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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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TESTING LABORATORIES 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 STATEMENTS AT THE END OF THIS APPLICATION.

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| --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Services & Receipts | | | | | | |
|  |  | | | Yes | No | Percentage |
| a) | Soil & Geotechnical Engineering | | a) |  |  | **%** |
| b) | Mechanical Testing | | b) |  |  | **%** |
| c) | Construction Materials Testing | | c) |  |  | **%** |
| d) | Non—Destructive Testing | | d) |  |  | **%** |
| e) | Forensic | | e) |  |  | **%** |
| f) | Chemical Testing | | f) |  |  | **%** |
| g) | Pesticides or Herbicides Testing | | g) |  |  | **%** |
| h) | Explosive Testing | | h) |  |  | **%** |
| I) | Biological Testing | | i) |  |  | **%** |
| j) | Diagnostic Medical Testing | | j) |  |  | **%** |
| k) | Drug Testing | | k) |  |  | **%** |
| 1) | Product Testing/Evaluation/Research | | 1) |  |  | **%** |
| m) | Environmental/Pollution Testing | | m) |  |  | **%** |
|  | (I)Asbestos Material Surveys | |  |  |  | **%** |
|  | (ii)Potable Water Analysis | |  |  |  | **%** |
|  | (iii)Ground Water Analysis | |  |  |  | **%** |
|  | (iv)Waste and Waste Water Analysis | |  |  |  | **%** |
|  | (v)Air Quality Analysis | |  |  |  | **%** |
|  | (vi)Hazardous Water Testing | |  |  |  | **%** |
|  | (vii) Environment Related Soil Analysis | |  |  |  | **%** |
|  | (viii)Hazardous Waste Site Testing or Assessment | |  |  | **%** |
|  | (ix)Underground Storage Tank Testing | |  |  |  | **%** |
| n) | Other: specify: |  | |  |  | **%** |
|  | |  |  |  |

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| 2. TESTING OPERATIONS | | | | | |
|  | | | Yes | | No |
| 1. Do you perform tests for parent company(ies), affiliated subsidiary(ies) or associated company (ies). | | |  | |  |
| If yes, please attach a complete description of these activities: | | | | | |
| b. Do you perform the following tests? | Yes | | No | Percentage | |
| (I) Product Development Research? |  | |  | **%** | |
| (ii) Prototype Fabrication Research? |  | |  | **%** | |
| (iii) Final Production Research? |  | |  | **%** | |
| (iv) Product Sales Research? |  | |  | **%** | |
| (v) Quality Control Testing? |  | |  | **%** | |
| If “Yes” to any of the above, please attach a list of clients and products with a specific description of the research services performed. Specifically indicate if your name appears on the clienteles labeling or in any promotional material as a certification or approval of the product. | | | | | |
| c. Do you ever interpret test results or make any recommendations based on test results?  Yes  No  If Yes, please provide or attach a description of the work. | | | | | |
| d. If you engage in asbestos surveys or provide testing services on asbestos abatement projects, provide or attach a specific description of these services, i.e., site evaluation, monitoring, development of abatement specifications, etc. If None, so indicate;  None | | | | | |
| e. If you engage in any hazardous waste site work, hazardous waste testing, waste disposal profiles, landfill site  testing / monitoring or any other activities which involve the handling, disposal, containment or clean. up of hazardous or  toxic materials, provide a list of projects where such services ware performed and a specific description of services.  IF None, so indicate;  None | | | | | |
| f. Do you have a formal quality control or quality assurance program in effect?  Yes  No  If “Yes”, please attach a table of contents elaborating on your QA-QC program elements. | | | | | |
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| 3. ADDITIONAL INFORMATION | | | | | |
| Please attach: | | | | | |
| (I)Sample Test report | | | | | |
| (ii)Sample contract between you and client. | | | | | |
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| I understand information submitted herein becomes a part of my General Application for Specified Professions arid is subject to the same representation and conditions | | | | | |
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|  | |  | | | |
| Name of Applicant | | Title | | | |
|  | |  | | | |
| Signature of Applicant | | Date | | | |
|  | | | | | |
| Signing this form does not bind, the applicant of the Company or the Underwriting Manager to complete the insurance | | | | | |