



**ace usa**

## Miscellaneous Errors and Omissions Liability Insurance Renewal 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. Has the applicant changed its name?  Yes  No. *If Yes, please provide an explanation and previous name used by the applicant.*

b. Has the applicant acquired or been acquired by another company?  Yes  No. *If Yes, please provide the names of the companies and explanation.*

c. Is the acquired or acquiring firm in the same business as the applicant?  Yes  No. *If No, please provide an explanation.*

3. Has the applicant changed its organizational format during the last year (reorganization, divestitures)?  Yes  No. *If Yes, please provide an explanation.*

### 4. Professional Services

a. Please provide a comprehensive description of the professional services performed by the Applicant for which coverage is desired, if different from expiring. *Attach a separate sheet if necessary*

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

### 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. 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. 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.

9. The applicant is to attach samples of any new promotional materials or new standard contracts utilized during the past year.

Samples Attached?  Yes  No.

**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.)