

Renewal Application - Miscellaneous Professional Liability

1. Applicant Name:
2. Principal Address:

3. Current year total revenues:
4. Number of employees:
5. How many of these employees provide professional service directly to clients?

6. During the last 12 months has the Applicant created or acquired any additional entities?

Yes No

If yes, please provide the date of acquisition and a description of the services provided.

7. During the last 12 months has the Applicant changed the scope of their professional services?

Yes No

If yes, please describe in detail the nature of these changes and the revenue projected for each new service.

8. Does any proposed Insured have knowledge of any act, error or omission which might reasonably give rise to a claim against any Insured?

Yes No

If yes please explain:

Notice to Applicant: Please Read Carefully.

Warranty: The Applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the Applicant.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature:

Date:

Name and Title:

4/23/01