



CARRIER:

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Specified Professions Professional Liability Application – All States

This application is for a Claims Made policy. Please read your policy carefully. Defense costs shall be applied against the deductible (except in New York). Applicant may qualify for an INSTANT QUOTE by completing Section I below. Section II answers will be required prior to binding and are subject to underwriting.

I. INSTANT QUOTE INFORMATION

Instant Quote is not available for accounts with losses in the past five years. If there is loss history, please complete Section I and submit details in a claim supplement.

Applicant's name (include legal entity and/or DBA name): _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Location address: _____

City: _____ State: _____ Zip code: _____

Web address: _____ Email address: _____ Phone: _____

Description of operations:

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1. List 12-month gross receipts below:

Last year	Current year (domestic and foreign revenue)	Forecast for next year
\$	\$	\$

2. Number of principals, partners, officers and professional employees directly engaged in providing services to clients: _____

3. Number of independent contractors/subcontractors: _____

4. Does the applicant provide services not disclosed within the description of operations? Yes No

If "Yes," please detail additional services: _____

II. UNDERWRITING INFORMATION

5. a. Are over 25% of the applicant's receipts derived from services to clients domiciled outside the U.S. or Canada? Yes No

If, "Yes," please provide name(s) and relationship(s): _____

b. Are more than 25% of the applicant's gross receipts derived from a client for which the applicant's director, officer, employee, partner and/or independent contractor serves as an officer or on the board of directors? Yes No

If, "Yes," please provide name(s) and relationship(s): _____

c. Does any director, officer, employee, partner or independent contractor have more than 3% equity/financial interest in any client? Yes No

If, "Yes," please provide name(s) and relationship(s): _____

6. Is the applicant or any director, officer or partner controlled, owned, affiliated, associated with or employed by any other firm, corporation or company? Yes No

Please provide name(s) and relationship(s): _____

7. Does the applicant have any subsidiaries? Yes No

If "Yes," please provide the name(s) of any subsidiaries and revenues and services associated with these entities: _____

8. Please answer the following questions regarding the use of independent contractors:

a. Do the independent contractors provide the same services as the applicant? Yes No

If "No," please describe services: _____

b. Does the applicant desire to provide coverage for independent contractors as insureds under the policy? Yes No

9. Is the applicant a licensed professional (e.g., lawyer, accountant)? Yes No

List professional license(s): _____

10. Describe the three largest jobs or projects during the past three years:

Name of client	Services provided	Gross billings

11. a. Has there been prior Errors and Omissions liability coverage? Yes No

b. What is the earliest date (retroactive date) of continuous Errors and Omissions liability coverage? _____

c. Is similar professional liability insurance currently in force? Yes No

Carrier	Limit	Deductible	Premium

12. Does the applicant use a contract at all times? Yes No

a. Does the applicant's contract contain both a hold harmless and indemnification clause? Yes No

b. Does the applicant's contract clearly define the scope of services that are being performed? Yes No

(Attach a statement of details for all "Yes" answers to the following questions)

13. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in any way or been the subject of any investigation by any regulating body related to their profession? Yes No

14. Have you initiated litigation against any of your clients in the past five years? Yes No

15. During the past five years, has any claim been made or suit brought against the applicant, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors? Yes No

16. Is any owner, partner, officer, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident that 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? Yes No

17. Has any policy or application for professional liability insurance on your behalf or on the behalf of any of your principals, officers, employees, independent contractors or predecessor(s) in business ever been declined, cancelled or refused renewal? (Not applicable in Missouri) Yes No

III. GENERAL LIABILITY AND PROPERTY INFORMATION

18. Has the applicant had any general liability or property claims paid, reserved or pending in the last five years? Yes No

If "Yes," please provide details: _____

Building construction:		<input type="checkbox"/> Frame	<input type="checkbox"/> Joisted masonry	<input type="checkbox"/> Noncombustible
		<input type="checkbox"/> Masonry non-combustible	<input type="checkbox"/> Modified fire resistive	<input type="checkbox"/> Fire resistive
Protection class (1-9)	Type of burglar alarm			
_____	<input type="checkbox"/> Local <input type="checkbox"/> Central station <input type="checkbox"/> None			
Is 100% of the electric wiring on functioning and operating circuit breakers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable – building built after 1978				
Is there any aluminum wiring or knob and tube wiring? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable – building built after 1978				
Are there functioning and operating smoke and/or heat detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Business personal property limit: \$ _____				

19. Does the applicant require any of the following:

For Errors and Omissions coverage part:

a. Additional Insured? Yes No

If "Yes," please provide name, address and interest: _____

For Business Owners package/GL coverage part:

b. Waiver of Subrogation/Waiver of Transfer of Rights of Recovery? Yes No

If "Yes," please provide name, address and interest: _____

- c. Primary and noncontributory wording? Yes No
 If "Yes," please provide name, address and interest: _____
- d. Additional Insured for Manager/Lessor of Premises (landlord)? Yes No
 If "Yes," please provide name, address and interest: _____
- e. Additional Insured for Designated Person or Organization (such as their client)? Yes No
 If "Yes," please provide name, address and interest: _____
- f. Blanket additional insured? Yes No

IV. HIRED AND NON-OWNED AUTO LIABILITY (*not available in MS, VT, WI*) Include Not applicable

20. Does the organization have a commercial automobile policy in place? Yes No
21. Does the applicant have more than 25 drivers using their personal automobiles for business purposes, e.g., going to clients' offices? Yes No
22. Do any of these employees visit more than one client per day on a regular basis? Yes No
 If "Yes," please explain: _____

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: 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 Fraud Statement: 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 Fraud Statement: 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.

Kansas Fraud Statement: 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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: 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 Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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 Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Fraud Statement: 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 Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky, Pennsylvania AND Ohio Fraud Statement: 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.

Tennessee, Virginia and Washington Fraud Statement: 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.

Fraud Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy

Missouri and Rhode Island Disclosure Notice: I understand and acknowledge that if a \$100,000 or \$250,000 Limit of Liability is chosen or if the Insured Organization has more than 200 employees, that Defense Costs are a part of the Limit of Liability. This means that Defense Costs will reduce my limits of insurance and may exhaust them completely and should that occur, I shall be liable for any further legal Defense Costs and Damages. Defense Costs are as defined in Section III. I also understand that the Limit of Liability for the Extended Reporting Period, if applicable, shall be a part of and not in addition to the limit specified in the Policy Declarations.

Virginia Notice: This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the extended reporting period. If you do not elect this option, the limit of liability for the extended reporting period shall be part of the and not in addition to limit specified in the declarations. If you have any questions regarding the cost of an extended reporting period, please contact your insurance company or your insurance agent. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a Policy be issued and it will be attached and become a part of the Policy.

New York Fraud Statement: 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.

Applicant's signature: _____ Title: _____

Principal, Partner, Officer

Date: _____