



MISCELLANEOUS PROFESSIONAL LIABILITY RENEWAL APPLICATION

IF A RENEWAL POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE BASIS.

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE EXPENSES, AND THAT DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Name of **Applicant**: _____
Address: _____

2. Indicate any changes desired upon renewal in:

(a) Limits: _____
(b) Deductible: _____
(c) Professional Services: _____

3. Please indicate the total annual gross revenues derived from the Professional Services listed on the expiring policy for the past two years and the projected revenues for the current year:

| | YEAR | REVENUE |
|----|----------------|----------|
| a) | <u>Current</u> | \$ _____ |
| b) | _____ | \$ _____ |
| c) | _____ | \$ _____ |
| d) | _____ | \$ _____ |

4. During the past year, 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.

5. Are any changes in the nature or size of the **Applicant's** business anticipated over the next 24 months? Yes No
If "Yes," please attach an explanation. Changes in size of less than 25% need not be explained.

6. 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: _____

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

8. Please provide the following:

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

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

10. 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

11. 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

12. 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 |
|--------|---------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

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

15. Does the **Applicant** subcontract work to others?
If "Yes," please attach an explanation. Yes No

16. Does the **Applicant** have a written procedural manual for employees to follow? Yes No

17. Does the **Applicant** have a formalized training program for newly hired employees? Yes No

18. Does the **Applicant** have promotional literature?
If "Yes," please attach sample copies of all types. Yes No

19. Please attach the **Applicant's** most recent annual report/financial statement.

IT IS AGREED THAT THIS RENEWAL APPLICATION IS A SUPPLEMENT TO THE APPLICATION(S) WHICH ARE PART OF THE EXPIRING POLICY, AND THAT THOSE APPLICATION(S) TOGETHER WITH THIS RENEWAL APPLICATION CONSTITUTE THE COMPLETE APPLICATION THAT SHALL BE THE BASIS OF THE CONTRACT AND SHALL FORM PART OF THE POLICY SHOULD A POLICY BE ISSUED. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

FOR THE PURPOSES OF THIS RENEWAL APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF ALL PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THIS RENEWAL APPLICATION ARE TRUE AND COMPLETE. THE COMPANY IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE A POLICY.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE COMPANY AND IS CONSIDERED PHYSICALLY ATTACHED TO THIS APPLICATION. THIS APPLICATION AND SUCH INFORMATION WILL BECOME PART OF, AND BE CONSIDERED PHYSICALLY ATTACHED TO, ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION. IF, AS A RESULT OF THIS APPLICATION, A POLICY IS ISSUED, THE COMPANY WILL HAVE RELIED ON THIS APPLICATION AND ON SUCH ATTACHMENTS.

IF THE STATEMENTS IN THIS APPLICATION OR IN ANY ATTACHMENT CHANGE MATERIALLY BEFORE THE EFFECTIVE DATE OF ANY PROPOSED POLICY, THE APPLICANT MUST NOTIFY THE COMPANY, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY QUOTATION.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY FOR WHICH APPLICATION IS MADE WILL APPLY ONLY TO CLAIMS FIRST MADE OR DEEMED MADE DURING THE PERIOD IN WHICH THE POLICY IS IN EFFECT;
- (II) THE LIMITS OF LIABILITY CONTAINED IN THE POLICY WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE PAYMENT OF DEFENSE EXPENSES AND, IN SUCH EVENT, THE COMPANY WILL NOT BE RESPONSIBLE FOR THE CONTINUED DEFENSE OF ANY CLAIM OR BE LIABLE FOR DEFENSE EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY; AND
- (III) DEFENSE EXPENSES WILL BE APPLIED AGAINST ANY APPLICABLE DEDUCTIBLE.

NOTICE TO ARKANSAS, MINNESOTA, 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 OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

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 TO DISTRICT OF COLUMBIA, MAINE 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 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 OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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 FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: 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 FINES AND CRIMINAL PENALTIES.

NOTICE TO MARYLAND 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 OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

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 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

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 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.
AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

| | | |
|--|--------|-------|
| APPLICANT: | | |
| BY (<i>President, Chairman, or CEO</i>): | TITLE: | DATE: |

NOTE: This Application must be signed by the President, Chairman, or CEO of the **Applicant** acting as the authorized agent of the person(s) and entity(ies) proposed for this insurance.

REQUIRED INFORMATION

| | | |
|--|-------------------------------------|-----------------------|
| PRODUCED BY (<i>Insurance Agent or Broker</i>): Please print and sign name _____ | | |
| FIRM NAME: | | |
| TAXPAYER ID OR SOCIAL SECURITY NO.: | PRODUCER LICENSE NO.: | |
| ADDRESS (<i>No., Street, City, State, and ZIP</i>): | | |
| EMAIL ADDRESS: | | |
| SUBMITTED BY (<i>Firm</i>): | TAXPAYER ID OR SOCIAL SECURITY NO.: | PRODUCER LICENSE NO.: |
| ADDRESS (<i>No., Street, City, State, and ZIP</i>): | | |

ExecutivePerils

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