

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION CLAIMS MADE AND REPORTED FORM

WITH OPTIONAL COMMERCIAL GENERAL LIABILITY – OCCURRENCE FORM AND/OR COMMERCIAL PROPERTY COVERAGE

ALL QUESTIONS MUST BE ANSWERED IN FULL. APPLICATION MUST BE SIGNED AND DATED BY THE PRINCIPAL, OFFICER OR PARTNER

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Applicant's Phone Number: _____

_____ Web Address: _____

Proposed Policy Period From: _____ To: _____ Inspection Contact: _____

Phone Number for Inspection Contact: _____

Applicant is: Individual Partnership Corporation Joint Venture Other _____

Location #1: _____

Location #2: _____

Location #3: _____

Provide Full Details To All 'Yes' Responses on The Notes Page Of This Application Or On A Separate Sheet

Identify Entries By Question Number And Coverage For Each Section

1. Is the Applicant controlled, owned by, affiliated or associated with any other firm, corporation, or company? Yes No
If Yes, please provide full details including name(s) and relationship.
2. Does the Applicant have any subsidiaries?..... Yes No
If Yes, please provide full details including name(s) and services provided.
3. Is coverage desired for subsidiaries? Yes No
4. During the past five (5) years has:
 - a. The name of the firm been changed? Yes No
 - b. The Applicant acquired any other business(es)? Yes No
 - c. The Applicant merged into or consolidated with another Firm? Yes No
5. Please provide a full description of the Applicant's professional services for which coverage is desired:

6. Is the Applicant engaged in any business, or providing professional services not described above?..... Yes No
If Yes, please provide full details and estimated revenues:

7. Dates of the Applicant's Fiscal Period: From: _____ To: _____

8. Total Gross Annual Revenue:

First Year Prior	Current Year	Projected Next Year
\$ _____	\$ _____	\$ _____

9. Does the applicants gross revenues include income derived from operations outside of United States, its territories or possessions? Yes No
If Yes, provide the name and the percentage of the applicants total gross revenue for each country.

10. Please describe the Applicant's three (3) largest jobs or projects during the past three (3) years:

Client Name	Services Rendered	Revenue
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

11. Please describe the Applicant's jobs or projects contemplated during the current year:

Client Name	Services Rendered	Revenue
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

12. Does the Applicant provide services for any client(s) in which a principal, partner, director, officer, employee or independent contractor of the Applicant's firm serves as an officer or on the Board of Directors or owns any financial or equity interest? Yes No
If Yes, please include full details including client name, relationship, and revenues generated.

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

14. Number of independent contractors directly engaged in providing services to clients:

15. Does the Applicant wish to provide coverage for independent contractors working on the their behalf? Yes No
If Yes, then please complete the following:

a. What percentage of the Applicants annual revenues are derived from services provided by independent contractors? %

b. Do the independent contractors work exclusively for the Applicant?..... Yes No

c. Do the independent contractors provide any services not described in Question five (5) above? Yes No
If Yes, please describe service(s):

d. Are independent contractors permitted to work without their own error and omissions insurance? Yes No

16. Please provide the following information:

Name of Principal Partner(s) Key Employees & Independent Contractors	Professional Designation(s)	Years Experience	Years with company
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Has any prospective insured ever been the subject of any disciplinary action or investigation by any regulating body related to their profession? Yes No

18. Does the Applicant use a written contract or letter of engagement with each client? Yes No

If No, please provide the percentage of annual revenues where a written contract is secured: %

19. Does the Applicant's contract or engagement letter contain any of the following items? Please check all that apply:

- Hold harmless agreement or indemnification clauses in the Applicants favor
- Hold harmless agreement or indemnification clauses in the client's favor
- A specific description of the services the Applicant will provide
- Guarantees or warranties with respect to results
- Payment terms

20. Has any policy or application for similar insurance made on the Applicant's behalf ever been declined, cancelled or nonrenewed? Yes No
If Yes, please provide details.

21. Please provide information pertaining to Miscellaneous Professional Liability coverage for the past three (3) years.
 Check the box if no prior Miscellaneous Professional Liability coverage carried:

	Current	1 st Year Prior	2 nd Year Prior
Name of Company:	_____	_____	_____
Policy Period:	_____	_____	_____
Limit of Liability:	_____	_____	_____
Deductible:	_____	_____	_____
Premium:	_____	_____	_____

Retroactive Date of the expiring policy: _____

22. Have any claims, suits, or demands for arbitration been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employees within the past five (5) years? Yes No
If Yes, please complete a Claims supplemental application for each incident.

23. After inquiry of all principals, partners, officers, employees or independent contractors, is the Applicant aware of any act, error, omission, unresolved job dispute or any other circumstance that is or could be a basis for a claim under the proposed insurance? Yes No
If Yes, please complete a Claim Supplemental application for each incident.

