

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. EXCEPT AS OTHERWISE PROVIDED, THE POLICY WILL COVER ONLY CLAIMS FIRST MADE AGAINST THE APPLICANT AND REPORTED TO THE INSURER DURING THE POLICY PERIOD.

PLEASE NOTE THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES SHALL BE REDUCED AND MAY BE COMPLETELY EXHAUSTED BY PAYMENT OF CLAIMS EXPENSES. DAMAGES AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE.

Notes to Applicant:

- Complete all questions in full in **BLOCK CAPITALS** or type
- If space is insufficient to answer any questions, please complete them on additional paper
- Please complete Attachment 'A' and other supplements as required
- Application, including Supplements, must be signed and dated by a principal of the Applicant

1. Name of Applicant: _____
 DBA (if applicable): _____

2. Address of Applicant: _____

 Telephone: _____ Fax Number: _____
 Email: _____
 NAICS Code: _____

3. Please describe in detail the nature and types of professional services the Applicant is engaged in and indicate the percentage of revenues derived from each.

4. What services does the Applicant wish to have covered by the Professional Liability Insurance?

5. Please indicate type of company:

Sole Trader Partnership Corporation

Privately Held Non-Profit Publicly Traded

Other: (please describe) _____

6. Date established: _____

7. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own, any other firm or business enterprise? Yes No

If yes, please explain: _____

8. Are any significant changes in the nature or size of the Applicant's business anticipated over the next 12 months? Or have there been any such changes in the past 12 months? Yes No

If yes, please explain: _____

9. In the past 24 months has the Applicant or any of its principals engaged in any business or profession other than as described in the above question? Yes No

If yes, please explain: _____

10. Total Number of staff: _____

11. Please provide the following (complete on additional paper if required):

Name of Principals / Qualified Employees	Professional Qualifications / Designations	Number of years in practice	Number of years with Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Please list Professional Associations to which the Applicant belongs:

13. Gross Billings:

This year (est): _____ Last Year: _____ Year prior: _____

14. Please indicate the Applicant's five largest jobs/projects during the past three years:

Client	Service	Applicant's Fee	Total project cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Please provide percentage revenue derived from following:

Federal Government: _____

State/Municipal Entites: _____

Corporations: _____

Non-Profit Organizations: _____

Individuals: _____

16. Does the Applicant use a written contract:

Always Sometimes Never

If not always, please explain how the scope of services to be provided is agreed:

Please attach a copy of a standard contract or letter of engagement.

17. Have the Applicant's services and advice been used in any disclosure documents or prospectuses to investors in any business entity? Yes No
If yes, please detail (including procedures to ensure quality control): _____

18. Does any director, officer, employee or partner of the Applicant serve on the board of directors of any client of the Applicant? Yes No
If yes, please explain: _____

19. Does any applicant, in the course of providing professional services, handle monies or investment instruments belonging to others? Yes No
If yes, please explain: _____

20. Does the Applicant give advice to any client regarding investments of any kind? Yes No
If yes, please explain: _____

21. Does the Applicant offer advice to any client in respect of the client's medical, mental or emotional condition or the clients relationships with other people? Yes No
If yes, please explain: _____

22. Does the Applicant sub-contract work to others: Yes No

If yes, please explain and include the nature of indemnities, hold harmless agreements, etc.:

23. Does the Applicant have a written procedures manual for employees to follow?

Yes No

24. Does the Applicant have a formalised training program for employees?

Yes No

25. Does the Applicant have promotional literature?

Yes No

If yes, please provide brief details: _____

If no, please explain how Applicant's services are marketed: _____

26. Has any insurance company declined, cancelled or refused to renew cover for the Applicant?

Yes No

If yes, please explain: _____

27. Is any errors and omissions or professional liability insurance in favour of the Applicant currently in force? Yes No

If yes, please indicate:

a. The errors and omissions insurance carried for each of the past five (5) years:

Carrier	From (mm/yy)	To (mm/yy)	Limit / Agg. Limit	Deductible	Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

b. The current retroactive date: _____

28. Please indicate the insurance that the Applicant is requesting:

Per Claim Limit: US\$ _____

Aggregate Limit: US\$ _____

Deductible: US\$ _____

29. Has the Applicant or any director, officer, employee or partner provided professional services on behalf of the Applicant been subject to disciplinary action as a result of professional activities?

Yes No

If yes, please explain: _____

30. Is the Applicant aware of any errors, omissions or claims (including any circumstances reported to previous insurers which have not developed into claims) during the last ten years? Yes No

If "Yes", please complete the claims information supplement (Attachment 'C')

IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES WILL BE EXCLUDED FROM THE PROPOSED INSURANCE.

31. Has the Applicant been a party to any lawsuit or other legal proceeding within the past five years?

Yes No

If yes, please provide (on Attachment 'C') a description which includes the venue of the action, the parties, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the applicant, including all costs incurred and defense expenses.

32. Is the Applicant aware or does the Applicant have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of the proposed insurance? Yes No

IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM WILL BE EXCLUDED FROM THIS PROPOSED INSURANCE.

NOTICE: IN SOME STATES, 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. IN NEW YORK, A PERSON WHO COMMITS SUCH CRIME SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

This Application must be signed and dated by a Principal of the Applicant:

I/We hereby declare that the above statements and declarations are true and that I/we have not suppressed or misstated any material facts. I/We agree that any misrepresentation or misstatement of material facts may void coverage under the proposed Insurance. I/We agree that this application shall be the basis of the Contract with the Insurer and that coverage, if written, will be provided on a claims made basis. It is understood and agreed that completion of this application neither binds the Insurer to provide coverage nor the Applicant to purchase the insurance.

I/We agree that if the information supplied on this application changes between the date the application is executed and the time the proposed insurance policy is bound or coverage commences, the Applicant will immediately notify Catlin in writing of such changes. Catlin reserves its rights to modify or withdraw its proposal following such changes.

Applicants Signature: _____ Title: _____

Print Name: _____ Date: _____

**ATTACHMENT 'A'
FINANCIAL SCHEDULE**

Please provide the following information concerning the current year estimated financial figures and two previous years:

	20__	20__	20__
	US\$	US\$	US\$
Total Revenues	_____	_____	_____
Total Gross Assets	_____	_____	_____
Total Capital (Equity)	_____	_____	_____
Total Debt	_____	_____	_____
Short-Term Debt Maximum (due with one year Minimum)	_____	_____	_____
Total Long-Term Debt	_____	_____	_____
Total Established Credit Lines with Banks	_____	_____	_____
Net Income after Tax	_____	_____	_____
Depreciation/Amortization	_____	_____	_____
Any further details you may wish to include:			

This Attachment must be signed and dated by a Principal of the Applicant:

Signature: _____ Date: _____

Title: _____

**ATTACHMENT 'B'
SUPPLEMENTAL CLAIMS INFORMATION**

1. Applicant's Name: _____
2. Full name of individual involved in the claim: _____
3. Full name of Claimant: _____
4. Date of Alleged Error: _____
5. Date of Claim: _____
6. Additional Defendants: _____
7. Name of Insurer advised of the claim: _____
8. Present Status of Claim: Open Closed In Suit
9. If Closed:
 - a. Total Loss paid _____
 - b. Expense paid _____
10. If Open:
 - a. Amount asked in Summons _____
 - b. Claimants Settlement demand _____
11. Defendant's offer for settlement _____
12. Insurer's Loss Reserve _____
13. * Description of Claim – if Open, include assessment of liability:
 - a. * Description of Claim and events: _____

 - b. * Allegations claim based on: _____

14. * Explain what action(s) have been taken to prevent a recurrence or similar claim:

This Attachment must be signed and dated by a Principal of the Applicant:

Signature: _____ Date: _____

Title: _____

* Use additional paper as required

**ATTACHMENT 'C'
SUPPLEMENTAL INFORMATION**

This Attachment must be signed and dated by a Principal of the Applicant:

Signature: _____ Date: _____

Title: _____