



**BY COMPLETING THIS APPLICATION THE APPLICANT IS APPLYING
 FOR COVERAGE WITH EXECUTIVE RISK INDEMNITY INC. (THE "COMPANY")**

NOTICE: THIS APPLICATION IS FOR CLAIMS MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS:

1. Whenever used in this Application, the term "**Applicant**" shall mean the Parent Organization and its subsidiaries.
2. Include a copy of the **Applicant's** most recent annual report/financial statements, audited financials, sample contracts, marketing materials and any general information that would be helpful in evaluating the **Applicant**.
3. Provide a complete response to all questions and attach additional pages as needed.

I. GENERAL INFORMATION:

1. Name of **Applicant**: _____
2. Address of **Applicant's** Principal Office: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Web address: _____
4. Nature of business, including principal products and services (please include products and services offered by subsidiaries): _____

5. Is the **Applicant** engaged in any business or profession other than as described in Question 4?
 If "Yes," please attach an explanation and estimated revenues. Yes No
6. Type of organization of **Applicant**:

<input type="checkbox"/> Publicly traded corp.	<input type="checkbox"/> Private corp.	<input type="checkbox"/> Partnership
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Other _____		
7. Year established: _____. If less than three years, please attach resumes or biographies of all principals.



8. Please indicate the total annual gross revenues derived from the services described in your response to Question 4 for the past three years and the projected revenues for the current year:

YEAR	REVENUE
a) Current (as of _____)	\$ _____
b) _____	\$ _____
c) _____	\$ _____
d) _____	\$ _____

9. For the projected revenue listed in Question 8a, please indicate the approximate percentage expected to be derived from each product and service listed in response to Question 4:

SERVICE	PERCENTAGE OF REVENUE
_____	_____%
_____	_____%
_____	_____%
_____	_____%
_____	_____%

10. Please indicate the **Applicant's** five largest jobs/projects during the past three years, showing client's name, services provided and gross revenues for each:

CLIENT	SERVICE	REVENUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Please attach a list of all subsidiaries, including the Parent Organization's ownership percentage, and a complete description of services provided by each subsidiary.

12. (a) Is the **Applicant** controlled, owned by, associated or affiliated with, or does it own, any other firm or business enterprise? Yes No

If "Yes," please attach an explanation and indicate: (i) the services provided by such firm or business enterprise, and (ii) if any services described in response to Question 4 are provided to such firm or business enterprise.

(b) Please list and identify all persons or entities owning more than 5% of the Parent Organization or any subsidiary.

_____	_____%
_____	_____%
_____	_____%
_____	_____%
_____	_____%

13. During the past five years, has the **Applicant's** name been changed, or has the **Applicant** purchased, merged or consolidated with any other business, or has the **Applicant** been purchased? Yes No

If "Yes," please attach an explanation.



If "Yes," if the **Applicant** purchased another business, was the purchase an "asset purchase" or did the **Applicant** also buy or accept any liabilities? Please explain.

14. Are any changes in: (i) the nature of services provided as described in response to Question 4, or (ii) the size of the **Applicant's** revenue base, anticipated during the next 18 months? Yes No

If "Yes," please attach an explanation. Changes in size of less than 25% need not be explained.

15. Please indicate the number of:

a) Principals, partners, officers and professional employees directly engaged in providing services to clients: _____

b) All other (non-professional/clerical) employees: _____

c) Attorneys that the **Applicant** employs as in-house counsel: _____

16. Please provide the following:

NAMES OF ALL PARTNERS, PRINCIPALS, AND KEY EMPLOYEES	PROFESSIONAL QUALIFICATIONS/DESIGNATIONS	# OF YEARS IN PRACTICE	# OF YEARS WITH APPLICANT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Please list all professional associations to which the **Applicant** belongs:

18. Has the **Applicant** provided services to any governmental entities? Yes No
 If "Yes," please attach an explanation.

19. Does any director, officer, employee or partner of the **Applicant** serve on the board of directors of any client of the **Applicant**? Yes No
 If "Yes," please attach an explanation.

20. Does the **Applicant** use a written contract with clients? In all cases Sometimes Never
 Please attach sample copies of all types of contracts utilized.

