

- Capitol Indemnity Corporation
- Capitol Specialty Insurance Corporation

Renewal 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 OR ANY EXTENDED REPORTING PERIOD.

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	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: _____	

III. REVENUE INFORMATION

3.1 List total gross revenues from activities for which coverage is currently provided:		
Current Gross Revenues	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	Does Applicant use independent contractors for any activities Applicant performs for clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	Does Applicant desire coverage for these independent contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3	Does Applicant have controls in place to ensure the quality of work by independent contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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4.4	Does Applicant have any certified, licensed or registered professionals providing services to clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please indicate which type(s):	
	<input type="checkbox"/> Actuary <input type="checkbox"/> Architect <input type="checkbox"/> Attorney <input type="checkbox"/> CPA	<input type="checkbox"/> Engineer <input type="checkbox"/> Financial Planner / Adviser <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> Insurance Agent / Broker
	<input type="checkbox"/> Securities Broker / Dealer <input type="checkbox"/> Other: _____	

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
	a. If yes, have all matters been reported to the insurance carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If no to 6.1 a., 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>
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 Indemnity Corporation or 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 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 that person to criminal and civil penalties.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison. *Applies in MD only.

APPLICABLE IN 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 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 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.

APPLICABLE IN FL AND OK

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)*. *Applies in FL only.

APPLICABLE IN KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KY, NY, OH, AND 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 person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only

APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.