

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION**NOTICE: IF A POLICY IS ISSUED:**

- A. IT WILL BE ON A CLAIMS MADE AND REPORTED BASIS APPLYING ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FORCE, DURING THE AUTOMATIC EXTENDED REPORTING PERIOD, OR THE EXTENDED REPORTING PERIOD, IF PURCHASED;**
- B. THE LIMITS OF LIABILITY AVAILABLE UNDER THE POLICY TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIM EXPENSES. FURTHER, SUCH AMOUNTS INCURRED FOR CLAIM EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

INSTRUCTIONS FOR THE COMPLETION OF THIS APPLICATION

- 1. Please read application carefully and answer all questions thoroughly.
- 2. Attach separate pages with additional information in answer to any question for which the provided space is not sufficient.
- 3. Sign and date application. Policy cannot be bound without the appropriate signature and date.
- 4. Please provide the following additional required underwriting information:
 - A. latest completed fiscal year-end CPA audited, reviewed or compiled financial statements or latest federal income tax return filed;
 - B. current resumes of the "Applicant" and any and all of the "Applicant's" principals, partners and key professional employees;
 - C. complete copies of all standard contracts used by the "Applicant" with its clients, independent contractors or subcontractors;
 - D. copies of all promotional and advertising copy used by the "Applicant" to market its services or products;
 - E. copies of any professional licenses or certificates held by any of the "Applicant's" principals, partners or employees.

DEFINITIONS: The following terms appear in this application and are defined as follows (**Please note that the following defined terms shall not be construed as the definition of a "Claim" or an "Insured" as used in the policy**):

- A. **PROFESSIONAL LIABILITY CLAIM** means:
 - 1. a written or oral demand, service of suit or institution of arbitration proceedings received by a PROSPECTIVE INSURED seeking damages or relief of any kind, including but not limited to any kind of monetary or compensatory damages, injunctive or declaratory relief, retribution of any kind, non-pecuniary relief of any kind, or any corrective action(s) for any act(s) or omission(s) actually or allegedly committed by a PROSPECTIVE INSURED, in the PROSPECTIVE INSURED'S rendering of services of any nature or supplying of products to others;
- B. **PROSPECTIVE INSURED** means:
 - 1. the "Applicant" or any past or present officer, director, partner, employee, independent contractor, or subcontractor of the "Applicant," in the capacity of such or in any other capacity.

1. a. Name of "Applicant": _____

DBA: _____

(NOTE: Whenever used, "Applicant" means the entity(ies) shown in 1. a. and 1. c.)

Street Address: _____
(Street Number) (Street) (Suite or Floor Number)

(City) (State) (Zip)

Mailing Address (if different from above):

(Street Number) (Street) (Suite or Floor Number)

(City) (State) (Zip)

Telephone Number (_____) _____ Fax Number (_____) _____

(Please list all other addresses of office locations occupied by the Insured on a separate sheet of paper.)

1. b. Is the "Applicant" (check one): Individual/Sole Proprietorship Partnership
 Corporation LLC LLP
 Other (please provide details) _____

1. c. If coverage is desired for any entities other than those shown in 1. a. (i.e. subsidiaries, joint ventures, or partnerships), please list each such entity below or on a separate sheet, if required:

Name and Address	Relationship to "Applicant"	Description of Operations	Percent Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. a. Is the "Applicant" controlled, owned by, employed by, or associated with any other entity not shown in 1. c. above? Yes No

2. b. Does any PROSPECTIVE INSURED control or own any other entity not shown in 1. c. above? Yes No

(If the answer to 2. a. or 2. b. is "Yes," please provide complete details on a separate sheet of paper.)

3. a. Date "Applicant" was established: _____

3. b. Date first services were offered by the "Applicant": _____

3. c. Date first products were offered by the "Applicant": _____

4. Please describe in detail the professional activities or services for which coverage is desired (Note: If a policy is issued, it may not cover all of the activities or services described.):

5. a. Please describe in detail all other professional activities or services conducted by the "Applicant" for which **coverage is not desired**:

5. b. Gross Annual current fiscal year revenues* derived from such other activities/services for which **coverage is not desired**:

\$ _____ (*Please project and annualize)

6. Please list the gross revenues for the fiscal years indicated from all activities and/or services conducted by the "Applicant":

	Date of Fiscal Year End	Gross Revenues
Current fiscal Year* (*Please project & annualize gross revenues)	____ / ____ / ____	\$ _____
Latest Fiscal Year ended	____ / ____ / ____	\$ _____
Prior Fiscal Year ended	____ / ____ / ____	\$ _____

7. Are any of the "Applicant's" directors, officers, partners or employees personally engaged to provide professional services for or on behalf of any entity other than the "Applicant"? Yes No

(If "Yes," please provide complete details on a separate sheet of paper.)

