



MISCELLANEOUS PROFESSIONAL LIABILITY
ERRORS & OMISSIONS APPLICATION

APPLICANT'S INFORMATION:

Form with fields for APPLICANT NAME, BUSINESS NAME, INSPECTION CONTACT, PHONE, MAILING ADDRESS, INSURED ADDRESS, and checkboxes for Corporation, Individual, Partnership, Municipality, For Profit, Joint Venture, and Other.

- 1. A. Year Established... B. [ ] Individually Owned [ ] Partnership [ ] Corp
Number of Locations...
2. Complete description of operations/services. (Also attach a copy of the firm's brochures)
3. Indicate the specific types of claims or exposures for which coverage is desired
4. What safeguards or procedures does the firm employ to avoid or reduce the claims and/or exposures identified in question #4 above?
5. Attach a listing, on the firm's stationary, of the firm's five largest projects during the past five years. Include the client Name, description of services rendered and fees generated from each
6. A. Has the name or ownership of the firm changed... B. Is the firm owned or controlled by any other firm... C. Does the firm, or any owner or officer of the firm own, engage in, operate, manage or act as a director or officer of any other business? D. Has any license held by the firm... E. Have any persons proposed for this coverage...
7. Is the firm or any partner, shareholder, principal or employee bonded for handling client funds?
8. Within the past five years, has the firm performed any professional services for any client in which any, shareholder, officer or employee of the firm had any ownership interest, or which he/she controlled, operated or managed to any extent?

Table with 6 columns: Client Name, Type of Business, Ownership %, Capacity, Engagement, Annual Fees

9. Within the past five years, has the firm or any partner, officer, principal or employee had any application for professional liability insurance denied, or policy cancelled or nonrenewed?  No  Yes. **If "Yes," please provide explanation:** \_\_\_\_\_  
 \_\_\_\_\_

10. Has the firm or any past or present owner, partner, shareholder, principal, officer, director or employee ever been subject to disciplinary action by a state licensing agency or other regulatory body?  No  Yes. **If "Yes," please provide explanation:** \_\_\_\_\_  
 \_\_\_\_\_

11. Have any claims (including lawsuits) been made against the firm, its predecessors, or past or present owners, directors, officers, employees or other individuals during the past five years?  No  Yes. **If "Yes," please complete a separate Supplemental Claim Form for each claim or suit.**

12. Is the firm aware of any circumstances or any allegations of contentions, which may result in a claim (including lawsuits) being made against the firm, its predecessors, or past or present owners, directors, officers or other individuals?  No  Yes. **If "Yes", please complete a separate Supplemental Claim Form for each incident.**

13. A. Total Gross Fees: Last Year \$ \_\_\_\_\_ This Year (est) \$ \_\_\_\_\_  
 B. Total Payroll: Last Year \$ \_\_\_\_\_ This Year (est) \$ \_\_\_\_\_  
 C. Does any single client provide over 30% of gross receipts  No  Yes.  
**If "Yes," please provide details:** \_\_\_\_\_  
 \_\_\_\_\_

14. What percentage of applicant's business involves subcontracting work to others? \_\_\_\_\_ % Cost of subcontracted work \_\_\_\_\_ What operations are subcontracted? \_\_\_\_\_

15. Individuals – Please list all owner(s), partners, officers, and employees engaged in professional services. Include part-time employees and all professional staff members. Continue in question 22 if necessary.

Name	Title	Years in Practice

16. Education, Training, Management:  
 A. Please attach a resume for each owner, partner, principal and professional/technical employee.  
 B. Do all employees (including management) attend at least one educational seminar annually?  No  Yes  
 C. Is educational material presented to, and reviewed with all employees at least semi-annually?  No  Yes  
 D. What percentage of employees have less than 2 years business related experience? \_\_\_\_\_ %  
 Is management active in daily operations?  No  Yes  
 Are staff meetings held at least bi-weekly?  No  Yes  
 Are printed standards of practice and code of ethics adhered to, and copies provided to all clients?  No  Yes

**Please, enclose any disclaimers and/or descriptive brochures which are provided to existing or prospective clients.**

17. Membership(s) in Professional Organizations, Associations and Societies:  No  Yes  
 Name(s) of organization: \_\_\_\_\_

18. Has any person or organization requested to be added to your policy as an additional insured?  No  Yes

**If "Yes":**

[ ] Municipality \_\_\_\_\_ Interest/Reason \_\_\_\_\_

Address \_\_\_\_\_

[ ] Other \_\_\_\_\_

Address \_\_\_\_\_

19. E & O coverage provided to the firm for the past five years:

From/To	Carrier	Limit	Deductible	Premiums	Retroactive Date

20. Coverage Requested

Requested Effective Date \_\_\_\_\_

Requested Retroactive Date \_\_\_\_\_

**(If prior acts coverage is desired, a copy of current policy declarations must be attached. This optional coverage must not exceed 5 years)**

Limits of Liability: [ ] \$100,000/\$100,000 [ ] \$300,000/\$300,000 [ ] \$500,000/\$500,000  
 [ ] \$1,000,000/\$1,000,000

Deductible: [ ] \$1,500 [ ] \$2,500 [ ] \$5,000 [ ] \$10,000

21. **Supplemental Information** (Use this area to provide additional information)

Question #	Additional Information

**22. Signatures** - THIS APPLICATION MUST BE SIGNED BELOW BY ALL OWNER, PARTNERS OR PRINCIPALS.

The undersigned, being authorized by, and acting on behalf of the firm and all persons or concerns seeking insurance, have read and understand this application and declare all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue, or incomplete, any statement made herein, will immediately be reported in writing to the company.

The signing of this application does not bind the undersigned to purchase the insurance, nor does receipt or review of the application bind the company to issue a policy. It is agreed that if a policy is issued, it is issued in reliance upon the statements in this application.

**REPRESENTATION:** I/We represent(s) that the information contained herein is true, and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company/underwriter evidence acceptance of this application by issuance of a policy. I/WE further represent(s) that I/WE have not withheld any information which is reasonably likely to influence the judgement of the company/underwriter considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc....) If I/WE have withheld any such information, I/WE understand that the coverage may be voided. I/WE further understand that failure to disclose any information in my/our possession regarding possible acts, errors or omissions which may lead to a claim, will relieve the insurance company of any obligation under the policy.

I/WE hereby authorize the insurance company, its agents and representatives to secure any information from my/our current and previous insurance carriers.

**NO INSURANCE SHALL BE GRANTED UNLESS ALL QUESTIONS ARE FULLY ANSWERED.**

\* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\* not applicable in all states

Signature & Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Lic #: \_\_\_\_\_