

PROFESSIONAL LIABILITY INSURANCE APPLICATION — MISCELLANEOUS

APPLICANT DETAILS

(INCLUDE ALL LEGAL NAMES AND DBA'S):

1. Name(s): _____
 Principal Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address (if different then above): _____ City: _____ State: _____ Zip: _____
 Web Site Address: _____
2. a. Date established: ____/____/____ Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Other
 b. List all States in which the Applicant operates: _____
 What percentage of work is done outside of US? ____%
 c. Is the entity owned, controlled by or affiliated with any other entity? ☐ Yes ☐ No (if yes, please attach details)
 d. During the past 5 years:
 Has the name of the Applicant been changed? ☐ Yes ☐ No
 Has the Applicant been involved in any merger, acquisition, consolidation or sale? ☐ Yes ☐ No
3. a. Please indicate the number of principals, partners and professional employees directly engaged in providing professional services to clients: _____ (Attach resume of each when Applicant has been in business less than 3 years)
 b. Please indicate the number of all other nonprofessional and/or clerical employees: _____
 c. Are any material changes in the nature or the size of the Applicant's business anticipated over the next 12 months? ☐ Yes ☐ No (if yes, please attach details)
4. a. During the past 5 years, has any Applicant, or any of its employees, ever been subject to an investigation by a state regulatory agency, administrative agency and/or an insurance department investigation or inquiry or disciplinary investigation or proceeding in any way? ☐ Yes ☐ No (if yes, please attach details on a separate sheet)
 b. During the past 5 years, has any Applicant, or any of its employees, ever had his license revoked or suspended, or been fined or disciplined by any state or regulatory department? ☐ Yes ☐ No (if yes, please attach details on a separate sheet)
5. Please complete the following information for each principal/partner/director/officer/owner: (Attach additional sheet if necessary)

Name	Title	License Status	Professional Designations	Years Experience	Years with Applicant

FINANCIALS

6. Please provide the following financial information:
 a. Fiscal year end date: ____/____/____ b. Gross revenues for last year: \$ _____

- c. Gross revenues for current year: \$ _____
- d. Projected gross revenues for next year:
\$ _____

SERVICES PROVIDED

PLEASE COMPLETE THE PROFESSIONAL SERVICES & PROJECT SUPPLEMENTAL

7. Please describe in detail the professional services performed by the Applicant: *(please attach an additional sheet if necessary)*

8. a. During the past 5 years, has the Applicant been engaged in any profession or business other than as described in #7 above? *(if yes, please attach details)* ☐ Yes ☐ No

b. During the past 5 years, has any principal, partner, officer, director or professional employee of the Applicant engaged in professional services for any entity in which the Applicant has any ownership/managerial interest? *(if yes, please attach details)* ☐ Yes ☐ No

9. Does the applicant utilize subcontractors? ☐ Yes ☐ No

If 'Yes', what percentage of the Applicants business involves subcontracting work to others? ____%

a. Please describe services/work subcontracted: _____

b. Does the applicant require evidence of the errors and omissions insurance from subcontractors? ☐ Yes ☐ No

(if no, please explain how the Applicant protect itself from acts or omissions arising out of services performed by its subcontractors.)

c. Does the applicant require subcontractors to carry limits equal to or more than Applicants E&O limits? ☐ Yes ☐ No

d. Does the applicant have General Liability coverage? ☐ Yes ☐ No

Carrier: _____

SERVICES / DISCIPLINE REVENUE BREAKDOWN

Please indicate the approximate percentage designated for each of the Services or Disciplines listed

MUST TOTAL 100%

Additional Supplemental Required for Classes in Green

Discipline Type	% of Revenue	Discipline Type	% of Revenue
<u>Acoustic Consultant</u>	%	<u>Healthcare Consultant</u>	%
Actuary	%	Hotel Managers	%
<u>Advertising Agencies</u>	%	<u>Human Resources Consultant</u>	%
<u>Agricultural Consultant</u>	%	Inspection/Testing	%
Application Service Provider	%	Insurance Consultant	%
Appraiser - Non Real Estate	%	Interior Designers / Space Planners	%
Arbitrator/ Mediator	%	<u>IT/Computer Consultant</u>	%
Arborist	%	<u>Licensing Consultant</u>	%
Asset Manager	%	<u>Lighting Consultant</u>	%

