



ACE USA

Miscellaneous Errors and Omissions Liability Insurance Application

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE BASIS

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSES AND THAT CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Name of Applicant: _____

Principal Address: _____

Mailing Address: _____

Web Site Address: _____

2. a. Name and locations of all Subsidiaries for which coverage is desired. Please provide percentage ownership by Applicant :

b. List all branch offices, affiliates or joint ventures:

3. Date Established: _____
Mo./Day/Yr.

a. Applicant is: Individual Partnership Corporation Other (specify)

b. Is the entity owned, controlled or affiliated with any other entity? Yes No

- c. Has the name of the Applicant ever been changed? Yes No
- d. Has the Applicant ever been involved in any merger, acquisition or consolidation? Yes No
If the Applicant checked yes to any part of Question 3, please explain on a separate sheet.

4. Professional Services

- a. Please provide a comprehensive description of the professional services performed by the Applicant. ***Attach a separate sheet if necessary***

- b. Does the Applicant provide any professional services over the Internet? Yes No
- c. Does the Applicant provide any professional services outside the United States? Yes No
- d. Do any of the entities listed in Q2, provide or have provided professional services other than those professional services listed in Q4a? Yes No
If yes, please explain on separate sheet.
- e. During the past five years has the Applicant been engaged in any business or professional services other than as described in Q4a? Yes No
If yes, please explain on separate sheet.

5. Financial Information

- a. Indicate fiscal year end date: ___/___ (month/day)
- b. Indicate the following for all professional services indicated in Q4a.

	Past 12 Months (__ yr.)	Current 12 Months (__ yr.)	Estimate for Coming Year
Gross Revenue			

- c. The Applicant is to attach the most recent Financial Statement (10K) or the most recent audited financials or current annual report.

Statement Attached? Yes No. ***If no, please explain on a separate sheet.***

- d. Are any changes anticipated in the size or nature of the Applicant’s business in the next 12 months? Yes No
If yes, explain on a separate sheet.

- 6. a. For the gross revenues indicated in Q5b., as “Current 12 Months”, complete the following. Where percentages are asked for the total should equal 100%. Please indicate which of the following is being supplied: Transactions Projects Engagements

Professional Services	Percentage of Gross Revenues from Q5b.	No. of Transactions/Projects/Engagements

--	--	--

b. Complete the following for Applicant's 5 largest clients:

Client	Professional Services Provided	Revenues
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

c. Total number of clients: _____

7. Personnel

a. Number of principals, partners, directors, officers and professional employees:

Professional Employees are employees performing professional services on behalf of the Applicant.

b. Number of non-professional (clerical) employees:

c. Average number of independent contractors performing professional services on behalf of the Applicant:

8. a. Does the Applicant use subcontractors? Yes No

b. What percentage of the professional services indicated in Q4a is subcontracted out?
_____ %

c. Does the Applicant receive a copy of the subcontractors errors and omissions or professional liability policy?
 Yes No

d. Do contracts with subcontractors have hold harmless or indemnity agreements that benefit the Applicant?
 Yes No

9. Contracts

a. Does the Applicant require a written contract or agreement for services with its clients?
 Yes No

b. Do such contracts or agreements contain (check all that apply) :

Hold Harmless or indemnity agreements inuring to Applicant's benefit

Hold Harmless or indemnity agreements inuring to the Client's benefit

Guarantees or Warrantees

Specific description of the professional services Applicant is to provide

c. Does the Applicant ever warrant or guarantee its professional services? Yes No

If yes, please explain on separate sheet.

10. a. Does the Applicant have procedures to ensure compliance with Federal, State and Local Statutes?
 Yes No
- b. Does the Applicant have a process in place to handle and resolve client complaints?
 Yes No
- c. Does the Applicant have any risk management procedures established and in use?
 Yes No

If yes to any part of Question 10 a – c, please explain on a separate sheet.

11. Prior Insurance

- a. Please provide the following information for any Errors and Omissions or Professional Liability Insurance the Applicant carried during the last five years:

Company	Limit of Liability	Deductible	Premium	Policy Period	Retro Date
1.					
2.					
3.					
4.					
5.					

- b. Has any Errors or Omissions Insurance or Professional Liability Insurance ever been declined, cancelled or non-renewed? Yes No
If yes, please explain on separate sheet.

12. Claims Experience

- a. Do any principals, directors, officers, partners, professional employees or independent contractors of the Applicant have knowledge or information of any act or omission which might reasonably be expected to give rise to a claim?
 Yes No
- b. Has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a disciplinary action as a result of professional activities? Yes No
- c. During the past five years, have any claims or suits been made against the Applicant, any predecessors in business, subsidiaries, affiliates or any principal, director, officer or professional employee? Yes No
- d. Has the Applicant reported the matters listed in Question 12 a-c to its current or former insurance carrier?
 Yes No

If yes to any part of Question 12 a-c, please complete a Supplemental Claims Questionnaire for each claim, notice or circumstance.

13. Year 2000

- a. Has the Applicant analyzed its exposures to Year 2000 problems in computers or equipment of the Applicant or of the Applicant's critical suppliers, vendors or customers? Yes No
- b. Have any claims related to Year 2000 issues been made or threatened against the Applicant, or is any director or officer of the Applicant currently aware of facts or circumstances which are likely to give rise to such claims in the future? Yes No

14. The applicant is to attach samples of its promotional materials and standard contracts utilized. Samples Attached? Yes No
If no, please explain on separate sheet.

NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY

The undersigned authorized representative of the Applicant, based upon reasonable inquiry, warrants to the best of its knowledge that the statements set forth herein are true and include all material information.

The Applicant further warrants that if the information supplied on this application changes materially between the date of this application and the inception date of the policy, it will immediately notify the insurance company of the changes. Signing of this application does not bind the Company to offer nor the Applicant to accept insurance, but it is agreed that this application shall be a basis of the insurance and it will be attached and made a part of the policy should a policy be issued.

Applicant's Signature: _____
(Must be signed by an Officer of the Applicant)

Print Name and Title

Date (Mo./Day/Yr.)