



# Hartford Financial Products

## MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE RENEWAL APPLICATION

**This is an application for a CLAIMS-MADE AND REPORTED Policy**

If a policy is issued this application will attach to and become part of the policy, therefore, it is important all questions are answered accurately.

**NOTICE:** THIS PROFESSIONAL LIABILITY INSURANCE IS WRITTEN ON A CLAIMS-MADE BASIS AND PROVIDES COVERAGE FOR THOSE CLAIMS WHICH ARE FIRST MADE WHILE THIS INSURANCE IS IN FORCE AND WHICH ARE THE RESULT OF WRONGFUL ACTS OCCURRING SUBSEQUENT TO THE RETROACTIVE DATE SHOWN IN ITEM 5 OF THE DECLARATIONS PAGE. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, AN EXTENDED REPORTING PERIOD APPLIES. THIS INSURANCE PROVIDED BY THIS POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSES. CLAIM EXPENSES SHALL ALSO BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

**Please provide the following:**

- \*Any new contracts    \*Resumes of any new individuals    \*Financial Reports for the past year  
(audited, if available)

1. NAME OF APPLICANT: \_\_\_\_\_

PRINCIPAL BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

2. A) Has the applicant acquired or been acquired by another company?  Yes  No If yes, please provide names of companies and explanation.

B) Is the acquired or acquiring firm in the same business as the applicant?  Yes  No

3. Has applicant changed its organizational format in the last year (reorganization, divestitures)?  Yes  No If Yes, please provide explanation.

4. Has the applicant changed its name?  Yes  No If Yes, please provide explanation and previous name used by the applicant.

5. Describe the professional services/operations for others for which coverage is desired, if different from expiring.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List the total gross receipts for the past year and projected receipts for the coming year derived from the services for which coverage is desired.

YEAR	GROSS RECEIPTS
a. Current Projected	\$ _____
b. _____	\$ _____

7. For the receipts listed above, please give approximate percentage derived from all professional services.

SERVICE	PERCENTAGE OF RECEIPTS	
_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	% <b>Total = 100%</b>

8. Total number of employees \_\_\_\_\_

9. Has any of the applicant's Owners, Principals, Directors, Officers or employees been the subject of reprimand or disciplinary or criminal actions by authorities as a result of their professional activities?  Yes  No If Yes, please attach explanation.

**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 therein if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this warranty constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application submitted by the applicant.

The applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

**NOTE:** In applying for coverage, the applicant agrees that in the event of covered losses, he/she will be required to be defended by an attorney appointed by the Company.

The applicant hereby acknowledges that he/she is aware that the limit of liability shall be reduced, and may be completely exhausted, by claims expenses and in such event, the Company shall not be liable for claims expenses or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant hereby further acknowledges that he/she is aware that claims expenses that are incurred shall be applied against the deductible amount.

The applicant understands and accepts that the policy applied for provides coverage on a "claims-made" basis for only those claims that are made against the Insured while the policy is in force and that coverage ceases with the termination of the policy.

**This application must be signed and dated by an owner, partner or officer.**

Signing this form and tendering premium does not bind the applicant or the Company to complete the insurance. This application must be signed to be considered for quotation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print or Type Name & Title

\_\_\_\_\_  
Date (Month/Day/Year)