

- General Star Indemnity Company
- General Star National Insurance Company

MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE APPLICATION

Administered by:



THIS IS AN APPLICATION FOR CLAIMS-MADE AND REPORTED INSURANCE. IT IS IMPORTANT THAT YOU REPORT ANY CURRENTLY KNOWN CLAIMS OR CIRCUMSTANCES THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO COVER SUCH CLAIMS OR INCIDENTS. GENERAL STAR WILL NOT PROVIDE COVERAGE FOR CLAIMS OR INCIDENTS WHICH YOU ARE AWARE OF PRIOR TO THE INCEPTION DATE OF THIS COVERAGE, IF OFFERED AND ACCEPTED.

INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach an exhibit with the question number.
3. The application must be signed and dated by authorized person.
4. PLEASE ATTACH THE FOLLOWING:
 - Brochures, advertisements, or other descriptive literature about the applicant firm, its operations and services.
 - Most recent annual report and quarterly financial statements
 - Copy of standard contract and engagement/proposal letter used with clients.
 - Sample reports given to clients.
 - Biographical sketches of principals, officers, and professional staff.
 - Applicable Supplemental Application if available.
5. Return this and all supplemental applications to the Program Administrator at
NIF Group, Inc.
98 Floral Ave. Suite 103, New Providence, NJ 07974; phone: 908-508-9696; fax: 908-508-0096

Proposed Effective Date: From _____ To _____
 12:01 a.m. Standard Time at the address of the Applicant

I. GENERAL INFORMATION

1. Applicant: _____
2. Business Address: _____ City: _____
 County: _____ St: _____ Zip: _____
3. Telephone Number: _____ 4. Fax Number: _____
5. Website Address: _____ 6. E-mail Address: _____
7. Applicant is an: Individual Partnership Corporation Other _____
- 8.a. Date your firm was established: _____
- b. Where is firm licensed/registered? _____
- c. During the past 5 years, has the name of the firm been changed? Yes No
- d. Has any other business been purchased, merged, or consolidated with the firm? Yes No
- e. If yes to d., please provide details: _____
- 9.a. Is the firm controlled, owned, affiliated, or associated with any other firm, corporation, or company? If yes, please provide details: Yes No
- b. Are any services provided by the applicant to such business enterprises? If yes, please provide details: Yes No

10. Please list all Names and Locations of all subsidiaries or affiliates for which coverage is desired:

NAME	ADDRESS/LOCATION	OTHER INFORMATION

		Domestic	Foreign
11. Provide total gross revenues for the applicant firm for the past three (3) years or fiscal year period. If newly established, indicate anticipated gross revenues for the current year.	\$ _____ current year	_____ %	_____ %
	\$ _____ last year	_____ %	_____ %
	\$ _____ 2 years ago	_____ %	_____ %
	\$ _____ 3 years ago	_____ %	_____ %

II. PROFESSIONAL SERVICES

1. Describe operations or services for which coverage is desired.

2. What percent of firm's income is derived from these services during the current year? _____ %

3. Do these services or operations for others involve:

Any design work or software design for clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Consulting services for a fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Contact with the consumer, user, beneficiary, or general public?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Helping clients comply with regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Management of specific services for clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Issuance of publications, manuals, newsletters, promotional materials, or any printed matter or software for clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Maintenance of books, records, accounts data base or any type or media for clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %

4. a. Describe the firm's client selection process.

b. Does firm perform credit checks on all clients? Yes No

c. Is management's approval required for all new clients? Yes No

d. Does the firm maintain a system to avoid conflicts of interest? Yes No

e. List the firm's largest clients or jobs during the past three (3) years and indicate the service performed and approximate annual revenue from each:

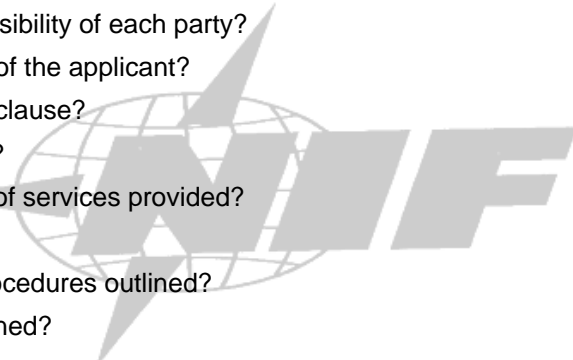
Name of Client	Description of Services	Annual Revenue to Firm

