



MISCELLANEOUS PROFESSIONAL LIABILITY ERRORS & OMISSIONS APPLICATION

APPLICANT'S INFORMATION:

APPLICANT NAME:			
BUSINESS NAME:			
INSPECTION CONTACT:		PHONE:	
MAILING ADDRESS:			
INSURED ADDRESS:	<input type="checkbox"/> Same as above		
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> For Profit <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other: _____			

1. A. Year Established _____ B. Individually Owned Partnership Corp
 Number of Locations _____
2. Complete description of operations/services. **(Also attach a copy of the firm's brochures)**
3. Indicate the specific types of claims or exposures for which coverage is desired

4. What safeguards or procedures does the firm employ to avoid or reduce the claims and/or exposures identified in question #4 above?

5. Attach a listing, on the firm's stationary, of the firm's five largest projects during the past five years. Include the client Name, description of services rendered and fees generated from each
6. A. Has the name or ownership of the firm changed or has any other business been purchased, merged or consolidated with the firm within the last 5 years? No Yes
 B. Is the firm owned or controlled by any other firm or individual? No Yes
 C. Does the firm, or any owner or officer of the firm own, engage in, operate, manage or act as a director or officer of any other business? No Yes
 D. Has any license held by the firm or any individual ever been suspended or revoked? No Yes
 E. Have any persons proposed for this coverage ever been subject to disciplinary action by any state licensing board, court, regulatory authority, or professional association as a result of professional activities? No Yes
7. Is the firm or any partner, shareholder, principal or employee bonded for handling client funds? No Yes
8. Within the past five years, has the firm performed any professional services for any client in which any, shareholder, officer or employee of the firm had any ownership interest, or which he/she controlled, operated or managed to any extent?

Client Name	Type of Business	Ownership %	Capacity	Engagement	Annual Fees

9. Within the past five years, has the firm or any partner, officer, principal or employee had any application for professional liability insurance denied, or policy cancelled or nonrenewed? No Yes. **If "Yes", please provide explanation:** _____
10. Has the firm or any past or present owner, partner, shareholder, principal, officer, director or employee ever been subject to disciplinary action by a state licensing agency or other regulatory body? No Yes. **If "Yes", please provide explanation:** _____
11. Have any claims (including lawsuits) been made against the firm, its predecessors, or past or present owners, directors, officers, employees or other individuals during the past five years? No Yes. **If "Yes", please complete a separate Supplemental Claim Form for each claim or suit.**
12. Is the firm aware of any circumstances or any allegations of contentions, which may result in a claim (including lawsuits) being made against the firm, its predecessors, or past or present owners, directors, officers or other individuals? No Yes. **If "Yes", please complete a separate Supplemental Claim Form for each incident.**
13. A. Total Gross Fees: Last Year \$ _____ This Year (est) \$ _____
 B. Total Payroll: Last Year \$ _____ This Year (est) \$ _____
 C. Does any single client provide over 30% of gross receipts No Yes.
If "Yes", please provide details: _____
14. What percentage of applicant's business involves subcontracting work to others? _____ % Cost of subcontracted work _____ What operations are subcontracted? _____
15. Individuals – Please list all owner(s), partners, officers, and employees engaged in professional services. Include part-time employees and all professional staff members. Continue in question 22 if necessary.

Name	Title	Years in Practice

16. Education, Training, Management:
- A. Please attach a resume for each owner, partner, principal and professional/technical employee.
- B. Do all employees (including management) attend at least one educational seminar annually? No Yes
- C. Is educational material presented to, and reviewed with all employees at least semi-annually? No Yes
- D. What percentage of employees have less than 2 years business related experience? _____ %
- Is management active in daily operations? No Yes
- Are staff meetings held at least bi-weekly? No Yes
- Are printed standards of practice and code of ethics adhered to, and copies provided to all clients? No Yes

Please, enclose any disclaimers and/or descriptive brochures which are provided to existing or prospective clients.

17. Membership(s) in Professional Organizations, Associations and Societies: No Yes

Name(s) of organization: _____

18. Has any person or organization requested to be added to your policy as an additional insured? No Yes

If "Yes":

Municipality _____ Interest/Reason _____

Address _____

Other _____

Address _____

19. E & O coverage provided to the firm for the past five years:

From/To	Carrier	Limit	Deductible	Premiums	Retroactive Date

20. Coverage Requested

Requested Effective Date _____

Requested Retroactive Date _____

(If prior acts coverage is desired, a copy of current policy declarations must be attached. This optional coverage must not exceed 5 years)

Limits of Liability: \$100,000/\$100,000 \$300,000/\$300,000 \$500,000/\$500,000
 \$1,000,000/\$1,000,000

Deductible: \$1,500 \$2,500 \$5,000 \$10,000

21. **Supplemental Information** (Use this area to provide additional information)

Question #	Additional Information

22. Signatures - THIS APPLICATION MUST BE SIGNED BELOW BY ALL OWNER, PARTNERS OR PRINCIPALS.

The undersigned, being authorized by, and acting on behalf of the firm and all persons or concerns seeking insurance, have read and understand this application and declare all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue, or incomplete, any statement made herein, will immediately be reported in writing to the company.

The signing of this application does not bind the undersigned to purchase the insurance, nor does receipt or review of the application bind the company to issue a policy. It is agreed that if a policy is issued, it is issued in reliance upon the statements in this application.

REPRESENTATION: I/We represent(s) that the information contained herein is true, and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company/underwriter evidence acceptance of this application by issuance of a policy. I/WE further represent(s) that I/WE have not withheld any information which is

reasonably likely to influence the judgement of the company/underwriter considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc....) If I/WE have withheld any such information, I/WE understand that the coverage may be voided. I/WE further understand that failure to disclose any information in my/our possession regarding possible acts, errors or omissions which may lead to a claim, will relieve the insurance company of any obligation under the policy.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I/WE hereby authorize the insurance company, its agents and representatives to secure any information from my/our current and previous insurance carriers.

NO INSURANCE SHALL BE GRANTED UNLESS ALL QUESTIONS ARE FULLY ANSWERED.

Signature & Date: _____ Date: _____

Signature & Date: _____ Date: _____

Signature & Date: _____ Date: _____

Agent Signature: _____ Date: _____

Agent Lic #: _____