
Professional Liability Application

1. Name of Applicant: _____

2. Mailing Address: _____

Phone Number: _____

City, State & Zip: _____

3. Date Established _____

Corporation _____

Partnership _____

Individual _____

4. During the past five years has the named of the firm been changed or has any other business been purchased or any merger of consolidation taken place?

Yes No

If yes, please give full details: _____

5. Is the firm engaged in, owned by, associated with or controlled by any other business:

Yes No

6. Gross Revenues (Past three years): _____

Estimated for the next twelve months: _____

Prior twelve months: _____

Twelve months prior: _____

7. Total Personnel: _____

a. Number of Principals _____

b. Number of Engineer _____

c. Number of Field Personnel _____

d. Number of Supervisors _____

e. Number of Architects _____

f. Other (Describe) _____

8. Have any of those listed in item 7 ever been the subject of disciplinary action by authorities as a result of their contracting activities?

Yes No

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9. Does the Applicant's practice involve any subletting or subcontracting of work to others? Yes No

If Yes, please specify what is sublet or subcontracted.

a. Subletting of work/subcontracting to others _____%

b. Is evidence of Insurance from subcontractors/consultants required? Yes No

10. Foreign Work? Yes No

If yes, please give full details: _____

11. Services Provided:

Contracting Services	% Gross Revenues	Contracting Services	% Gross Revenues
Plumbing-Residential		Demolition	
Plumbing- Commercial		Street and Road	
Electrical		Paving	
Carpentry		Drilling	
Concrete		Steel erection	
Masonry		Rigging- Residential	
Maintenance/Janitorial		Dredging	
Painting		Pesticide application	
Mechanical/HVAC		Other: (describe)	
Other:		Other:	

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12. Has the Applicant ever provided any other service not noted in Question 11?

Yes No

If yes, please explain: _____

13. Please indicate the approximate percentage of work under each heading:

Residential: _____

Commercial: _____

Industrial: _____

Governmental: _____

Other (describe) _____

14. Does any one contract or client represent more than 50% of annual work?

Yes No

If yes, please give details: _____

15. Does the Applicant work with other firms in Joint Ventures?

Yes No

If yes, please give details: _____

16. Please provide Insurance coverage details for the last five years for the firm:

Commercial General Liability

Carrier	Premium	Limit	Deductible	Policy Term	Retroactive Date

Pollution Liability

Carrier	Premium	Limit	Deductible	Policy Term	Retroactive Date

17. Please provide the following additional information as an attachment to this application:

- a. Past five years pollution liability loss runs (if applicable) or past five years CGL loss summary
- b. Resumes of key personnel
- c. Most recent annual income statement and balance sheet

18. Has any application for Liability Insurance made on behalf of the firm, any predecessors in business or present Partner ever been declined or has the insurance ever been cancelled or renewal refused?

Yes No

If yes, please give details: _____

19. Has any claim ever been made against the firm or any persons named in item 1 or in item 6?

Yes No

If yes, please attach details stating:

- 1) date when claim was made
- 2) date the act giving rise to the claim was committed
- 3) name of the claimant
- 4) nature of the claim
- 5) amount involved including reserves
- 6) final disposition

20. Is the Applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers?

Yes No

If yes, please give full details on the same basis as item 20.

21. Has any insurer cancelled or refused to renew any similar insurance during the past five years?

Yes No

22. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

Signature of Applicant _____ Date _____

Print Name _____ Title _____