. Does the Applicant contractually require independent contractors to maintain E&O insurance?
- | | | | |
|-----------------|------------------|------------------|-------|
| All of the time | Most of the time | Some of the time | Never |
|-----------------|------------------|------------------|-------|

Description of Business (Continued)

14. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of disciplinary or criminal actions as a result of their professional activities?

No Yes

If you answered "yes" to the above question, please describe:

15. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees?

No Yes

If you answered "yes" to the above question, please describe including name of claimant; type of service provided and allegation made; date claim was made; demand amount and final disposition including indemnity and expense amounts:

16. Does the Applicant, Applicant's owners, principals, directors, officers or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business?

No Yes

If you answered "yes" to the above question, please describe:

It is understood and agreed that if the answer to the previous three queries is "yes", any such claim or potential claim is specifically excluded from this proposed coverage.

