

**PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION**

NOTICE: This professional liability coverage is provided on a claims-made basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

1. Name of the Applicant Firm: \_\_\_\_\_

2. Applicant principal location:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

3. Date Established: \_\_\_\_\_

4. Describe your firm's nature of business: \_\_\_\_\_

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

5. Is the Applicant Firm controlled, owned, affiliated or associated with any other firm, corporation or company?

Yes  No **If yes, please provide an explanation:** \_\_\_\_\_

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

**To enter more information, please use the separate page attached to the application**

6. Please list the address(es) of all branch offices and/or subsidiaries. **Include a brief description of their operations and indicate if coverage is desired for these offices.**

**Branch Office(s):** \_\_\_\_\_

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

**Subsidiary(ies):** \_\_\_\_\_

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

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7. During the past five (5) years has the name of the firm been changed or has any other business(es) been acquired, merged into or consolidated with the applicant firm?  Yes  No **If yes, provide a complete explanation detailing any liabilities assumed.** \_\_\_\_\_

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

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 included in A): \_\_\_\_\_ D. Part-time professionals (less than 20 hr/wk): \_\_\_\_\_

TOTAL: \_\_\_\_\_

9. Are any staff members considered "Licensed Professionals" or do any staff members hold any professional designations or belong to any professional societies/associations?  Yes  No **If yes, provide Individual's name and designation/affiliation:** \_\_\_\_\_

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

**Note: Questions 10. and 11. refer to total gross revenue for a twelve (12) month period, whether collected or not. Such revenue figures should include sub-contracted revenue.**

10. Dates of Applicant Firm's current fiscal period: From: \_\_\_\_\_ To: \_\_\_\_\_

PAST FISCAL YEAR      CURRENT FISCAL YEAR      ESTIMATE FOR NEXT YEAR

Total Gross Revenue: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

11. Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Federal Government:	_____	%
State, County or Local Government and Agency thereof:	_____	%
Institutional (schools, hospitals, etc...):	_____	%
Lending Institutions:	_____	%
Manufacturing:	_____	%
Other:	_____	%

12. Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than three (3)% shareholder of said client?  Yes  No  
**If yes, please provide the following:**

12a. Client name: \_\_\_\_\_  
 12b. Applicant's relationship with the client: \_\_\_\_\_  
 12c. Approximate annual revenue generated from this client: \$ \_\_\_\_\_

**To enter more information, please use the separate page attached to the application**

13. Were more than fifty (50)% of your total gross billings for any one year derived from a single client or contract?  
 Yes  No **If yes, please provide the following:**

13a. Client name: \_\_\_\_\_  
 13b. Services rendered: \_\_\_\_\_

13c. How long do you expect this relationship to continue? \_\_\_\_\_

**To enter more information, please use the separate page attached to the application**

14. Describe your firm's five (5) largest jobs or projects during the past three (3) years.

<b>Client name:</b> _____ <b>Services rendered:</b> _____  <b>Total gross billings: \$</b> _____
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<b>Client name:</b> _____ <b>Services rendered:</b> _____  <b>Total gross billings: \$</b> _____
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<b>Client name:</b> _____ <b>Services rendered:</b> _____  <b>Total gross billings: \$</b> _____

15. Do you utilize the services of independent contractors or sub-consultants?  Yes  No  
15a. Approximate percentage of billings attributable to independent contractors or sub-consultants: \_\_\_\_\_%

16. 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, provide a detailed description of such arrangements.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To enter more information, please use the separate page attached to the application**

17. Does your firm secure a written contract or agreement for every project?  Yes  No  
**(Please attach a sample copy)** If no, provide the percentage of your revenue where a written contract is secured:  
\_\_\_\_\_%

17a. Do your contracts contain any of the following? **(check all that apply)**  
 Hold harmless or indemnification clauses in your favor  Guarantees or warranties  
 Hold harmless or indemnification clauses in your clients favor  Payment terms  
 A specific description of the services you will provide

18. Describe steps taken to minimize/manage business risks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Has any policy or application for similar insurance on your behalf or on the behalf of any of your principals, partners, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused?  Yes  No If yes, please provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Do you currently carry commercial general liability insurance?  Yes  No

21. Please provide the following information on your professional liability (E&O) insurance for the past three (3) years:

Name of Insurer: \_\_\_\_\_ Limit of Liability: \$ \_\_\_\_\_  
Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Policy Period \_\_\_\_\_ - \_\_\_\_\_

Name of Insurer: \_\_\_\_\_ Limit of Liability: \$ \_\_\_\_\_  
Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Policy Period \_\_\_\_\_ - \_\_\_\_\_

Name of Insurer: \_\_\_\_\_ Limit of Liability: \$ \_\_\_\_\_  
Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Policy Period \_\_\_\_\_ - \_\_\_\_\_

21a. Retro-active date on current policy: \_\_\_\_\_

22. Have any claims, suits, or demands for arbitration been made against the firm, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years?  Yes  No **If yes, complete a Claim Supplement form for each incident.**

23. Having inquired all principals, partners and officers, are you aware of any act, error, omission, unresolved job dispute or any other circumstance that is or could be a basis for a claim under the proposed insurance?  Yes  No **If yes, complete a Claim Supplement form for each incident.**

**With regard to questions 22. and 23. above, it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.**

Coverage requested:

LIMIT OF LIABILITY:

- |                                    |                                      |                                      |                                      |                                       |
|------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$4,000,000 | <input type="checkbox"/> \$7,000,000 | <input type="checkbox"/> \$10,000,000 |
| <input type="checkbox"/> \$300,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$5,000,000 | <input type="checkbox"/> \$8,000,000 |                                       |
| <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$3,000,000 | <input type="checkbox"/> \$6,000,000 | <input type="checkbox"/> \$9,000,000 |                                       |

DEDUCTIBLE: \$ \_\_\_\_\_

**Attach the following items in support of this application:**

1. Applicant Firm's **statement of qualifications** including resumes of all key (technical) personnel along with any available marketing material or company brochures.
2. A copy of the Applicant Firm's formalized **standard client contract**.
3. A copy of the outline from the Applicant Firm's **Quality Assurance / Quality Control (QA/QC) manual**.

**NOTICE TO 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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.

**NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES 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 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.

**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.

**NOTICE TO MAINE AND VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**NOTICE TO NEW MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**NOTICE TO TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**REPRESENTATIONS:** I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title (**Must be Owner, Officer or Partner**)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Agent Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date