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| ExecutivePerils  T:310⋅444⋅9333 • F:310⋅444⋅9355 • Web: [www.eperils.com](http://www.eperils.com) • CA Lic# 0E36308  dba: Executive Perils Insurance Services |

APPLICATION FOR SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY INSURANCE

**(Claims- Made Basis)**

1. Answer all questions. If the answer requires detail, please attach a separate sheet.

2. Application must be signed and dated by owner, partner or officer.

3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

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| **1. APPLICANT INFORMATION** | | | | | | | | | | | | |
| a. Full name of Applicant: | | | | | | | | | | | | |
| b. Principal Office Address: | | | | | | | | | | | | |
| c. Addresses of Branch Offices: | | | | | | | | | | | | |
| d. Number of Employees: Full time:  Part time:  Seasonal: Total : | | | | | | | | | | | | |
| e. [  ] Corporation [  ] Partnership [  ] Individual [  ] Other Date established: | | | | | | | | | | | | |
| f. Please list and describe affiliations with other firms: | | | | | | | | | | | | |
| Yes No  g. (i) In the past five years has your name changed?  (ii) Has any other business been purchased?  (iii) Has any merger taken place?  If Yes, please provide or attach details - including any changes in operations and key employees;. | | | | | | | | | | | | |
| h. (i) Limits of Liability requested: | | $500,000 | | $1,000,000 | | | $2,000,000 | Other | | | | |
| (ii) Deductible (per claim) requested | | $2,500 | | $5,000 | | | $10,000 | $25,000 | | Other | | |
| **2. PROFESSIONAL ACTIVITIES AND SPECIALTY** | | | | |  | | | | | | | |
| a. Please describe the professional activities for which coverage is desired and indicate the percentage of gross receipts derived from each activity. | | | | | | | | | | | | |
| b. Fees and Receipts:  Estimate for Coming Year: $  Past 3 Years:  Last year: $  Previous Year $  Previous Year $ | | | | | | | | | | | | |
| c. Are you engaged in any business or profession other than as described in Item 2(a)? Yes  No  If Yes, please explain: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| d. Have you established a quality control and/or continuing education program to limit professional liability exposure?  Yes  No If “Yes” Please explain: | | | | | | | | | | | | |
| **3. CLAIMS/HISTORY** | | | | | | | | | | | |
| Please attach details for any “Yes” answers.  a. List any professional liability claims actually made against you in the past five years, including status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future. | | | | | | | | | | | |
| 1. Please list any known incidents, which might give rise to a professional liability claim. | | | | | | | | | | | |
| c. Has any insurer canceled or refused to renew any similar insurance during the past five years?  Yes  No | | | | | | | | | | | |
| d. Previous coverage: | | | | | | | | | | | |
| Policy  Period | Insurer | | Indicate whether  claims made or  occurrence policy | | | Limits of Liability | | | Deductible | | Retro  Date |
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| **4. ADDITIONAL INFORMATION** | | | | | | | | | | | |
| a. Please attach copies of:  (i) Advertisements, brochures, descriptive literature;  (ii) Sample contract for services between you and your clients; and  (iii) Latest financial data (annual report or balance sheet and income statement). | | | | | | | | | | | |

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| NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.  WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and 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 Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to any Company and/ or, Underwriting Manager**    Name of Applicant Title (Officer, partner, etc.)    Signature of Applicant Date  Signing this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued. |

# Please note; the following “supplemental application” is required

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Property / Farm / Hotel Management Supplement

APPLICANT’S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.

2 Application must be signed and dated by owner partner or officer

3. PLEASE READ CAREFULLY THE STATEMENT THE END OF THIS APPLICATION

(PLEASE TYPE OR PRINT IN INK)

|  |  |  |
| --- | --- | --- |
| 1. APPLICANT OPERATIONS | | |
| a. Do you provide property management services on any property in which you have an ownership interest? | | |
| Yes  No; If yes, give details Including percent of ownership interest: | | |
|  | | |
| b. Furnish the following information for all individuals involved in Property Management (include resumes): | | |
| Name Professional Association Designations | Years of experience | Professional Association / Designation |
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| c. Is a budget prepared for each piece of property managed? Yes  No  If no, explain: | | |
| d. Is a credit report obtained on each prospective tenant? Yes  No  if no, explain: | | |
| **Please attach a sample of the management agreement between the property owner and your firm and the standard lease agreement used by your firm.** | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. INCOME | | | | | | | | | | |
| Gross Income (Gross Income includes all fees and commissions before expenses). | | | | | | | | | | |
| Check the one which applies |  | Gross income Last Fiscal Year |  | Gross Income estimated for the Coming Year | | | |  | Number of  Units | |
| Property Management |  | $ |  | $ | | | |  | **#** | |
| Farm Management |  | Applicable to Property Management only:  Percent of estimated gross income for Commercial Properties: **%** | | | | | | | | |
| Hotel Management |  | Residential Properties | | | **%** | |  | |  | |
| Other (describe): | | | | | | | | | **#** | |
|  |  |
|  | | $ |  | $ | |  | | | |  |
| Total Gross Income |  | $ |  | $ | |  | | |  | |
|  |  |  |  | |  |  | | |  | |
| I understand information submitted herein becomes a part of my Errors & Omissions Application and is subject to the same representation and conditions | | | | | | | | | | |
| I/WE HEREBY DECLARE that the above statements and particulars are true to the best of our knowledge, and that we have not suppressed or misstated any materials facts and *and* I/We agree that this Application shall be the basis of the contract issued and deemed a part thereof. | | | | | | | | | | |
|  | | | | | | |  | | | |
| Name of Applicant | | | | | | | Title | | | |
|  | | | | | | |  | | | |
| Signature of Applicant | | | | | | | Date | | | |
|  | | | | | | | | | | |
| Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance | | | | | | | | | | |