



Starr Surplus Lines Insurance Company

90 Park Avenue, New York, NY 10016 * Tel. (646) 227-6300 * Fax (646) 227-6718

SPECIALTY PROFESSIONAL LIABILITY INSURANCE APPLICATION

NOTICE: THE INSURANCE POLICY FOR WHICH THIS APPLICATION IS SUBMITTED, PROVIDES CLAIMS-MADE COVERAGE, WHICH GENERALLY APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED, AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS THEREIN.

THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY PAYMENT OF DEFENSE COSTS. DEFENSE COSTS WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

Please answer all questions and submit the requested information.

1. Name of Applicant: _____

2. Address: _____

City: _____ State: _____ Zip: _____ Telephone No. _____

Website Address: _____ Fax No.: _____

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 this professional liability insurance?

5. The Applicant has continuously been in existence since _____ and is operating as a:
 Corporation Partnership Individual LLC

6. Does the Applicant operate in other states? Yes No

Please list each state and the percentage of operations in each state:

State	% of Revenue	State	% of Revenue
		Total %	

7. Has the Applicant ever operated under any other name? Yes No

If yes, what names: _____

8. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own, operate or control any other firm or business enterprise, including but not limited to a law firm? Yes No

If yes, please explain:

9. Are any significant changes in the nature or size of the Applicant's business anticipated over the next 12 months? Yes No

Have there been any such changes in the past twelve (12) months? Yes No

If yes to either Question, please explain:

10. In the past twenty-four (24) months has the Applicant or any of its principals engaged in any business or profession other than as described in the response to Question #4 above? Yes No

If yes, please explain:

11. Staff (Principals and staff should be counted only once)

<u>Positions</u>	Number Full Time	Number Part Time	Number Inactive
Principals, Partners, Directors and Officers			
Professional Staff			
Certified/Licensed Professionals			
Independent Contractors			
All other Employees			

12. Please provide Professional Qualifications/Designations/Licenses/Certification information below:

Name of Principals & Qualified Employees	Professional Qualifications/Designations Licenses/Certifications	Years in Practice	Years with Applicant

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

14. Gross Billings:

	Domestic	*Foreign
This year (est.): _____	\$ _____	\$ _____
Last Year: : _____	\$ _____	\$ _____
Year Prior: : _____	\$ _____	\$ _____

* Please list the Applicant's three largest foreign markets if applicable?

Country	Revenue \$

15. Please indicate the Applicant's five largest jobs/projects during the past three (3) years:

Client	Service	Applicant's Fee	Total project cost

16. Please provide percentage revenue derived from following:

	% of Revenue Derived
Federal Government	
State/Municipal Entities	
Corporations	
Not for Profit Organizations	
Individuals	

17. Does the Applicant use a written contract when it is retained to provide services?

Always Sometimes Never

Please provide (attach) a copy of a sample contract or letter of engagement.

If a written contract is not always used, please explain how the scope of services to be provided is otherwise agreed (please use additional sheet if necessary):

18. Have the Applicant's services and advice been used or referenced in any disclosure documents or prospectuses to investors by any client? Yes No

If yes, please detail (including procedures to ensure quality control):

19. 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:

20. Does the Applicant, in the course of providing professional services, handle monies or investment instruments belonging to others? Yes No

If yes, please explain:

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

22. Does the Applicant offer advice to any client with respect to the client's medical, mental or emotional condition or the client's relationships with other people? Yes No

If yes, please explain:

23. Subcontractors:

a. Names of firms which are subcontractors to the Applicant and a description of the services provided

Name of Contracting Firm/Contractor	Description of Services Provided

b. Are subcontractors required to carry professional liability insurance? Yes No
If so, what is the minimum policy limit: \$ _____

If not, are the subcontractors required to indemnify the Applicant or is the Applicant required to indemnify the subcontractor? Please explain (and provide copy of contract):

c. Does Applicant have an ownership interest in any subcontractor? Yes No

If yes, please explain? _____

24. Does the Applicant have a written procedures manual for employees? Yes No

25. Does the Applicant have a formalized training program for employees? Yes No

26. Does the Applicant use promotional literature? Yes No
If yes, please attach copies.

27. Has any errors and omissions or professional liability insurance ever been declined or cancelled? Yes No

NOTE: Applicants in Missouri should not answer question 27, above.

If yes, please explain:

28. Is any errors and omissions or professional liability insurance policy issued to the Applicant currently in force? Yes No

If yes, please indicate errors and omissions insurance carried for each of the past three (3) years:

Policy Period	Insurance Carrier	Limits of Liability	Premium	Deductible

29. Has the Applicant (including any predecessors, subsidiaries, independent contractors or any other persons or entities proposed for this insurance) or any director, officer, partner, management committee member or principal been involved in any of the following?

