

APPLICATION for: **Miscellaneous Errors and Omissions Liability Insurance**  
Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

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

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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:

| <u>Service Offered</u> | <u>Percent of total</u> |
|------------------------|-------------------------|
| _____                  | _____                   |
| _____                  | _____                   |
| _____                  | _____                   |

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 the client achieving 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:

A. Per information below, please include all principal and key employee resumes with application:

| 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 |
|--|-----------------------------|---------------------------|-------------------------|----------------------------------|--------------------|
| _____  | _____                       | _____                     | _____                   | _____                            | _____              |
| _____  | _____                       | _____                     | _____                   | _____                            | _____              |
| _____  | _____                       | _____                     | _____                   | _____                            | _____              |
| _____  | _____                       | _____                     | _____                   | _____                            | _____              |

B. 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 | Percent of Gross Revenue |
|---------------------|-------------------------------|-----------------------------|--------------------|--------------------------|
| _____               | _____                         | _____                       | _____              | _____                    |
| _____               | _____                         | _____                       | _____              | _____                    |
| _____               | _____                         | _____                       | _____              | _____                    |
| _____               | _____                         | _____                       | _____              | _____                    |

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

19. Has the Applicant provided services to any employee benefit plans, including any pension plans, or does it plan to do so?  
If "Yes", please attach an explanation.  Yes  No

20. Has the Applicant provided services to any bank, savings and loan or other financial institution, or does it plan to do so?  
If "Yes", please attach an explanation.  Yes  No

21. Insurance History:

a) 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<br>From: MM/DD/YY<br>To: MM/DD/YY | Limits of Liability | Retention | Premium |
|-----------------|---|---------------------|-----------|---------|
| _____           | _____   | _____               | _____     | _____   |
| _____           | _____   | _____               | _____     | _____   |
| _____           | _____   | _____               | _____     | _____   |

b) Does the current policy have a prior acts limitation or retroactive date?  
If "Yes", please indicate date: \_\_\_\_\_  Yes  No

c) Does the Applicant currently carry Commercial General Liability Insurance?  
Limits of Liability: \_\_\_\_\_ Effective Date: \_\_\_\_\_  Yes  No

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: \_\_\_\_\_  
Month Day Year

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### Network Security & Privacy Insurance Section

(This section may be omitted if Applicant is not interested in obtaining a quote on this coverage)

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25. Does your company use anti-virus software and firewall protection on all desktops, portable devices and mission critical servers, and is it updated in accordance with the software provider's recommendations?  Yes  No

26. Do you enforce a security policy that must be followed by all employees, contractors, or any other person with access to confidential information?  Yes  No

27. Is all sensitive and confidential information stored on your organization's databases, servers and data files encrypted?  Yes  No

28. If encryption is not in place for databases, servers and data files, are the following compensating controls in place:

a) Segregation of servers that store confidential information  Yes  No

b) Access control with role-based assignments  Yes  No

29. If your organization stores personal information on portable devices, is such data encrypted to industry standards?  Yes  No

30. Does your security and privacy policy include mandatory training for all employees?  Yes  No

31. Please estimate total number of records you store, either electronically or in physical files. \_\_\_\_\_

32. Does your company process, store or handle credit card information?  Yes  No

a) If "Yes", are you compliant with all data security standards issued by the card issuers or financial institutions you do business with?  Yes  No

33. Has the Applicant received any complaints, claims or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant's customers' ability to rely on the Applicant's network?  Yes  No

(If "Yes", please provide details)

To complete the submission, include the following:

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

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**NOTICE TO APPLICANT: PLEASE READ CAREFULLY**

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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.

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Print Name of Insured, Owner, Partner or Principal

Title

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Signature

Date