24. Please indicate the number of Claim Supplemental Applications attached to this application: _____

COMMERCIAL GENERAL LIABILITY COVERAGE:

Does the applicant desire commercial general liability coverage for their business operations? Yes No

If Yes, Please Provide The Following:

LIMITS OF INSURANCE – GENERAL LIABILITY (PER OCCURRENCE)

General Aggregate (Other than Products/Completed Operations):	\$ _____
Products / Completed Operations Aggregate:	\$ _____
Personal & Advertising Injury (Any One Person or Organization):	\$ _____
Each Occurrence:	\$ _____
Damage to Premises Rented to You (Any One Premises):	\$ _____
Medical Expense (Any One Person):	\$ _____

SCHEDULE OF HAZARDS: (Enter additional exposures in the **Notes** section, if necessary)

Loc. #	Description	Class Code	Premium Basis	Interest	Part Occupied
				<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	_____%
				<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	_____%
				<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	_____%

GENERAL INFORMATION – PREMISES AND OPERATIONS:

Provide Full Details To All 'Yes' Responses on The Notes Page Of This Application Or On A Separate Sheet
 Identify Entries By Question Number And Coverage For Each Section

- Are there any water exposures on the premises? (e.g., lake, pond, pool etc...) Yes No
- Are any recreation facilities provided? Yes No
- Are there any parking facilities owned or rented by the Applicant? Yes No
If Yes, is a fee charged? Yes No
If Yes, please provide gross revenues: \$ _____
- Does the Applicant organize or sponsor any trade shows, exhibits or conventions? Yes No
- Does the Applicant sponsor any sporting or social activities or events? Yes No

- 6. Does the applicant engage in any construction or installation operations? Yes No
- 7. Are any structural alterations or demolition exposures contemplated? Yes No
- 8. Any exposure to flammables, explosives or chemicals? Yes No
- 9. Does the Applicant loan or rent machinery or equipment to others? Yes No
- 10. Has the Applicant performed work in any of the following the states? Yes No
If Yes, check all that apply, and provide complete details: AZ CA CO NV NY OR UT WA
- 11. Does the Applicant subcontract work to others? (If yes, please provide the following) Yes No
 - a. Provide detailed description of the type of work subcontracted.
 - b. Are subcontractors permitted to work without providing the Applicant a certificate of insurance? Yes No
 - c. Do subcontractors carry coverage or limits less than the Applicant? Yes No
- 12. Does the Applicant enter into any contractual agreement other than their Letter of Engagement? Yes No

GENERAL INFORMATION – PRODUCTS:

**Provide Full Details To All 'Yes' Responses on The Notes Page Of This Application Or On A Separate Sheet
Identify Entries By Question Number And Coverage For Each Section**

- 13. Does the Applicant install, service or demonstrate any products? Yes No
- 14. Does the Applicant package or repackage products manufactured by others? Yes No
- 15. Does the Applicant manufacture, sell, distribute or package products for sale under the their own name? Yes No
- 16. Are any foreign products sold, distributed or used as components in any Applicant's product? Yes No
- 17. List all products demonstrated, distributed, installed, serviced, sold, packaged or repackaged by the applicant:

Description of Product	Gross Annual Sales	Number of Units
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

ADDITIONAL INTERESTS:

Name and Address	Relationship to Applicant Explain "Other"
_____	<input type="checkbox"/> Landlord <input type="checkbox"/> Other
_____	_____
_____	_____
Name and Address	Relationship to Applicant Explain "Other"
_____	<input type="checkbox"/> Landlord <input type="checkbox"/> Other
_____	_____
_____	_____

PRIOR CARRIER AND LOSS HISTORY:

- 18. Has any policy or application for similar insurance made on the Applicant's behalf ever been declined, cancelled or nonrenewed? Yes No
- 19. Provide Prior Carrier information: (Last Three Years)

Year	Carrier	Policy Number	Limits	Premium

LOSS HISTORY:

Loss History (Last Five Years)

Date of Loss	Type of Loss	Description of Loss	Amount Paid	Reserve

Use Additional Sheet if Necessary

COMMERCIAL PROPERTY COVERAGE:

Does the applicant desire commercial property coverage for their business operations? yes no

If Yes, Please Provide The Following:

