

**PHILADELPHIA INSURANCE COMPANIES**

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004

Phone: 610.617.7900 Fax: 610.617.7940

**PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS**

**RENEWAL APPLICATION FOR CLAIMS MADE INSURANCE**

**NOTICE:** This is an application for **CLAIMS-MADE INSURANCE**. Such insurance applies only to claims that are first made against you and reported to the Company in writing during the policy period and may additionally limit coverage applicable to acts, errors, omissions or offenses made prior to the inception of the policy period. The limits of liability will be reduced by amounts paid for legal defense and such payments for legal defense will also be applied against the deductible amount.

Please answer **ALL** the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to such evaluation. If a question is not applicable, state "not "N/A." If more space is required to answer a question, continue on applicant's letterhead. The application and its supplement(s) must be signed and dated by a principal, partner, officer of the prospective insured's organization.

1. Applicant: \_\_\_\_\_

2. Home office address: \_\_\_\_\_ TEL # \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_ FAX # \_\_\_\_\_

3. Date established: \_\_\_\_\_

4. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company?  
 Yes  No If Yes, please attachment an explanation.

5. Please list any new branch offices and/or subsidiaries. Include a brief description of their operations and indicate if coverage is desired for these offices.  
\_\_\_\_\_  
\_\_\_\_\_

6. During the past year has the name of the firm been changed or has any other business been acquired, merged into or consolidated with the Applicant?  Yes  No If Yes, attach a complete explanation detailing any liabilities assumed.

7. Has there been any change in the nature of Applicant's business?  Yes  No If Yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Staffing --- Provide a breakdown of your staff into the following categories:  
a) principals, partners or officers \_\_\_\_\_ c) support staff (including part-time) \_\_\_\_\_  
b) professionals (not including in a) \_\_\_\_\_ d) part-time professionals (less than 20 hours/week) \_\_\_\_\_  
Total a – d: \_\_\_\_\_

**Note: Questions 9 through 11 refer to total gross revenue for a 12 month period, whether or not collected. Such revenue figures should include sub-contracted revenue.**

9. Dates of Applicant's current fiscal period: From: \_\_\_\_\_, 19\_\_\_\_ To: \_\_\_\_\_, 19\_\_\_\_

	<u>PAST FISCAL</u>	<u>CURRENT FISCAL</u>	<u>ESTIMATE FOR NEXT</u>
Total Gross Revenue:	\$ _____	\$ _____	\$ _____
Less Direct Recovery Expenses (travel, per diem, copies, etc.):	(-) \$ _____	(-) \$ _____	(-) \$ _____
<b>TOTAL NET BILLINGS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

11. a) For the receipts listed in question 10), please give the approximate percentage derived from each service you provide.

<b>SERVICE</b>	<b>% OF REVENUE</b>
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

12. Were more than 50% of your total gross billings for any one year derived from a single client or contract?

Yes  No

If Yes, please specify: a) Client; b) Services Rendered; and c) Expiration date of contract, if any.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Describe your firm's five (5) largest jobs or projects since your last renewal:

<u>CLIENT NAME</u>	<u>SERVICES PROVIDED</u>	<u>TOTAL GROSS BILLINGS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. a) Do you utilize the services of independent contractors or sub-consultants?  Yes  No

b) Approximate percentage of billings attributable to sup-contractors/consultants: \_\_\_\_\_%

15. Do you ever enter into contracts where your fees for services provided are contingent upon the client achieving cost reductions or improved operating results?  Yes  No

If Yes, attach a detailed description of such arrangements.

16. a) Does your firm secure a written contract or agreement for every project? (Please attach a sample copy.)  
 Yes  No
- b) Provide the percentage of your revenue where a written contract *is* secured: \_\_\_\_\_%
- c) Do your contracts contain any of the following: (check all that apply)
- Hold harmless or indemnification clauses in your favor?  A specific description of the services you will provide?
  - Hold harmless or indemnification clauses in your client's favor?  Payment terms?
  - Guarantees or warranties?

17. Do you currently carry Commercial General Liability Insurance?  Yes  No Limit: \_\_\_\_\_

18. Coverage requested: Limits of Liability:
- \$ 250,000
  - \$ 500,000
  - \$ 750,000
  - \$1,000,000
  - \$2,000,000
  - \$3,000,000
  - \$4,000,000
  - \$5,000,000

Deductible/ Retention: \$ \_\_\_\_\_

19. Does the Applicant perform any Year 2000 compliance work? Indicate revenue applicable to such work and any additional contractual provisions used to limit liability for such work.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**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 OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO KENTUCKY 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.

**NOTICE TO MINNESOTA AND OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

**NOTICE TO OKLAHOMA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKE ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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**SIGNATURES AND ACKNOWLEDGEMENTS**

**I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application and its supplement(s) shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application and its supplement(s) does not bind the Company to sell nor the Applicant to purchase the insurance.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_