

Professional Liability Errors & Omissions Application

If coverage is issued, it will be on a claims-made basis.

Notice: this insurance coverage provides that the limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

1. Name of applicant: _____
Mailing address: _____

2. Limit of liability desired:
\$500,000 \$1,000,000 \$2,000,000 Other: _____

3. Deductible:
\$5,000 \$10,000 \$25,000 Other: _____

4. Please describe in detail the professional activities for which coverage is desired:

5. Is the applicant engaged in any business or profession other than as described in Item 4? Yes No

6. List the total gross revenues for the past two years derived from those activities in question. In addition, please list projected revenues for the current year.

YEAR	AMOUNT
a. CURRENT PROJECTED:	\$
b.	\$
c.	\$

Professional Liability Errors & Omissions Application

13. To what professional association(s) does the Applicant Firm belong?

14. Please include a list of Applicant Firm's five largest jobs or projects during the past three years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

Project/Client Name	Nature of the Services	Revenue Obtained

15. When does the Applicant Firm use a written contract with the client?

In all cases Sometimes Never

Please attach a copy of your standard contract(s).

16. What percentage of the Applicant Firm's business involves subcontracting of what to others? _____ %

Does the Applicant Firm provide professional services to business entities in which it retains an ownership interest?

Yes No

If YES, please explain: _____

17. Has any similar insurance ever been declined or cancelled? Yes No

If, YES, please attach explanation.

18. Is similar insurance currently in force? Yes No

Professional Liability Errors & Omissions Application

If YES, please provide:

Description of services being covered:

Name of Insured: _____

Expiration Date: _____ Deductible: \$ _____ Premium \$ _____

Length of time coverage has been in force: _____

19. Attach most recent audited financial statements (or recent tax returns) and descriptive or promotional materials.
- a. Estimated Gross receipts for current fiscal period: \$ _____
- b. Estimated Cost of Goods Sold for current fiscal period: \$ _____
20. Have any of the individuals listed in question 12 ever been subject of disciplinary action by authorities as a result of their professional activities?
- Yes No

If YES, please explain:

21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her?
- Yes No

If YES, please complete a Supplemental Claim Information form for each.

22. After inquiry have any claims been made against any proposed Insured(s) during the past five years?
- Yes No

If YES, please complete a Supplemental Claim Information form for each.

How many claims have been made in the last three years? _____

Professional Liability Errors & Omissions Application

It is understood and agreed that with respect to questions 20,21, and 22, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

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 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.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the applicant

Date

This Application Form duly completed, together with any supplementary information, must be signed in ink by the person indicated.

Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.

A copy of this application should be retained for your records.

Professional Liability Errors & Omissions Application

Supplemental Application

Applicant: _____

1. Does the Applicant consult on means of methods of financing or obtaining funds?
Yes No

2. Is the Applicant involved in the management, purchase, sale or maintenance of any real or personal property, or in any activity related in any way to investments or investing?
Yes No

3. Does the Applicant consult on, supervise or manage any escrow accounts, trust funds, insurance plans or investment portfolios?
Yes No

4. Does the Applicant sell, distribute, design, manufacture, recommend or test any products?
Yes No

5. Does the Applicant prepare, review or approve architectural, engineering or construction maps, plans, opinions, estimates, surveys, designs or specifications?
Yes No

6. Has the Applicant agreed to manage the operations of any business on behalf of any client, or does the Applicant assist in negotiating or have authority to enter into contractual relationships on any client behalf?
Yes No

If the answer to any on of the above questions is YES, then please provide full details

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

Name of Applicant

Signature of person authorized to execute on behalf of the applicant

Date: _____

A copy of this application should be retained for your records.