

MISCELLANEOUS E&O

LLOYD'S OF LONDON

APPLICATION FOR
MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD'S

THIS APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY

APPLICANT'S INSTRUCTIONS

- 1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.**
- 2. IF YOU NEED MORE SPACE, CONTINUE ON ATTACHMENT 'A' AND INDICATE QUESTION NUMBER.**
- 3. PLEASE COMPLETE THE FINANCIAL SUPPLEMENT ATTACHMENT 'B' AND OTHER SUPPLEMENTS WHERE REQUIRED.**
- 4. THIS APPLICATION, WHICH INCLUDES SUPPLEMENT FORMS, MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM**

-
1. Name of Applicant: _____
 2. Address: _____
City: _____ County: _____
State: _____ Zip: _____
 3. Telephone: _____ Facsimile: _____ E-Mail: _____
 4. Please describe in detail the nature and types of professional services the Applicant is engaged in and indicate the percentage of revenues derived from each.

 5. What services does the Applicant wish to have covered by the Professional Liability Insurance?

 6. Please indicate type of company:
Sole Trader _____ Partnership _____ Corporation _____ Privately Held _____
Non-Profit _____ Publicly Traded _____ Other _____
 7. Date established: _____

8. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own, any other firm or business enterprise?

No _____ Yes _____

If yes, please explain: _____

9. Are any significant changes in the nature or size of the Applicant's business anticipated over the next 12 months? Or have there been any such changes in the past 12 months?

No _____ Yes _____

If yes, please explain: _____

10. In the past 24 months has the Applicant or any of its principals engaged in any business or profession other than as described in the above question?

No _____ Yes _____

If yes, please explain: _____

11. Total Number of staff: _____

12. Please provide the following:

Name of Principals & Qualified Employees	Professional Qualifications/ Designations	Number of years in practice	Number of years with Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Please list Professional Associations to which the Applicant belongs: _____

14. Gross Billings:

This year(est): _____ Last Year: _____ Year prior: _____

15. Please indicate the Applicant's five largest jobs/projects during the past three years:

Client	Service	Applicant's Fee	Total project cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Please provide percentage revenue derived from following:

Federal Government: _____ State/Municipal Entites: _____ Corporations: _____
Non-Profit Organizations: _____ Individuals: _____

17. Does the Applicant use a written contract:

Always: _____ Sometimes: _____ Never: _____

If not always, please explain how the scope of services to be provided is agreed: _____

Please attach a copy of a standard contract or letter of engagement.

18. Have the Applicant's services and advice been used in any disclosure documents or prospectuses to investors in any business entity?

No _____ Yes _____

If yes, please detail (including procedures to ensure quality control): _____

19. Does any director, Officer, employee or partner of the Applicant serve on the board of directors of any client of the Applicant?

No _____ Yes _____

If yes, please explain: _____

20. Does any applicant, in the course of providing professional services, handle monies or investment instruments belonging to others?

No _____ Yes _____

If yes, please explain: _____

21. Does any Applicant give advice to any client regarding investments of any kind?

No _____ Yes _____

If yes, please explain: _____

22. Does any Applicant offer advice to any client in respect of the client's medical, mental or emotional condition or the clients relationships with other people?

No _____ Yes _____

If yes, please explain: _____

23. Does the Applicant sub-contract work to others:

No _____ Yes _____

If yes, please explain and include the nature of indemnities, hold harmless agreements, etc.:

24. Does the Applicant have a written procedures manual for employees to follow?

No _____ Yes _____

25. Does the Applicant have a formalised training program for employees?

No _____ Yes _____

26. Does the Applicant have promotional literature?

No _____ Yes _____

If yes, please provide brief details: _____

If no, please explain how Applicant's services are marketed: _____

27. Has any errors and omissions or professional liability insurance ever been declined or cancelled?

If yes, please explain: _____

28. Is any errors and omissions or professional liability insurance in favour of the Applicant currently in force?

No _____ Yes _____

If yes, please indicate errors and omissions insurance carried for each of the past three years:

Carrier	From (mm/yy)	To (mm/yy)	Limit	Deductible	Premium	Retrodate
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

29. Has the Applicant or any director, officer, employee or partner provided professional services on behalf of the Applicant been subject to disciplinary action as a result of professional activities?

