

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

Professional Liability Supplemental Application Occurrence Form

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

 Applicant Mailing Address _____ Applicant's Phone Number _____
 _____ Web Address _____
 _____ Inspection Contact _____
 Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____
 Applicant is Individual Partnership Corporation Joint Venture Other _____

GENERAL INFORMATION

1. Date Established:

2. Is your business controlled, owned, affiliated or associated with any other firm, Yes No
 corporation, or company?

If Yes, please provide names(s) and relationship(s):

3. Do you have any Subsidiaries? Yes No

If Yes, please list and advise if coverage is to apply to them (Use a separate sheet if necessary)

DESCRIPTION OF OPERATIONS

1. Please describe in detail the professional services for which coverage is desired:

2. List total annual gross receipts derived from all professional activities:

Last Year	Current Year(based on 12 months):	Forecast for Next Year:
\$ _____	\$ _____	\$ _____

3. Describe the 5 largest clients during the past 3 years

PROFESSIONAL QUALIFICATIONS

1. List all professional employees directly engaged in providing services to clients:

NAME	PROFESSIONAL DESIGNATION	YEARS EXPERIENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Indicate the number of non-professional employees:
 (including clerks, administrative assistants, etc)

NAME	DUTIES	YEARS EXPERIENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Has any individual ever had their license revoked or suspended or been fined Yes No
 or disciplined in any way or been the subject of any investigation?

CLIENT SERVICES

- | | ALWAYS | SOMETIMES | NEVER |
|---|--|--------------------------|--------------------------|
| 1. Do you require a formal written contract be signed between you and your client before rendering any professional services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are all changes documented in a fully executed and signed addendum? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are professional services rendered are based solely on your own opinion/evaluation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are Professional services rendered are based on opinions/evaluations given to you by others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you anticipate any Additional Insured Interests? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

NAME	ADDRESS	RELATIONSHIP TO APPLICANT
_____	_____	_____
_____	_____	_____

CONTRACTED SERVICES

	ALWAYS	SOMETIMES	NEVER
1. Do you subcontract work to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all subcontractors required to sign a formal written contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you require subcontractors to carry professional liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Indicate which terms and conditions are included in your subcontractors contract:		YES	NO
Required to name you as an Additional Insured:		<input type="checkbox"/>	<input type="checkbox"/>
Includes an Indemnification clause: <input type="checkbox"/> Broad <input type="checkbox"/> Limited		<input type="checkbox"/>	<input type="checkbox"/>
Requires minimum limits of insurance:		<input type="checkbox"/>	<input type="checkbox"/>
If yes, what limits::			
Obligation to carry insurance for a specified duration after work completed:		<input type="checkbox"/>	<input type="checkbox"/>
If yes, how long: _____			

CLAIMS INFORMATION

1. What do you see as your potential exposure to a Professional Liability claim?

2. Have you initiated litigation against any of your clients in the past 5 years? Yes No
(If Yes, advise details for each incident)

3. During the past 5 years, have any claims been made, or suits brought against any Applicant? Yes No
(If Yes, please provide details)

4. Is any owner, partner, officer, director, employee or independent contractor aware of any Yes No
circumstance, allegation, contention, or incident which may result in a claim being made against the Applicant, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees or independent contractors? (If Yes, please provide details on a separate sheet)

5. Has any Policy of or Application for professional liability insurance ever been declined, cancelled or renewal refused?

If Yes, advise details:

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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 fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: 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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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.

New York: 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.

Oklahoma WARNING: 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.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date