Auctioneer - Non Real Estate	%	Litigation Consultant	%
Aviation Consultant	%	Lobbyist	%
Bankruptcy Consultant	%	Loss Control Inspection	%
Benefit Plan Consultant	%	Management Consultant	%
Billings Services	%	Marine Surveyor	%
Boiler Inspection	%	Marketing/Communication Consultant	%
Bookkeeper (no CPA)	%	Multimedia	%
Building Code Inspection	%	NDT Inspection	%
Business Broker	%	Notary Public	%
Business Manager	%	Nutritional Consultant	%
Call/ Answering Centers	%	Other	%
Cell Tower Consultant	%	Payroll Processors/ Payment Services	%
Certification/Compliance Consultant	%	Pharmaceutical Consultant	%
Claims Adjusters	%	Plumbing Inspection	%
Construction Consultant	%	Printers	%
Construction Managers - Agency	%	Public Relations Consultant	%
Consultant -	%	Publishers	%
Cost Estimating	%	Real Estate - Consultant (No development)	%
Court Reporters	%	Real Estate - Leasing	%
Crane Inspector	%	Real Estate - Loan Originators/ Loan Servicers	%
Custom Software/Programmer	%	Real Estate - Title Agent/Abstractor/Escrow Agent	%
Data Processing	%	Research Consultant	%
Data/Document Management	%	Relocation Services	%
Drafting	%	Septic Inspection	%
Drug/ Alcohol Consultant	%	Software as a Service	%
Electrical Inspection	%	Staffing/Employment Agent	%
Elevator Consultant	%	Support of Packaged Software	%
Elevator Inspection	%	Systems analysis/Integration	%
Energy Consultant	%	Tax Preparers	%
Environmental Consultant	%	Technology Consultant	%
Equipment Inspection	%	Testing Laboratory	%
Facility Managers	%	Trail Design Consultant	%
Freight Forwarders	%	Trainers/Coaches	%
Geologist	%	Transportation Consultant	%
GPR Inspection	%	Travel Agents	%
Graphic Designers	%	Trustees	%
Other:	%	Website Design	%
Other:	%	Welding Inspection	%

CLIENT INFORMATION

- 10.** Please provide the following information regarding your 5 largest clients according to the amount of revenue generated from the performance of services for the past fiscal year and as a percentage of the total revenues stated in question #3d.

Client	Service provided	Revenue derived from service	% of Applicant's total revenue
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%

RISK MANAGEMENT

- 11. a.** Does the Applicant use a written contract with clients? ☐ Yes ☐ No (if no, please attach explanation)

What Percentage of the time: _____

What type of contracts are used (please indicate % of the time each type is used)

Type	% Used	Type	% Used	Type	% Used
Client Contract	%	Letter Agreement	%	Purchase Order	%
Firm's Own Standard Contract	%	Oral Agreement	%	Standard Industry Contract	%
Other:	%	Other:	%	Other:	%

- b.** Does an attorney review such contracts prior to use? ☐ Yes ☐ No

- c.** Does the standard contract contain hold harmless clauses for the benefit of the Applicant? ☐ Yes ☐ No

- 12. a.** Does the Applicant have a procedure requiring the review or follow-up of complaints? ☐ Yes ☐ No

- b.** Does the Applicant have any of the following risk management procedures in place? ☐ Yes ☐ No

☐ Limitation of Liability clauses are included at least 75% of the time

☐ Membership in professional associations or organizations

☐ Continuing education program for professional employees

☐ Other: (please attach a copy of the procedures)

- c.** Does the Applicant have a formalized training program for newly hired employees? ☐ Yes ☐ No

- d.** Does the Applicant belong to any professional associations? ☐ Yes ☐ No

If 'Yes', please list the associations: _____

CLAIMS INFORMATION

NOTE: THE APPLICANT'S DISCLOSURE OF CLAIM INFORMATION BY RESPONSE TO THE FOLLOWING QUESTIONS DOES NOT INDICATE OR IMPLY IN ANY WAY THAT ANY ACT OR OMISSION IS COVERED BY THIS POLICY.

- 13. a.** After inquiry, have any errors and omissions claims been made during the past 5 years against the Applicant or any past or present principals, partners, directors, officers or professional employees? ☐ Yes ☐ No

(if yes, please attach a supplemental claims questionnaire)

- b.** After inquiry does the Applicant or any principal, partner, director or officer or professional employee have knowledge or information of any circumstance or any allegation or contentions of any incident which may result in any claim being made against them. ☐ Yes ☐ No (if yes, please attach a supplemental claims questionnaire)

- c.** Have all matters in question 13a or 13b been reported to the Applicant's former or current insurers or to the former or current insurers of any predecessors in business? ☐ Yes ☐ No

PRIOR ERRORS AND OMISSIONS INSURANCE

Year	Insurance Company	Limit of Liability	Deductible	Premium	Claims Made or Occurrence	Policy Period	Retroactive Date (if any)
Current Year		\$	\$	\$			
Previous Year 1		\$	\$	\$			
Previous Year 2		\$	\$	\$			
Previous Year 3		\$	\$	\$			
Previous Year 4		\$	\$	\$			

14. a. Is any extended reporting period (ERP) currently in place? ☐ Yes ☐ No (if yes, please attach a copy of the endorsement including effective and expiration date)
- b. During the past 5 years, has any similar errors and omissions coverage been canceled, declined or nonrenewed? ☐ Yes ☐ No (if yes, please attach a detailed explanation)

ADDITIONAL INFORMATION

15. a. Limit of Liability requested: _____ b. Deductible requested: _____

PLEASE PROVIDE THE FOLLOWING:

1. A copy of standard contracts utilized with clients.
2. Latest audited financial statements.
3. Resumes of key Principals.

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

Applicant's Authorized Representative:

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Print Name of Authorized Representative

Title of Authorized Representative

Date: ____/____/____
mo day year