

MISCELLANEOUS PROFESSIONAL LIABILITY ERRORS & OMISSIONS APPLICATION

<u>AP</u> PLI	CANT'S INFORM	ATION:						
	APPLICANT NAM	1E:						
	BUSINESS NAM	1E:						
IN	SPECTION CONTAC	T:		PHONE:				
	MAILING ADDRES	SS:						
	INSURED ADDRES	SS: Same as above						
	•	dividual 🗌 Partnersh		ality 🗌 For Pro	fit	nture		
1.		I		ally Owned [] Pa	rtnership [] Corp	,		
	Number of Location	S						
2.	Complete description	on of operations/services.	Also attach a co	py of the firm's l	orochures)			
3.	Indicate the specific	types of claims or exposu	res for which cove	rage is desired				
		Indicate the specific types of claims or exposures for which coverage is desired						
 4. 5. 	What safeguards or procedures does the firm employ to avoid or reduce the claims and/or exposures identified in question #4 above? Attach a listing, on the firm's stationary, of the firm's five largest projects during the past five years. Include the							
	client Name, descrip	otion of services rendered a	and rees generated	i from each				
6.	A. Has the name or ownership of the firm changed or has any other business been purchased, merged or consolidated with the firm within the last 5 years? B. Is the firm owned or controlled by any other firm or individual? 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 or any individual ever been suspended or revoked? E. Have any persons proposed for this coverage ever been subject to disciplinary action by any state licensing board, court, regulatory authority, or professional association as a result of professional activities?							
7.	Is the firm or any p	artner, shareholder, princip	oal or employee bo	onded for handling	client funds?	No ☐ Yes		
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, open managed to any extent?							
	Client Name	Type of Business	Ownership %	Capacity	Engagement	Annual Fees		
						1		

9.	profe		enied, or policy cancelled		employee had any applica No Yes. If "Yes",					
10.	subje	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.	direct	e any claims (including lawsuits) been made against the firm, its predecessors, or past or present owners, tors, officers, employees or other individuals during the past five years? No Yes. If "Yes", please plete a separate Supplemental Claim Form for each claim or suit.								
12.	lawsu indivi	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) \$							
	В.	Total Payroll: Last Yea	r \$	This Year (est) \$						
	C.	Does any single client provide over 30% of gross receipts No Yes. If "Yes", please provide details:								
14.		nat percentage of applicant's business involves subcontracting work to others?% Cost of occupant 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.								
	Na	ne	Title		Years in Practice					
							_			
							-			
							-			
16.	Education, Training, Management: A. Please attach a resume for each owner, partner, principal and professional/technical employee.									
	В.	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- No [annually?				☐ No ☐	Yes			
	D.	What percentage of employees have less than 2 years business related experience?				П № П	% Yes			
	Are staff meetings held at least bi-weekly?			□ No □	Yes					
		•	of practice and code of e	thics adhered to, a	and copies provided to	□ No □	Yes			
Pleas	e, enclo		or descriptive brochu	ires which are p	rovided to existing or p	rospective				

clients.

17.	Membership	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? If "Yes":					red? No Yes	
		nicipality		Interest/R	Reason		
	Add	dress					
	[] Oth	ner					
10							
19.	From/To	age provided to the Carrier	Limit	Deductible	Premiums	Retroactive Date	
	(If prior ac optional co	overage is doverage is doverage must not bility: [] \$100, [] \$1,00	lesired, a copy of exceed 5 year 000/\$100,000 00,000/\$1,000,00	(rs) [] \$300,000/\$3	eclarations must be a		
21.						410/000	
21.		Supplemental Information (Use this area to provide additional information)					
	Question #	4 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.

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.

I/WE hereby authorize the insurance company, it 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.

Signature & Date:	Date:
Signature & Date:	Date:
Signature & Date:	Date:
Agent Signature:	Date:
Agent Lic #:	