8. a. Please indicate the number of directors, officers, partners and employees engaged in providing services to the "Applicant's" clients: _____

8. b. Please indicate the number of all other (non-professional/clerical) employees: _____

8. c. Please provide the following information:

Name and Title of all Directors, Officers, Partners and Key Employees	Professional Qualifications/ Designations	Date Qualified/ Licensed	Number of Years in Practice	Number of Years with the "Applicant"
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9. a. Has any PROSPECTIVE INSURED ever been subject to a disciplinary action, including, but not limited to, a reprimand, reproof or censure, by any regulatory body, peer review board or committee or any professional association? Yes No
(If "Yes," please attach complete details.)
9. b. Has any PROSPECTIVE INSURED ever been convicted of a felony? Yes No
(If "Yes," please attach complete details.)
9. c. Has any PROSPECTIVE INSURED ever had his, her or its license or privilege to render professional services of any nature revoked or suspended? Yes No
(If "Yes," please attach complete details.)

10. Please provide the following with respect to the "Applicant's" top five revenue-producing clients or projects during the latest fiscal year end:

Name of Client/Project	Services Provided for Client/Project	Annual Revenues Derived from Client/Project

11. a. Does the "Applicant" enter into written contracts with its clients? Please check one of the following:
 In all cases Sometimes Never
11. b. If the "Applicant" checked "Sometimes" or "Never," please describe in detail the procedures which the "Applicant" follows to ensure that the terms and conditions by which the "Applicant" provides Professional Services to its clients are mutually agreed upon and understood when a written contract does not exist:

12. a. Has the "Applicant" ever engaged or will the "Applicant" ever engage subcontractors? Yes No
(If "Yes," please provide responses to 12. b. and 12. c.)
12. b. What is the percentage of the latest fiscal year ended gross revenues that are attributable to services performed by subcontractors?
_____ %
12. c. Please describe the circumstances when subcontractors have been or will be engaged:

13. a. Does the "Applicant" have Professional Liability Insurance currently in force? Yes No
13. b. If "Yes," please provide the following information for the current and prior two policy periods:

Name of Insurer	Limits	Deductible	Premium	Policy Period	Retroactive Date (if any)

13. c. Is such coverage written on a claims made or occurrence basis? Claims made Occurrence
13. d. Has the "Applicant" ever purchased extended discovery or extended reporting period coverage from any current or prior Professional Liability insurer? Yes No

(If "Yes," please attach details.)

13. e. With respect to any Professional Liability Insurance coverage currently in force, or that was ever previously in force, which covers or covered any PROSPECTIVE INSURED, has any insurer:
1. Declined to offer terms or refused renewal? Yes No
2. Imposed special conditions to the coverage? Yes No

(If "Yes," please provide details on a separate sheet of paper.)

14. a. Have any PROFESSIONAL LIABILITY CLAIMS been made against any PROSPECTIVE INSURED during the past six (6) years? Yes* No
14. b. Does any PROSPECTIVE INSURED have knowledge or information of any circumstance or any allegations or contentions of any incident which may result in any PROFESSIONAL LIABILITY CLAIM being made against any PROSPECTIVE INSURED? Yes* No

*NOTE: If 14. a. or 14. b. are answered "Yes," please complete and attach a Claims Supplement form for each such PROFESSIONAL LIABILITY CLAIM, circumstance, allegation or contention, or incident.

It is agreed that any PROFESSIONAL LIABILITY CLAIMS made prior to the inception of the policy, or any future PROFESSIONAL LIABILITY CLAIMS resulting from any circumstances or any allegations or contentions of any incident of which any PROSPECTIVE INSURED has knowledge or information prior to the inception of the policy, are excluded from the coverage sought by the "Applicant" from the Company.

15. a. Limits of Liability requested:

- | | |
|--|--|
| <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 |
| <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |
| <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 |
| <input type="checkbox"/> \$1,000,000/\$3,000,000 | <input type="checkbox"/> OTHER _____ |

15. b. Deductible requested:

- | | | | |
|---|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$20,000 |
| <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> Other (Please specify \$ _____) | | | |

16. The officer of the Firm designated to receive any and all notices from the Company or its authorized representative(s) concerning this insurance is: (Give name and full official title)

Name: _____ Title: _____

17. Please provide the following information concerning the "Applicant's" general liability insurance currently in force:

Name of Insurer: _____

