



NAS Insurance Services, inc.

APPLICATION FOR:
Miscellaneous Errors And Omissions Liability Insurance
(Claims Made Basis)

1. Name of Applicant: _____
(as it should appear on the policy)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

email: _____ Phone: _____

Web Site: _____

Is firm: [] Corporation [] Partnership [] Individual [] LLC [] Other _____

2. Date applicant firm was established: _____/_____/_____

3. Has the name of the firm ever changed, or has any merger or consolidation ever taken place?
[] Yes [] No

If Yes: please provide details including dates and any liabilities assumed

4. Is the applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company?
[] Yes [] No

If Yes, please list all affiliations:

5. Describe in detail the services for which coverage is desired:

Table with 2 columns: Service Offered, Percent of total. Contains 3 empty rows for data entry.

6. Are other services provided for which coverage is not desired? [] Yes [] No

If Yes, please describe services and indicate percent of the insured's total revenue:

7. Does anyone affiliated with applicant firm provide services to any client in which any partner, director, officer or equity owner or spouse of the applicant firm serves as partner, director, officer or equity owner of the client firm? Yes No

If Yes, please provide explanation: _____

8. Revenue:

Total Expected Revenue for the upcoming policy period: \$ _____

Current Year: \$ _____

Last Year: \$ _____

Prior Year: \$ _____

(Please attach copy of REPRESENTATIVE CONTRACT used between the applicant and client.)

9. Does the applicant firm use a written contract with clients describing the services provided?

Always Most of the Time Some of the Time Never

10. Do the applicant's contracts contain indemnification or hold-harmless clauses inuring to the applicant's benefit?

Always Most of the Time Some of the Time Never

11. Do the applicant's contracts contain guarantees or warranties?

Always Most of the Time Some of the Time Never

12. Do the contracts contain disclaimers inuring to the benefit of the applicant?

Always Most of the Time Some of the Time Never

13. Does the applicant ever enter into contracts where the fees for services are contingent upon the client achieving cost reductions or improved operating results? Yes No

If Yes, attach a detailed description of such arrangements.

14. Does the applicant firm utilize the services of Independent Contractors? Yes No

Approximate percentage of billings attributable to Subcontractors: _____ %

Does the applicant require Subcontractors to carry their own E&O policies? Yes No

15. Staff Information:

(Please include with application all principal and key employee resumes)

Name of all Principals, Partners, Owners and Key Employees	Professional Qualifications	Years with Applicant Firm	Years providing service	Continuing Education (Yes or No)	Position with Firm

Applicant's Staff:

Full Time Part Time

Total Number:

Number hired within the past 12 months:

Number terminated, retired, or resigned within the past 12 months:

16. Please list professional associations to which the Applicant belongs:

17. Please list the Applicant's five largest jobs or projects during the past three (3) years

Project/Client Name	Services Performed for Client	Revenue from those Services	Date Service Began	Pct. of Gross Revenue

18. Has the Applicant provided services to any governmental entities?

Yes No

If Yes, please attach an explanation.

19. Has the Applicant provided services to any employee benefit plans, including any pension plans, or does it plan to do so?

Yes No

If Yes, please attach an explanation.

20. Has the Applicant provided services to any bank, savings and loan or other financial institution, or does it plan to do so?

Yes No

If Yes, please attach an explanation.

21. Insurance History

Please list the Applicant's Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage:

Name of Insurer	Policy Period		Limits of Liability	Retention	Premium
	From: MM/DD/YY	To: MM/DD/YY			

Does the current policy have a prior acts limitation or retroactive date? Yes No

If Yes, please indicate date: _____/_____/_____

Does the applicant currently carry Commercial General Liability Insurance? Yes No

Limits of Liability: _____/_____ Effective Date: _____

22. Claims History:

Have any claims, suits, or demands been made against the applicant, a predecessor firm, any past or present principals, partners, officers, or employees within the past **five (5) years?**

Yes No

If Yes, please provide a claim summary for each claim, consisting of:

- Name of claimant
- Type of service provided
- Date of claim
- Demand amount
- Indemnity and expenses paid/reserved
- Final disposition of claim

23. After inquiry with all principals, partners and officers, is the applicant aware of any dispute, error, omission, act or circumstance that is, or could reasonably be expected to become a claim under the policy for which this application is submitted to the Underwriters?

Yes No

24. Limits of Liability requested: \$ _____/_____

Deductible (each Claim): \$ _____

Proposed Effective Date: _____

To complete the submission, include the following:

- Any brochures or promotional materials.
- Resumes of the Applicant's principals or key employees.
- A copy of the Applicant's standard client contract.
- Claim Supplement(s).

NOTICE TO APPLICANT: PLEASE READ CAREFULLY

THE UNDERSIGNED DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS HEREIN ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION WILL BE ATTACHED AND BECOME A PART OF SUCH POLICY, IF ISSUED. UNDERWRITERS HEREBY ARE AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS THEY DEEM NECESSARY.

IT IS WARRANTED THAT THE PARTICULARS AND STATEMENTS CONTAINED IN THE APPLICATION FOR THE PROPOSED POLICY AND ANY MATERIALS SUBMITTED HERewith (WHICH SHALL BE RETAINED ON FILES BY UNDERWRITERS AND WHICH SHALL BE DEEMED ATTACHED HERETO, AS IF PHYSICALLY ATTACHED HERETO), ARE THE BASIS FOR THE PROPOSED POLICY AND ARE TO BE CONSIDERED AS INCORPORATED INTO AND CONSTITUTING A PART OF THE PROPOSED POLICY.

IT IS AGREED THAT IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS CONTAINED HEREIN PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY UNDERWRITERS AND, AT THE SOLE DISCRETION OF UNDERWRITERS, ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN.

FOR PURPOSES OF CREATING A BINDING CONTRACT OF INSURANCE BY THIS APPLICATION OR IN DETERMINING THE RIGHTS AND OBLIGATIONS UNDER SUCH A CONTRACT IN ANY COURT OF LAW, THE PARTIES ACKNOWLEDGE THAT A SIGNATURE REPRODUCED BY EITHER FACSIMILE OR PHOTOCOPY SHALL BE THE SAME FORCE AND EFFECT AS AN ORIGINAL SIGNATURE AND THAT THE ORIGINAL AND ANY SUCH COPIES SHALL BE DEEMED ONE AND THE SAME DOCUMENT.

Print Name of Insured, Owner, Partner or Principal

Title

Signature

Date



Serviced By:

NAS Insurance Services, inc.

Lloyd's Correspondent

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