

**PROFESSIONAL LIABILITY ERRORS & OMISSIONS INSURANCE
RENEWAL APPLICATION**

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

NOTICE: THIS INSURANCE COVERAGE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAME OF APPLICANT: _____

ADDRESS: _____

2. LIMIT OF LIABILITY DESIRED:

\$250,000 _____ \$500,000 _____ \$1,000,000 _____ Other _____

3. DEDUCTIBLE:

\$2,500 _____ \$5,000 _____ \$10,000 _____ Other _____

4. Has there been any change whatsoever in the nature of the Applicant's Profession or Business Activity?
Yes _____ No _____. If yes, please explain:

5. List the projected gross receipts for the current year. In addition, please list projected receipts for the renewal year.

YEAR	AMOUNT
a) Renewal Year Projected	\$ _____
b) Current Year Projected	\$ _____

6. For the receipts listed in question 5a), please give the approximate percentage derived from each activity:

ACTIVITY	% OF 5a) RECEIPTS
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

7. a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: _____

b) Number of non-professional employees (clerks, secretaries, etc.): _____

8. Please provide the following:

Name in full of ALL Partners/Principals/ Key Employees.	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE	HOW LONG AS PARTNER/ PRINCIPAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Please include a list of Applicant Firm's five (5) largest jobs or projects during the past year. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

10. Is the Named Insured or any proposed insured aware of any circumstance which may result in a claim being made against them? _____ Yes _____ No If yes, please provide full details.

11. Attach current annual report and descriptive or promotional materials.

NOTICE TO NEW YORK APPLICANTS: 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.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the Applicant:

_____ Title _____ Date _____

This Application Form duly completed, together with any supplementary information, must be signed in ink by the person indicated.

Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.

THIS APPLICATION MUST BE SUBMITTED TO:

Producer Name: _____

Address: _____

City, State: _____

Tel. No: _____ Surplus Lines License No.: _____