PROFESSIONAL LIABILITY APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

ELIGIBILITY QUESTIONS

1. Please enter your gross revenue for the last full calender year (If start up enter an estimate for the first year of operation): _____

2. Does the applicant provide inspection/testing services on any of the following:
   -Amusement Rides
   -Aviation
   -Cranes
   -Mines
   -On Site Safety
   -Scaffolding
   -Weapons
   -Welding
   -Marine
   -Automobiles
   -Railroad
   -Elevators/Lifts
   -Medical/Healthcare
   -DNA/Genetics
   -Section 8 Property   Yes   No

3. Are any of these revenues derived from entering into contracts where services provided are contingent upon the client achieving cost reductions or improved operating results?   Yes   No

4. If applicable, confirm that the Applicant licensed to perform the inspection services for which coverage is being sought and that they have never had their license revoked or suspended, been fined/disciplined or been subject to any investigation by any regulator.   N/A   Yes   No

5. Does the Applicant always enter into a written agreement with a customer/client and always obtain, and maintain for the Applicant's records, an executed copy of such agreement before the Applicant renders services?   Yes   No

6. Does the Applicant provide any additional services (further consulting or contracting) to their clients other than the inspection services for which coverage is being sought?   Yes   No

7. During the past 5 years have any Claims, Suits or Demands for Arbitration been brought by or against the Applicant (including all predecessors in business, owners, officers and directors)?   Yes   No

8. Is the Applicant aware of any circumstance, allegation, incident, act, error or omission which may lead to a claim?   Yes   No

9. What best describes your Inspector / Tester business? _____

10. Please describe the industry: _____

GENERAL DETAILS

Name and Mailing Address of Applicant _____

_____   State _____   Zip code _____

Name and Address of Retail Broker: _____

_____   State _____   Zip code _____

CONTACT DETAILS

Contact Name _____

Telephone _____   Email _____

COVERAGE DETAILS

1. Requested Effective Date:

2. Is Cyber coverage Required?   Yes   No
If yes, please complete questions 3 -6

3. Has the applicant had any computer or information   Yes   No
security incidents during the past three years ?

4. Has the applicant given written notice under the provisions of any prior or current
cyber risk, media or network security policy of specific facts or circumstances
which may give or have given rise to a Claim being made against any   Yes   No
proposed Insured?

5. Has the applicant failed to encrypt all protected health information and credit   Yes No   Not Applicable
card data stored digitally?:

6. Has the applicant failed to maintain computer virus, firewall and secure backup protection?   Yes No

7. Is Commercial General Liability (separate head of cover) coverage required?   Yes No
If yes, please complete question 8

8. Does your business provide any one of the following: Construction, Installation, Maintenance,   Yes   No
Treatment, Cleaning or Security?

9. Is Hired and Non Owned Auto coverage required?   Yes No
If yes, please complete question 10 – 12

10. *Are* any of your employees who use their vehicle for company business under 21, driving on   Yes   No
company business more than 2 hours a day or beyond a 75 mile radius from your office?

11. Do employees transport any passengers on business use?   Yes   No

12. How many employees use their personal vehicles on business use?

13. Is TRIPRA coverage required?   Yes   No

14. Professional Liability each claim/aggregate limit required: $500,000/$500,000 $1,000,000/$1,000,000 $1,000,000/$2,000,000

15. Professional Liability each claim deductible required: $0 $1,000 $2,500 $5,000 $10,000

16. If Professional Liability insurance is currently in force, what is the
current retroactive date of the policy:

DECLARATION

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

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 AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

If the insurance for which the applicant is applying is available and purchased with Underwriters, the "Retroactive Date" will be defaulted as the inception date of the earliest insurance policy, of the same type, that the applicant has purchased with Underwriters and that the applicant has continuously maintained with no lapse or interruption in coverage. If this may be the applicant's first insurance policy with Underwriters, the "Retroactive Date" will be defaulted as the inception date of the insurance for which the applicant is applying.

However, if the applicant previously purchased insurance on a "Claims Made" insurance form <u>with another insurer</u>, and the applicant has continued to be insured with no lapse or interruption in coverage, we will honor the Retroactive Date specified on the applicant's previously purchased insurance for no additional premium. When we are notified of a Claim, potential Claim or circumstance, the applicant will be required as a condition precedent to coverage under Underwriters' insurance policy to provide us with evidence of such previous insurance specifying the Retroactive Date.

Retroactive Date (MM/DD/YYYY) _____

Applicant's Signature _____   Retail Broker's Signature _____

Date _____   Date _____