5. a. Describe the procedures for resolving disputes with clients over fees or charges, should they arise:

- b. Are the firm's fees ever contingent upon client's cost reductions, or increased sales for the client, or successful completion of the assignment? Yes No
6. a. Does the applicant have written contracts or agreements with each client? Yes No
- b. If no, what percent of time are contracts NOT used? _____ %
- c. Explain why contracts are not used in such instances:

7. Does the applicant's basic contract contain:
- a. Hold harmless or indemnity agreements inuring to the applicant's benefit? Yes No
 - b. Hold harmless or indemnity agreements inuring to the benefit of applicant's client? Yes No
 - c. Disclaimer of warranties? Yes No
 - d. Specific description of the services applicant will provide to the client? Yes No
 - e. Clauses defining the responsibility of each party? Yes No
 - f. Clauses limiting the liability of the applicant? Yes No
 - g. A "force majeure" limitation clause? Yes No
 - h. A confidentiality agreement? Yes No
 - i. Limitation of liability to cost of services provided? Yes No
 - j. Ownership rights outlined? Yes No
 - k. Sign-off and acceptance procedures outlined? Yes No
 - l. Termination provisions outlined? Yes No
 - m. Arbitration provision? Yes No
 - n. Forum selection clause? Yes No
 - o. Clear definitions of technical terms? Yes No
 - p. Contractual statute of limitations? Yes No
8. Name of law firm (if any) which renders advice to applicant regarding contracts and other business matters:

9. Name of applicant's accounting firm:



10. a. Name of any firms which are subcontractors to the applicant, including the services provided and percentage of activities provided:

<u>Subcontractor Firm Name</u>	<u>Services Provided</u>	<u>Percentage of Activities</u>

- b. Are subcontractors required to carry professional liability insurance? Yes No
 If yes, what is the minimum policy limit of liability? _____
 If no, are the subcontractors required to indemnify the applicant? Yes No
- c. Does the applicant have an ownership interest in any subcontractors? Yes No
- d. If yes, please provide details: _____

11. Please provide the following information regarding staffing:

	<u># Staff</u>	<u>Typical Professional Education, Training or Degrees</u>
Principals, Officers, Partners		
Other Professional Employees		

Describe any changes to staffing in last year: _____

III. PRIOR INSURANCE INFORMATION (Check here if None)

1. List the Professional Liability insurance carried for each of the past three (3) years, including periods of no coverage:

POLICY PERIOD		INSURANCE COMPANY	CLAIMS-MADE COVERAGE?	LIMIT OF LIABILITY PER CLAIM/ AGGREGATE	DEDUCTIBLE (IF ANY)	PREMIUM
FROM: MM/DD/YY	TO: MM/DD/YY					
/ /	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No			
/ /	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No			
/ /	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

2. a. Does your current policy contain a prior acts limitation or a retroactive date? Yes No
 b. If Yes, indicate the date and attach a copy of your current policy's prior acts endorsement and Declarations Page: _____
4. Has any application for similar insurance made on behalf of the Applicant or any of its predecessors in business been declined or has any such insurance ever been rescinded, canceled or has renewal been refused? If yes, please provide details: Yes No

IV. CLAIM ACTIVITY

IMPORTANT NOTICE: All known claims and/or circumstances that could result in a Professional Liability claim are specifically excluded from coverage. Report all such claims and/or circumstances to your current insurer. If any circumstance, act, error, or omission exists that could result in a professional liability claim, then such claim and/or any claim arising from such act, error, omission or circumstance is excluded from coverage that may be provided under this proposed insurance. Further, failure to disclose such claim, act, error, omission or circumstance may result in the proposed insurance being void or subject to rescission.