No _____ Yes _____

If yes, please explain: _____

30. Is the Applicant aware of any errors, omissions or claims (including any circumstances reported to previous insurers which have not developed into claims) during the last ten years?

No _____ Yes _____ (If yes, please complete Attachment 'C')

31. Has the Applicant been a party to any lawsuit or other legal proceeding within the past five years?

No _____ Yes _____

If yes, please provide (on Attachment 'A') a description which includes the venue of the action, the parties, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the applicant, including all costs incurred; including defense expenses.

32. The basic policy for which you have applied will not cover acts, error or omissions which took place prior to the inception date of the policy. If you desire a quote for these prior acts, please enter the date from which you want prior acts covered _____.
(Note that coverage does not apply to know or expected claims or those which are insured should have foreseen).

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE, THE INSURANCE, BUT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE APPLICANT FURTHER DECLARED THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORISATION OR AGREEMENT TO BIND THE INSURANCE.

NOTICE; IN CERTAIN STATES, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I HAVE READ THE FOREGOING APPLICATION OF INSURANCE INCLUDING SUPPLEMENT SHEETS 'A', 'B' AND 'C' AND WARRANT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

SIGNED THIS _____ DAY OF _____ 19 ____ IN _____

PRODUCER _____ APPLICANT'S SIGNATURE _____

ADDRESS _____ TITLE _____

DATE _____

ATTACHMENT 'A'

MISCELLANEOUS E&O

LLOYD'S OF LONDON

Signed: _____ Date: _____

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LLOYD'S OF LONDON

FINANCIAL SCHEDULE

Please provide the following information concerning the current year estimated financial figures and two previous years:

Name of Applicant: _____ Date: _____

	19__	19__	19__
	\$	\$	\$
Total Revenues	_____	_____	_____
Total Gross Assets	_____	_____	_____
Total Capital (Equity)	_____	_____	_____
Total Debt	_____	_____	_____
Short-Term Debt (due with one year)	Maximum: _____	_____	_____
	Minimum: _____	_____	_____
Total Long-Term Debt	_____	_____	_____
Total Established Credit Lines with Banks	_____	_____	_____
Net Income after Tax	_____	_____	_____
Depreciation/Amortization	_____	_____	_____

Any further details you may wish to include:

Signed: _____ Date: _____

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CLAIMS SCHEDULE

Please complete this form if the Applicant is aware of any errors, omissions or claims as indicated in Question 30 of the Application Form (including any circumstances reported to previous insurers which have not developed into claims) during the last ten years.

1. Name of Applicant: _____
2. Name of Member of Staff involved in claim: _____
3. Name of (potential) claimant: _____
4. Date of incident: _____ Date claim made: _____
5. Under which policy was the claim made? Carrier: _____
Policy No: _____
6. Status of claim: Closed _____ Please indicate Total Loss Paid: _____
or (Including defense expenses)
Open _____
7. Total defense costs and expenses to date: _____
8. Damages or other relief sought by the claimant(s): _____
9. Insurers loss reserve: _____
10. Please give the following details:
 - i) the specific act, error or omission upon which the claimant bases the claim.
 - ii) a brief description of the claim.
 - iii) details of the current status and proposed strategy for handling the claim.

(Please continue overleaf if necessary)

Signed: _____ Date: _____

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Broker Request for a Non-Binding VRI

Broker _____

1. Name of Applicant: _____
2. Address: _____

3. What services does the Applicant wish to have covered by the Professional Liability Insurance?

4. Please indicate type of company:
Sole Trader _____ Partnership _____ Corporation _____ Privately Held _____
Non-Profit _____ Publicly Traded _____
5. Date established: _____
6. Total Number of staff: _____
7. Gross billings: _____
8. Is any errors and omissions or professional liability insurance in favour of the Applicant currently in force?
No _____ Yes _____
If yes, please indicate errors and omissions insurance carried for each of the past three years:

Carrier	From (mm/yy)	To (mm/yy)	Limit	Deductible	Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
9. Is the Applicant aware of any errors, omissions or claims during the last ten years?
No _____ Yes _____
10. Does the Applicant use a contract always, sometimes or never? _____
11. Requested limits and deductible? _____
12. Target premium? _____

Signed _____ Date _____