



**NEW BUSINESS APPLICATION**

**MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE**

**IF COVERAGE IS ISSUED, IT WILL BE ON A CLAIMS-MADE AND REPORTED BASIS.**

**NOTICE: THIS INSURANCE COVERAGE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIM EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR CLAIM EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

**Please provide the following:**

- Resumes of all key professional employees;
- Copies of sample client contracts;
- Most recent Audited Financial Reports;
- Copy of expiring Professional Liability policy wording, if applicable.

**1. NAME OF APPLICANT:**

\_\_\_\_\_

**2. ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Website:**

\_\_\_\_\_

**4. Year Established: \_\_\_\_\_ No. of Years Under Current Management: \_\_\_\_\_**

**5. Please list addresses of all branch offices and/or subsidiaries. Include a brief description of their operations and indicate if coverage is desired for these offices and/or subsidiaries.**

\_\_\_\_\_  
\_\_\_\_\_

**6. During the past 5 years has the name of the Applicant been changed or has any other business been acquired, merged into or consolidated with the Applicant firm?  Yes  No**  
**If “Yes”, attach a complete explanation detailing any liabilities assumed.**

**7. Please describe in detail the professional services/operations/activities for which coverage is desired:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. (a) What does the applicant see as its potential exposure to E&O claims?

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(b) What safeguards or procedures does the Applicant employ to avoid these claims or reduce these exposures?

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9. Is the Applicant engaged in any business or profession other than as described in Item 7?  
 Yes  No If yes, please attach an explanation and estimated revenues.

10. Is the Applicant controlled, owned or associated with any other firm, corporation or company?  Yes  No If "yes", attach an explanation.  
 Are any activities listed in Item 7. provided to such business enterprise?  Yes  No

11. List the total gross revenues for the past three (3) years derived from those services described in Item 7. In addition, please list projected gross revenues for the current year.

	Year	Revenues	Percentage from Foreign Sales
Past Fiscal Year		\$	%
Current Fiscal Year		\$	%
Projected Fiscal Year		\$	%

12. For the gross revenues listed in Question 11, please give the approximated percentage derived from each of the activities listed in Question 7.

Activity	Percentage of Revenues
	%
	%
	%

13. Please list the Applicant's three largest Clients over the past year:

Client	Services Performed	Revenues
		\$
		\$
		\$

14. (a) Please provide a breakdown of the staff into the following categories:

Staff	# of Employees:		
	Full Time:	Part Time:	Independent Contractors:
Principals, partners, officers			
Professionals (not included above)			
Support staff			
<b>Total:</b>			

(b) List the qualifications of key personnel or attach experience resumes of each.

(c) List all professional associations to which the Applicant belongs.

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

Do the Applicant's contracts contain any of the following: (check all that apply)

- Hold harmless or indemnification clauses in your favor?
- Hold harmless or indemnification clauses in your client's favor?
- Guarantees or warranties?
- A specific description of the services you will provide?
- Payment terms?

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

17. Does the Applicant subcontract work to others?  Yes  No  
(a) If yes, please describe the services and percentage of total revenue subcontracted:

Services Subcontracted	Percentage of Revenue Subcontracted
	%
	%
	%
	%

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

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

(d) If written contracts are used do the subcontractors agree to indemnify the Applicant and/or the Applicant's clients for damages caused by the subcontractor's negligence?  
 Yes  No

18. Does the Applicant have procedures in place to ensure compliance with privacy legislation?  
 Yes  No

19. Please describe the measures taken by the Applicant to address privacy issues (computer and internet use policies, laptop security policies, data encryption policies, secure location policies, personnel risk management practices, etc.)

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20. Please list all of the Applicant's professional liability coverage for past five years:

Carrier	Limit of Liability	Deductible	Annual Premium	Policy Period	Prior Act Date

21. 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.

22. Has the Applicant or any of its Owners, Principals, Partners, Directors, Officers, or employees ever been subject to any type of investigation or proceeding by a state regulatory agency or administrative agency, or had their license revoked, suspended or been fined/disciplined by any state or regulatory department?  Yes  No If "yes", attach a detailed explanation.

23. Is the Applicant or any of its Owners, Principals, Partners, Directors, Officers, or employees aware of any act, error, omission, circumstance or incident which might afford valid grounds for any future claim that would fall within the scope of the proposed insurance?  Yes  No If "yes", attach a detailed explanation.

24. Have any claims been made against the Applicant or any of its Owners, Principals, Partners, Directors, Officers, or employees in the last five years?  Yes  No If "yes", attach a detailed explanation.

25. Within the past five years, has Applicant ever paid an uninsured loss out of Applicant funds?  Yes  No If "yes", attach a detailed explanation.

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY**

**WARRANTY:** The Applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the Policy of insurance and deemed incorporated therein if the Insurer accepts this application by issuance of a Policy. It is hereby agreed and understood that this warranty constitutes a continuing obligation to report to the Insurer, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application by the Applicant.

The Applicant hereby authorizes the release of all claims information from any prior insurer to the Insurer. The Applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

**NOTE:** In applying for coverage, the Applicant agrees that in the event of covered losses, the Applicant will be required to be defended by an attorney appointed by the Insurer.

The Applicant hereby acknowledges that the Applicant is aware that the Limit of Liability shall be reduced, and may be completely exhausted, by claim expenses and in such event, the Insurer shall not be liable for claim expenses or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Liability.

The Applicant hereby further acknowledges that the Applicant is aware that claim expenses that are incurred shall be applied against the deductible amount.

The Applicant understands and accepts that the Policy applied for provides coverage on a "Claims-Made and Reported" basis for only those claims made against the Insured and reported to the Insurer while the Policy is in force and that coverage ceases with the termination of the Policy.

**This Application must be signed by the Owner, Principal, Partner, President, CEO or other Officer of the Applicant acting as the authorized agent of the person(s) and entity(ies) proposed for this insurance.**

\_\_\_\_\_  
**Applicant's Name (type or print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title (Owner, Principal, Partner, President, CEO or other Officer)**