- 1. Has any principal, solicitor, or employee ever been investigated or convicted of a felony? If yes, please provide complete details on a separate sheet, including the present status of any individuals. Yes No
- 2. a. Has the firm or any firm member, principal, partner, officer, or director, past or present, ever been the subject of any disciplinary action by any government body, administrative agency, or professional association within the last 5 years? Yes No
 - b. If Yes, please provide complete details on a separate sheet, including the present status of any individuals involved.
- 3. a. Has any claim or suit been made in the past five (5) years against the firm or its predecessor firm(s) or any current or former firm member, principal, partner, officer, director, or employee? Yes No
 - b. If Yes, please complete a Claim Supplement for each claim or suit.
 - c. After inquiry, does any firm member know of any circumstance, situation, act, error or omission that could result in a professional liability claim or suit against the firm or its predecessor firm(s) or any current or former member, principal, partner, officer, director, or employee of the firm or its predecessor firm(s)? Yes No
 - d. If Yes, please complete a Claim Supplement describing the potential claim.
- 3. Please describe procedures or safeguards the firm uses to avoid similar situations in the future:

V. COVERAGE REQUESTED

1. Limits of Liability: Please indicate the limit of liability desired:

PER CLAIM/ANNUAL AGGREGATE	
<input type="checkbox"/> \$ 1,000,000 / \$1,000,000	<input type="checkbox"/> \$10,000,000 / \$10,000,000
<input type="checkbox"/> \$2,000,000 / \$2,000,000	<input type="checkbox"/> Other: _____
<input type="checkbox"/> \$5,000,000 / \$5,000,000	

2. Deductible: Please indicate the deductible desired:

Indicate your choice of a deductible from the options listed below. The Company might require a higher deductible and proof of financial ability to pay a deductible. In selecting the deductible, please remember that claim expenses, including legal fees and costs of defense, are chargeable to the deductible:

PER CLAIM DEDUCTIBLE		
<input type="checkbox"/> \$ 2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> Other (specify) \$ _____

3. Prior Acts Date Desired: _____

PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF YOUR PRACTICE NOT SPECIFICALLY ADDRESSED HEREIN.

By signing this Application, you represent and agree to each of the following five (5) items:

1. You have made a comprehensive internal inquiry or investigation to determine whether anyone in your firm is aware of any actual or alleged fact, circumstance, situation, act, error or omission which may reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in Section IV. of this Application; and
2. This Application, along with each of the following applicable Supplemental Applications, are hereby being submitted to the Company (Please check all that apply):

<input type="checkbox"/> Advertising Agency Services / Public Relations Consulting	<input type="checkbox"/> Mortgage Broker
<input type="checkbox"/> Claims Information	<input type="checkbox"/> Promoters and/or Printers of Lotteries and Sales Promotion Games
<input type="checkbox"/> Escrow Operations	<input type="checkbox"/> Title Agents, Title Abstractors & Escrow Agents
<input type="checkbox"/> Executive Recruiting Consultants	<input type="checkbox"/> Trustees
<input type="checkbox"/> Consultants	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Media	
3. Each of the statements and answers given in this Application, and in each of the Supplemental Applications checked in Number 2. above, are:
 - a. Accurate, true and complete to the best of your knowledge and no material facts have been suppressed or misstated;
 - b. Representations you are making on behalf of all persons and entities proposed to be insured;
 - c. A material inducement to the insurance company to provide insurance, and any policy issued by the insurance company is issued in specific reliance upon these representations.
4. This Application, along with each of the Supplemental Applications checked in Number 2. above, are hereby deemed to be attached to the policy and incorporated into the policy, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy, and regardless of whether any of the Supplemental Applications are signed or dated.
5. You agree to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or in any Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING (not applicable in Nebraska, Vermont or Virginia): Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage. Please see IMPORTANT NOTICE in Section IV.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

General Star Indemnity Company is a "non-admitted" or "surplus lines" insurer in all states except Connecticut (where General Star National Insurance Company is "non-admitted or "surplus lines"), and is not subject to the financial solvency regulation and enforcement which applies to licensed companies. The insurance company does not participate in any state insurance guarantee fund; therefore, these funds will not pay your claims or protect your assets if the insurance company becomes insolvent and is unable to make payments as promised. Your agent or broker can verify with the State Insurance Commissioner that General Star Indemnity Company is an approved surplus lines insurer in the state.

An authorized representative who is an active owner, officer, or partner of your firm must sign this Application within thirty (30) days prior to the policy inception date.

Signature of Owner, Officer or Partner

Date

Print or Type Name and Title

