



5. A. Is the applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company?

YES       NO      If "Yes", explain below or in an attachment.

B. Are any services provided to such business enterprises?

YES       NO      If "Yes", explain:

6. During the past five years has the name of the firm been changed, or has any other business been purchased, merged or consolidated with the applicant?       YES       NO  
If yes, please describe significant changes in the firm's personnel and operations:

7. Date firm was established: \_\_\_\_\_ . Where is firm licensed or registered? \_\_\_\_\_ .

8. Provide a narrative of all services performed for others. Continue on an attachment if necessary:

9. Indicate the exposure, in detail, for which you require coverage?

10. What kinds of claims might possibly result from these services?

11. Describe any procedures, precautions or protections the firm uses to avoid such losses:

12. List your five largest projects or jobs during the past three years and indicate service performed and approximate revenue from each:

	<u>NAME</u>	<u>SERVICE PERFORMED</u>	<u>REVENUE</u>
1.			
2.			
3.			
4.			
5.			

13. Does the applicant have written contracts or agreements with each client?

YES If yes, please attach a copy of standard contract.

NO If no:

A. What percentage of the time are written contracts not used \_\_\_\_\_ %.

B. If written contracts are not used, how are responsibilities defined between the applicant and their clients?

14. Do the applicant's contracts 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 the applicant's clients?  YES  NO

C. Guarantees or warranties?  YES  NO

D. A specific description of the services applicant will provide to client?  YES  NO

15. Have your contracts and operating procedures been reviewed by a law firm with experience in your field?

A. CONTRACTS:  YES  NO

B. \_OPERATING PROCEDURES:  YES  NO

16. Applicant's Fiscal Year: From \_\_\_\_\_ mo/yr To: \_\_\_\_\_ mo/yr

Firm's total gross fees and receipts (including foreign)  
 projected for the coming year: 20\_\_\_\_ - \_\_\_\_\_ ;  
 current year: 19\_\_\_\_ - \_\_\_\_\_ ;  
 past two years: 19\_\_\_\_ - \_\_\_\_\_ 19\_\_\_\_ - \_\_\_\_\_ .

Give the percentage projected for foreign operations \_\_\_\_\_ %

Are any gross fees and receipts contingent upon cost reductions?  YES\_\_  NO If yes, please describe.

17. A. What percentage of the firm's business involves subcontracting of work to others? \_\_\_\_\_ %.

B. What services are subcontracted? \_\_\_\_\_

18. Please give:

A. \_Total number of principals, partners, and officers in firm: \_\_\_\_\_  
Total number of skilled and technical employees: \_\_\_\_\_  
Total number of unskilled and clerical employees: \_\_\_\_\_

B. \_Describe the qualifications of key personnel or attach an experience resume:

C. \_Does the applicant or its employees belong to any professional organizations or associations?  YES  NO  
If yes, please describe:

19. Claims Experience: Please attach a list of claims made or suits brought in the last 5 years against the applicant firm, its predecessors, subsidiaries, employees and/or against any other proposed insured. Provide description and status of each claim, and include date of claim, date of error, amount of claim, deductible, payments and reserves.  
If none, please check here: \_\_\_\_\_ **NONE**

20. Does the applicant have any knowledge, information or is the applicant aware of any alleged errors, omissions, offenses, or circumstances which may reasonable be expected to result in a claim being made against the applicant, any proposed insured or any person or entity listed above?  YES  NO  
If yes, explain:

21. A. \_Has the applicant, its subsidiaries, affiliates or business predecessors been the subject of disciplinary action or investigation by any authority or regulatory agency?  YES  NO

B. Have any partners, principals, officers or key employees?  YES  NO  
If yes, to either, explain below or in an attachment:

22. A. List any similar insurance carried during the past five years. If none, check here:  NONE

Policy Period	Insurer	Retroactive Date	Claims made or occurrence?	Limit	Deductible	Premium
1.						
2.						
3.						
4.						
5.						

B. Please attach a copy of current policy form.

23. 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, cancelled or has renewal been refused. If yes, please explain below or on an attachment.  YES  NO

24. Does applicant firm have comprehensive general liability coverage currently in force?  YES  NO

Does the policy include coverage for all classes/operations under the products/completed operations hazards? If no, which are excluded?  YES  NO

Please provide a copy of the policy, if available. Otherwise, please provide below the; A. name of the insurer; B. policy number; C. policy period and D. limit of liability;

25. Limit of Liability:  \$100,000  \$250,000  \$500,000  \$1,000,000  Other \_\_\_\_\_

Deductible desired:  \$2,500 Other \_\_\_\_\_

**THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY OR INSURE ANY SERVICES. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH FRAUDULENT STATEMENTS, OMISSIONS OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED BY THE COMPANY.**

**NOTICE:**

**THE LIMIT OF LIABILITY IN THE POLICY, IF ISSUED, MAY BE REDUCED OR COMPLETELY EXHAUSTED BY CLAIM COSTS AND/OR LEGAL DEFENSE. IN SUCH EVENT, THE COMPANY SHALL NOT BE LIABLE FOR ANY JUDGMENT, SETTLEMENT OR CLAIM COSTS OR LEGAL DEFENSE COSTS WHICH ARE IN EXCESS OF THE LIMIT OF LIABILITY STATED IN THE DECLARATIONS PAGE OF THE POLICY.**

**THE DEDUCTIBLE IN THE POLICY, IF ISSUED, APPLIES TO CLAIM COSTS AND LEGAL DEFENSE AS WELL AS TO JUDGMENTS AND SETTLEMENTS.**

**THE APPLICANT REPRESENTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE ACCURATE AND COMPLETE. THE APPLICANT ALSO WARRANTS THAT SUCH STATEMENTS AND RESPONSES ARE TRUE, CONTAIN NO MISREPRESENTATIONS AND THAT IS THE INFORMATION SUPPLIED ON THIS APPLICATION OR ATTACHMENTS CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES.**

**WARNING: 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 WHO CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

\_\_\_\_\_  
SIGNED BY AUTHORIZED OFFICER OR PARTNER

DATE \_\_\_\_\_

TITLE \_\_\_\_\_