Does in-house or outside legal counsel review all contracts utilized? Yes No
 Which one? in-house legal counsel outside legal counsel both

21. Does the **Applicant** subcontract work to others? Yes No
 (a) If "Yes," please explain:

(b) If "Yes", what percentage of business is subcontracted? _____%

- (c) Does the **Applicant** require subcontractors to carry their own E&O insurance? Yes No



- (d) Does the **Applicant** use a written contract with subcontractors?
 In all cases Sometimes Never

- (e) If "Yes", in those contracts do the subcontractors agree to indemnify the **Applicant** and/or the **Applicant's** clients for damages caused by the subcontractor's negligence? Yes No

- 22. Does the **Applicant** have a written procedural manual for employees to follow? Yes No
- 23. Does the **Applicant** have a formalized training program for newly hired employees? Yes No
- 24. Does the **Applicant** have promotional literature or marketing materials? Yes No
 If "Yes," please attach sample copies of all types.

MISSOURI APPLICANTS: DO NOT ANSWER QUESTION 25.

- 25. Has the **Applicant** ever had an application for errors and omissions or professional liability insurance declined, or had an errors and omissions or professional liability policy canceled or non-renewed by the insurer? Yes No

If "Yes," please attach an explanation.

- 26. Does the **Applicant** have any errors and omissions or professional liability insurance that is currently in force? Yes No
 If "Yes," please indicate:

Name of Insurer: _____
 Expiration Date: _____ Limit: _____
 Deductible: _____ Premium: _____
 Length of time coverage has been continuously in force: _____

- 27. Does any director, officer, employee or partner of the **Applicant** have knowledge or information concerning any act, error or omission which might reasonably be expected to give rise to a claim? Yes No
 If "Yes," please attach an explanation.

- 28. Has the **Applicant** or any director, officer, employee or partner of the **Applicant** ever been the subject of disciplinary action as a result of professional activities? Yes No
 If "Yes," please attach an explanation.

- 29. Please attach a list (including the status) of all errors and omissions claims made during the past five years against the **Applicant** or any director, officer, employee or partner of the **Applicant**.
 If none, please check here: None

- 30. The basic policy for which the **Applicant** has applied will not cover acts committed before the inception date of the policy. If the **Applicant** desires a quote for any such prior acts, please enter the date from which the **Applicant** wants prior acts covered: _____.
 (Note that coverage does not apply to known or expected claims or those which any insured could have foreseen.)

- 31. Has the **Applicant** ever sued a client to collect its fees? Yes No
 If "yes", please provide a detailed description of the services provided and a description of all facts and circumstances surrounding the lawsuit.

- 32. Limit of Liability Requested: \$ _____ Retention Requested: \$ _____



33. Policy Period Requested:
From _____ to _____ both days at 12:01 a.m. at the principal address of the **Applicant**.

34. Representation: Prior Knowledge of Facts/Circumstances/Situations:

No person or entity proposed for coverage is aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage, except: NONE _____ or

Without prejudice to any other rights and remedies of the Company, the **Applicant** understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above in response to question 34, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Company.

II. NOTICES:

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado Applicants: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Notice of District of Columbia, Maine, Tennessee and Virginia Applicants: 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.

Notice to Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony (in Oklahoma) or a felony of the third degree (in Florida).

Notice to Kentucky Applicants: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

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



Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania and New York Applicants: 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 (in New York) or criminal and civil penalties (in Pennsylvania).

III. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

IV. DECLARATIONS AND SIGNATURE:

For the purposes of this Application, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing such policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

This Application must be signed by the chief executive officer, chief financial officer and in-house general counsel of the Parent Organization acting as the authorized representative of all person(s) and entity(ies) proposed for this insurance.

Date	Signature	Title
_____	_____	_____ Authorized Representative
_____	_____	_____ Authorized Representative
_____	_____	_____ Authorized Representative



Chubb Group of Insurance Companies
15 Mountain View Rd.
Warren, NJ 07059

CHUBB PROE&OSM
Application

Produced By:

Agent: _____ Agency: _____

Agency Taxpayer ID or SS No.: _____ Agent License No.: _____

Address (Street, City, State, Zip): _____

Submitted By:

Agency: _____

Taxpayer ID or SS No.: _____ Agent License No.: _____

Address (Street, City, State, Zip): _____