- a. Criminal action or administrative proceeding charging violation of a federal, state or foreign law or regulation? Yes No
- b. Been a party to any lawsuit or other legal proceeding within the past five (5) years? Yes No
- c. Subject to disciplinary action as a result of professional activities? Yes No

30. a. Has the Applicant (including any predecessors, subsidiaries, independent contractors or any other persons or entities proposed for this insurance) or any director, officer, partner, management committee member or principal given written notice under the provisions of any prior or current errors or omissions or professional liability policy of specific facts or circumstances which might give rise to a Claim being made against any proposed Insured? Yes No

b. For Minnesota applicants only, please indicate if the Applicant (including any predecessors, subsidiaries, independent contractors or any other persons or entities proposed for this insurance) or any director, officer, partner, management committee member or principal has given written or oral notice under the provisions of any prior or current errors or omissions or professional liability policy of specific facts or circumstances which might give rise to a Claim being made against any proposed Insured? Yes No

31. Have any Loss payments been made on behalf of any proposed Applicant (including any predecessors, subsidiaries, independent contractors or any other persons or entities proposed for this insurance) or any director, officer, partner, management committee member or principal under the provisions of any prior or current errors or omissions or professional liability policy or similar insurance? Yes No

If 'Yes' to any of the Questions 29 - 31 above, please provide on an attached Claims Schedule a description which includes a detailed description of the facts or circumstances, the venue of the action, the parties, the amount of dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved (if action is still pending, please so indicate), including all costs incurred, including defense expenses.

32. The Applicant (including any predecessors, subsidiaries, independent contractors or any other persons or entities proposed for this insurance) warrants that no director, officer, employee or principal has knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim under the proposed insurance except as follows (please attach sheet with information if necessary):

If no such knowledge or information exists, check here: None

IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS WITH REGARD TO QUESTIONS 29 THROUGH 32, ABOVE, REGARDLESS OF WHETHER IT IS DISCLOSED IN THIS APPLICATION, ANY CLAIM BASED ON, ARISING FROM, OR IN ANY WAY RELATING TO SUCH FACTS, CIRCUMSTANCES, SITUATIONS, ACTIONS, PROCEEDINGS, LAWSUITS, ERRORS, MISSTATEMENTS, MISLEADING STATEMENTS, ACTS, OMISSIONS, OR OTHER MATTER OF WHICH THERE IS KNOWLEDGE OR INFORMATION SHALL BE EXCLUDED FROM COVERAGE UNDER THE INSURANCE BEING APPLIED FOR AND THE INSURER SHALL NOT BE LIABLE FOR SUCH LOSS AND, TO THE EXTENT THIS POLICY PROVIDES DUTY TO DEFEND COVERAGE, THE INSURER SHALL HAVE NO DUTY TO DEFEND.

33. Attach the following materials regarding the Applicant:
- The latest financial statements
 - Copies of standard customer contracts/service level agreements
 - Information systems policies and procedures
 - Completed Claims Schedule

Expiring Information Coverage Request / Expiring Information

No coverage in force

(If no coverage in force, please indicate requested effective date, limits and retention.)

Effective Date	Limit of Liability	Retention	Premium
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NOTICES TO COMPANY:

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE COMPANY DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE, AND REASONABLE EFFORT HAS BEEN MADE TO OBTAIN SUFFICIENT INFORMATION FROM ALL PERSONS PROPOSED FOR THIS INSURANCE TO FACILITATE THE ACCURATE COMPLETION OF THE APPLICATION. THE UNDERSIGNED AUTHORIZED REPRESENTATIVE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AGREEMENT TO BIND INSURANCE.

THE SUBMISSION OF THIS APPLICATION BY THE COMPANY TO THE INSURER OR SIGNING OF THIS APPLICATION BY THE COMPANY DOES NOT OBLIGATE THE INSURER TO ISSUE THE INSURANCE. IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT IF A POLICY IS ISSUED AND SHALL BE DEEMED TO BE ATTACHED TO, INCORPORATED INTO AND BECOME A PART OF, THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

NOTICE TO ARKANSAS 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 FINES AND CONFINEMENT IN PRISON."

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 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."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "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."

NOTICE TO HAWAII APPLICANTS: " FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

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 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."

NOTICE TO LOUISIANA 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 FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE 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 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 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 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, 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 OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: 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" (365:15-1-10, 36 §3613.1).

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."

NOTICE TO TENNESSEE 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 TEXAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO WASHINGTON 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 WEST VIRGINIA: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR THE BENEFIT OF KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO ALL OTHER 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."

DECLARATION AND SIGNATURE

The undersigned is a duly authorized representative of the Applicant identified in answer to Question No. 1 herein and acknowledges that reasonable inquiry has been made to obtain the answers to all of the questions herein and the information and documents submitted herewith, all of which are true, accurate and complete to the best of the undersigned's knowledge and belief.

Signed: _____

Title: _____
(This application must be signed by a duly authorized representative of the Applicant)

Company: _____

Date: _____

Producer: _____

Address: _____

License No.: _____

SPECIALTY PROFESSIONAL LIABILITY INSURANCE APPLICATION

CLAIMS SCHEDULE

Please complete this form for each claim the Applicant is aware of as indicated in Questions 29-32 of the Application (including any circumstances reported to previous insurers which have not developed into claims) during the last five (5) years.

1. Name of Applicant: _____

2. Name of Member of Staff involved in claim: _____

3. Name of (potential) claimant: _____

4. Date of incident _____ Date claim was made: _____

5. Under which policy was the claim made?

Carrier: _____

Policy No.: _____

6. Status of claim? Closed Open

If Closed, please indicate Total Loss Paid: _____ (including defense expenses)

If Open, please indicate:

i) Total defense costs and expenses to date: _____

ii) Damages or other relief sought by the claimant(s): _____

iii) Insurers loss reserve: _____

7. Please provide the following:

i) The specific act, error or omission upon which the claimant bases the claim.

ii) A brief description of the claim.

iii) Current status and proposed strategy for handling the claim.