Schedule of Covered Property:						
	Location # 1		Location # 2		Location # 3	
Construction:						
Year Built:						
# of Stories:						
Total Sq. Footage:						
Percent Occupied:						
Protection Class:						
100% Sprinklered:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Year Of Last Update	___ Roof	___ Wiring	___ Roof	___ Wiring	___ Roof	___ Wiring
	___ Plumbing	___ Heat	___ Plumbing	___ Heat	___ Plumbing	___ Heat
	Other: _____		Other: _____		Other: _____	
Special Hazards: (e.g., woodworking, cooking storage of flammables etc...) Explain Yes answers	<input type="checkbox"/> Yes <input type="checkbox"/> No _____		<input type="checkbox"/> Yes <input type="checkbox"/> No _____		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Coverage and Limits Desired:						
Valuation:	<input type="checkbox"/> Actual cash value <input type="checkbox"/> Replacement cost <input type="checkbox"/> Market value		<input type="checkbox"/> Actual cash value <input type="checkbox"/> Replacement cost <input type="checkbox"/> Market value		<input type="checkbox"/> Actual cash value <input type="checkbox"/> Replacement cost <input type="checkbox"/> Market value	
Causes of Loss:	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Coinsurance:	%		%		%	
Limits of Insurance:						
Building	\$		\$		\$	
Personal Property	\$		\$		\$	
Business Income	\$		\$		\$	
Coinsurance or	%		%		%	
Monthly Limitation						
Signs:	\$		\$		\$	

ADDITIONAL INTERESTS

	Location # 1	Location # 2	Location # 3
Mortgage Interest:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:			
Address:			

When coverage for **Causes Of Loss – Special Form and Replacement Cost Value** is selected, the following Coverages and Limits of Insurance are included. An option to increase the limits shown below may be available for an additional charge.

Are alternate Limits of Insurance, other than those stated below desired? Yes No
If Yes, indicate the Total Limits of Insurance requested:

Extension of Coverage – When writing Causes of Loss Special Form Replacement Cost Value	Limits of Insurance Included	Total limits Requested:
Property in the open (or in a vehicle on the described premises) is covered when within (* feet) of the described premises:	1000 feet*	ft
Fire equipment service charge up to a limit of:	\$5,000	\$
Recharge of fire protection equipment up to a limit of:	\$2,500	\$
Valuable papers is included up to a limit of:	\$10,000	\$
Property off premises other than "stock" is covered up to a limit of:	\$15,000	\$
Outdoor property includes - coverage for any one tree, plant or shrub up to a limit of:	\$500/loss \$5,000 total	\$ /Loss \$ total
Accounts receivable is covered up to a limit of:	\$10,000	\$
Computer equipment is covered for losses arising from an artificially generated electric current or mechanical breakdown up to a limit of:	\$5,000	\$
Spoilage coverage for perishable stock up to a limit of:	\$10,000	\$
Extra expense is covered up to a limit of:	\$5,000	\$
Back up from a sewer or drain sub-limit of:	\$10,000	\$

PRIOR CARRIER AND LOSS HISTORY:

20. Has any policy or application for similar insurance made on the Applicant's behalf ever been declined, cancelled or nonrenewed? Yes No

21. Provide Prior Carrier information: (Last Three Years)

Year	Carrier	Policy Number	Limits	Premium

LOSS HISTORY:

Loss History (Last Five Years)

Date of Loss	Type of Loss	Description of Loss	Amount Paid	Reserve

Use Additional Sheet if Necessary

NOTES:

**Miscellaneous Professional Liability – Claims Made and Reported
Additional Information**

**Commercial General Liability (Occurrence) Coverage
Additional Information**

**Commercial Property Coverage
Additional Information**

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

For the purposes of this application, the undersigned authorized agent of all person(s) and Entity(ies) proposed for this insurance declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete. The Company is authorized to make any inquiry in connection with this application. Accepting this application does not bind the Company to issue a policy.

The information contained in and submitted with this application is on file with the company and is considered physically attached to this application. This application and such information will become part of, and be considered physically attached to, any policy issued as a result of this application. If, as a result of this application, a policy is issued, the Company will have relied upon this application and on such attachments.

If the statements in this application or in any attachment change materially before the effective date of any proposed policy, the applicant must notify the Company, and the Company may modify or withdraw any quotation.

As respects to Miscellaneous Professional Liability Coverage:

The undersigned declares that the person(s) and entity(ies) proposed for this insurance Understand that:

- (A) The policy for which application is made will apply only to claims first made or deemed made during the period in which the policy is in effect; and
- (B) The Limits Of Liability contained in the policy will be reduced, and may be completely exhausted, by the payment of defense expenses and, in such event, the Company will not be responsible for the continued defense of any claim or be liable for the defense expenses or for the amount of any judgment or settlement to the extent that any of the foregoing exceed any applicable Limit Of Liability; and
- (C) Defense expenses will be applied against any applicable deductible.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Maine, Tennessee, Virginia, Washington:

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.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

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

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.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Hawaii

Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Idaho

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Minnesota

Any person who files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

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 civil fines and criminal penalties.

New York

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.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

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

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Producer's Signature

Date

Applicant's Signature

Date