

COVER-PROSM RENEWAL APPLICATION

NOTICE: This professional liability coverage is provided on a claims-made basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

1. Name of the Applicant Firm: _____

2. Applicant principal location:

Address: _____

City: _____ State: _____ Zip code: _____

Website: _____ E-mail address: _____

3. Date established: _____ Telephone: _____

4. Describe the Applicant's nature of business:

5. Is the Applicant Firm controlled, owned, affiliated or associated with any other firm, corporation or company?

Yes No **If yes, provide an explanation:**

6. Please list the address(es) of all branch offices and / or subsidiaries. **Include a brief description of their operations and indicate if coverage is desired for these offices.**

Branch Office(s):

Subsidiary(ies):

7. During the past year has the Applicant Firm's name been changed or has any other business(es) been acquired, merged into or consolidated with the applicant firm? Yes No **If yes, provide a complete explanation detailing any liabilities assumed.**

8. Staffing- Provide a breakdown of the Applicant's staff into the following categories:

A. Principals, Partners or Officers: _____ C. Support staff (including part-time): _____

B. Professionals (not included in A): _____ D. Part-time professionals (less than 20 hr/wk): _____

TOTAL: _____

9. Dates of Applicant Firm's current fiscal period: From: _____ To: _____
PAST FISCAL YEAR CURRENT FISCAL YEAR ESTIMATE-NEXT YEAR

Total Gross Annual Revenue: \$ _____ \$ _____ \$ _____

10. For the gross annual revenue listed in question 9, please give the approximate percentage derived from each service you provide.

Service: _____ Percent of Revenue: _____ %
Service: _____ Percent of Revenue: _____ %
Service: _____ Percent of Revenue: _____ %
Service: _____ Percent of Revenue: _____ %

To enter more information, please use the separate page attached to the application

11. Were more than fifty (50)% of the Applicant's total gross annual revenue for any one year derived from a single client or contract? Yes No **If yes, provide the following:**

11a. Client name: _____

11b. Services rendered:

11c. How long do you expect this relationship to continue?

12. Describe the Applicant Firm's three (3) largest jobs or projects since your last renewal.

<p>Client name: _____</p> <p>Services rendered:</p> <p>_____</p> <p>Total gross billings: \$ _____</p>
<p>Client name: _____</p> <p>Services rendered:</p> <p>_____</p> <p>Total gross billings: \$ _____</p>
<p>Client name: _____</p> <p>Services rendered:</p> <p>_____</p> <p>Total gross billings: \$ _____</p>

13. Does the Applicant utilize the services of independent contractors or sub-consultants? Yes No

13a. Approximate percentage of gross annual revenue attributable to independent contractors or sub-consultants:
_____ %

14. Does the Applicant ever enter into contracts where your fees for services provided are contingent upon the client achieving cost reductions or improved operating results? Yes No **If yes, provide a detailed description of such arrangements.**

15. Does the Applicant secure a written contract or agreement for every project? Yes No
(Please attach a sample copy) If no, provide the percentage of your gross annual revenue where a written contract is secured: _____%

16. Does the Applicant's contracts contain any of the following? **(check all that apply)**

- | | |
|--|---|
| <input type="checkbox"/> Hold harmless or indemnification clauses in the Applicant's favor | <input type="checkbox"/> Guarantees or warranties |
| <input type="checkbox"/> Hold harmless or indemnification clauses in your Client's favor | <input type="checkbox"/> Payment terms |
| <input type="checkbox"/> A specific description of the services the Applicant will provide | |

17. Are any staff members considered "Licensed Professionals" or do any staff members hold any professional designations or belong to any professional societies/associations? Yes No **If yes, provide the individual's name and designation/affiliation:**

18. Do you currently carry commercial general liability insurance? Yes No

Professional liability coverage requested:

LIMIT OF LIABILITY:

- | | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$4,000,000 | <input type="checkbox"/> \$7,000,000 | <input type="checkbox"/> \$10,000,000 |
| <input type="checkbox"/> \$300,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$5,000,000 | <input type="checkbox"/> \$8,000,000 | |
| <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$3,000,000 | <input type="checkbox"/> \$6,000,000 | <input type="checkbox"/> \$9,000,000 | |

DEDUCTIBLE: \$ _____

FRAUD STATEMENT

RESIDENTS OF NEW YORK APPLICANTS: "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."

Name (Please Print)

Title **(Must be signed by a Principal, Partner or Owner)**

Signature

Date

Producer Name

Agency Number

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

PI-PLSP-3 NY RNWL (05/10)

Date

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