

Existing Account Application

THIS PROFESSIONAL LIABILITY COVERAGE IS PROVIDED ON A CLAIMS-MADE BASIS, WHICH IF ISSUED, APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD. THE LIMIT OF INSURANCE AVAILABLE TO PAY DAMAGES, SETTLEMENTS OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF CLAIM EXPENSES.

I. APPLICANT INFORMATION

1.1	Proposed First Named Insured :			
	Applicant Name:			
	Address:			
	City:	State:	Zip code:	
	Phone:	Fax:		
	Website Address(es):			

FOR THE REMAINDER OF THIS APPLICATION, "APPLICANT" REFERS INDIVIDUALLY AND COLLECTIVELY TO THE ENTITY(IES) FOR WHICH COVERAGE IS DESIRED, AS WELL AS EACH PERSON WHO IS AN OFFICER, DIRECTOR, OWNER, PARTNER OR EMPLOYEE OF THESE ENTITY(IES).

II. CHANGES IN OPERATIONS OR SERVICES PROVIDED

2.1	Have there been any changes in the nature of the Applicant's operation, management/technical personnel, or professional services in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	
2.2	Any new products or services to be offered or released within the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	
2.3	Please list the Applicant's three (3) largest clients/contracts in the past year:	

	Client Name	Services Provided	Revenue/One Year
1.			
2.			
3.			

2.4	Has Applicant changed its name, acquired any business or merged or consolidated with any other entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	
2.5	Is coverage desired for any subsidiary(ies) or other related entity(ies) not already named on the policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	

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III. REVENUE INFORMATION

3.1 List total gross revenues from activities for which coverage is currently provided:		
Actual Gross Revenues (last 12 months)	Projected Gross Revenues for next year (next 12 months)	
\$	\$	
3.2	Is any foreign revenue included in the above revenues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what percentage of revenue is generated from foreign sources?	%
	List the countries in which you do business:	
3.3	What percentage of revenues apply solely to "Cost of Goods Sold":	%

IV. INDEPENDENT CONTRACTORS & PROFESSIONALS

4.1	Do you subcontract or hire independent contractors to perform any services for your customers or clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes:	
	a. What percentage of your total revenues is from independent contractors?	%
	b. Do you require that all independent contractors carry their own E&O insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Is coverage desired for independent contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, are written contracts used with independent contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	Has the applicant added any certified or licensed professionals to its staff who provide services to the Applicant's clients (i.e. architect, engineer, attorney, CPA, medical practitioner, actuary, insurance agent or broker, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe what services they provide:	

V. QUALITY CONTROL & PROCEDURES

5.1	Does Applicant use a standard written contract or agreement with all clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain why contracts are not used:	
5.2	Have there been any changes in your standard agreements/contracts in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please attach a copy of the new contract used.	
5.3	Have there been any changes to your risk management procedures in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain what changes have been implemented:	
5.4	Does Applicant have a General Liability policy in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, does it include Products/Completed Operations coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VI. HISTORY

6.1	Is Applicant aware of any actual or alleged fact, circumstance, situation, error or omission, which can reasonably be expected to result in a Claim, suit or proceeding during the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, have all matters been reported to the insurance carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please complete a Supplemental Claim Form.	

VII. REPRESENTATIONS

<i>This Application <u>must</u> be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application. By signing this Application, Applicant represents and warrants the following:</i>	
1.	<i>The statements in the Application or Renewal Application furnished to the Company are accurate and complete;</i>
2.	<i>Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;</i>
3.	<i>Those representations are a material inducement to the Company to provide a premium proposal;</i>
4.	<i>If a policy is issued, the Company will have issued this Policy in reliance upon those representations;</i>

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5.	<i>If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report to the Company in writing; and</i>
6.	<i>The Company reserves the right, upon receipt of such notice, to change or rescind any proposal previously offered by the Company.</i>

As used herein, the "Company" shall be Capitol Specialty Insurance Corporation.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND. SOME RESPONSES MAY REQUIRE MORE SPACE THAN THAT PROVIDED IN THE APPLICATION ITSELF. PLEASE PROVIDE THOSE RESPONSES ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION.

Signature of authorized representative of Applicant

Title

Type / Print name of authorized representative

Date

E-mail address of authorized representative

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VIII. FRAUD WARNINGS

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 OR INCOMPLETE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (FOR NEW YORK RESIDENTS ONLY: 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).

- AR** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- CO** 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 insurance 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 regards to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.
- DC** *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 fine. In addition, an Insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.*
- FL** 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.
- HI** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
- KY** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.
- LA** *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 fines and confinement in prison.*
- ME** *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties may include imprisonment, fines or a denial of insurance benefits.*
- NJ** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NM** 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 AND CRIMINAL PENALTIES.
- NY** 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.
- OH** 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.

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- OK 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.
- OR** 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.
- PA** 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 persons to criminal and civil penalties.
- TN** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.
- VA** *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties include imprisonment, fines and denial of insurance benefits.*
- WV** 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 fines and confinement in prison.