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40 Wall Street
New York, New York 10005
212-440-7000 • Fax: 212-440-3700

Miscellaneous Professional Liability Insurance Application

1 Name and Address of Applicant: (include all DBA's and attach additional sheets, if necessary):

Name(s): _____

Principal
Address: _____ City _____ State _____
_Zip _____

Mailing
Address: _____ City _____ State _____
_Zip _____

Web Site Address: _____

2 a. Date established: ___/___/___ (month/day/year)

b. Applicant is Individual Partnership Corporation Other
(If other, please explain--attach additional sheet, if necessary: _____)

c. Is the entity owned by, controlled by or affiliated with any other entity? Yes No (If yes, please attach details on a separate sheet)

d. During the past 5 years, has any principal, partner, officer, director, professional employee or independent contractor of the Applicant provided professional services to any entity in which the Applicant has any equity or managerial interest? Yes No
(If yes, please attach a detailed explanation on a separate sheet)

3 a. Please describe in detail the professional services performed by the Applicant: (Attach a separate sheet to the application, if necessary)

b. During the past 5 years, has the Applicant been engaged in any business or professional services other than as described in #3a. above?

Yes No (If yes, please attach a detailed explanation and estimated gross revenues for the most recent fiscal year.)

4a. During the past 5 years:

(i) has the name of the Applicant ever been changed? Yes No

(ii) has the Applicant been involved in any merger, acquisition or consolidation? Yes

No (If yes to either of the above, please attach details on a separate sheet)

b. Is the Applicant seeking coverage for any subsidiaries in which it maintains a greater than 50% ownership interest? Yes No (If the answer is yes, attach a list of those subsidiaries for which coverage is being sought and respond to the question below regarding those subsidiaries)

Do any of the subsidiaries listed, perform professional services other than as described in Question #3a.? [] Yes [] No (If yes, please attach a detailed description of those services and estimated revenues for the most recent fiscal year)

c. Is the Applicant seeking coverage for any predecessor firm for which it is the majority successor in interest? Yes No (If the answer is yes, attach a list of those predecessors for which coverage is being sought and respond to the questions below regarding those firmse)

(i)has any such predecessor firm has undergone dissolution, been declared insolvent or been subject to bankruptcy? []Yes [] No (If yes, please attach an explanation) (ii) does any such predecessorfirm perform professional services other than those described in Question #3a.? [] Yes [] No (If yes, please attach a detailed description of those services)

IN YOUR RESPONSES TO THE FOLLOWING QUESTIONS, PROVIDE ANSWERS FOR BOTH THE APPLICANT AND ANY SUBSIDIARIES FOR WHICH COVERAGE IS BEING SOUGHT(EVEN IF THE QUESTION DOES NOT SPECIFICALLY REFERENCE SUCH SUBSIDIARIES)

5 Financial Information: Please attach the most current Form 10K. If not applicable, please attach the most recent audited financial statement or, if not available, please attach the most current annual report. Complete the following, providing total gross revenues for the years indicated which are derived from those professional services listed in Question #3a.

a. Fiscal year end date: ____/____/ (month/day) last complete fiscal year:\$_____(____yr.) b. Gross revenues for c. Projected gross revenues for current fiscal year: \$_____(____yr.) d. Estimated gross revenues for next fiscal year: \$_____(____yr.)

e. Are any changes in the nature or the size of the Applicant's business anticipated over the next 12 months? Yes No (If yes, please attach a detailed explanation on a separate sheet)

6 For the gross revenues listed in Question #5c, indicate the approximate percentage derived from each of the professional services listed in Question #3a. (total percentages should equal 100%)

PROFESSIONAL SERVICES
% OF #5c.

TOTAL 100%

7 a. Does the Applicant subcontract any of the professional services listed in Question #3a to fulfill contracts or engagements for clients? Yes No b. If yes, describe the nature of the professional services subcontracted:_____

c. What percentage of the gross revenues listed in Question #5c are attributable to subcontracted work? _____%

d. Why does the Applicant subcontract professional services?

as a regular supplement to staff

as staff for a particular project

for expertise that does not exist within the Applicant for a particular project

Other (Please explain): _____

e. Are clients made aware that subcontractors are being utilized? Yes No

f. Are the subcontractors identified as such to the client? Yes No

g. Does the Applicant require evidence of professional liability or errors and omissions insurance from subcontractors? Yes No
(If no, please attach a detailed explanation)

8a. Please indicate the number of principals, partners, directors, officers and professional employees: (Attach resume of each when Applicant has been in business less than 3 years) _____

b. Please indicate the number of all other non-professional/clerical employees: _____

c. Please indicate the average number of independent contractors performing professional services on behalf of the Applicant: _____

9. Client Information:

Please provide the following information regarding your 5 largest clients according to the amount of revenues generated for the professional services performed for the past fiscal year and as a percentage of the total gross revenues set forth in Question #5b above.

Client	Professional Services Performed	Revenue	% of Applicant's Total Gross Revenues as stated in 5b
1.			
2.			
4.			
5.			

10 a. Does the Applicant use a written contract or agreement with all clients? Yes No
(If yes, please attach a copy of the standard contract or agreement; if no, please attach a detailed explanation on a separate sheet)

b. Does an attorney review such contracts or agreements prior to use? Yes No

c. Does the standard contract or agreement contain hold harmless or indemnification clauses? Yes No
(If no, please provide a detailed explanation on a separate sheet)

If yes:

(i) inuring to the benefit of the Applicant? Yes No

(ii) inuring to the benefit of your client? Yes No

(iii) inuring to the mutual benefit of both the client and the Applicant? Yes

No

d. Does the Applicant ever warrant or guarantee its professional services? Yes No

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- e. Does the Applicant have procedures to ensure compliance with Federal, State and Local statutes? Yes No
(if yes, please attach a copy of the procedure or provide a detailed description on a separate sheet)
- f. Does the Applicant have client complaint resolution policies and procedures? Yes No
(If yes, please attach a copy of the policy or procedure, or provide a detailed description on a separate sheet)
- g. Does the Applicant have any professional services risk management procedures in place?
Yes No
(If yes, please attach a copy of the procedure or provide a detailed description on a separate sheet)
- h. Does the Applicant have a formalized training program for newly hired professional employees? Yes No

11 Claim Information:

NOTE: The Applicant's disclosure of claim information by response to the following questions does not indicate or imply in any way that any act or omission disclosed is covered by this policy.

With regard to the Applicant, Subsidiaries listed in response to question 4 b and Predecessor Firms listed in response to question 4 c, answer the following questions:

- a. During the past 5 years, have any of their principals, partners, directors, officers, or professional employees ever been subject to disciplinary action by any regulatory agency or association? Yes No (If yes, please attach a detailed explanation on a separate sheet)
- b. During the past 5 years, have any of their principals, partners, directors, officers, or professional employees ever had their license revoked or suspended? Yes No (If yes, please attach a detailed explanation on a separate sheet)
- c. After inquiry, have any professional liability or errors and omissions claims been made during the past 5 years against the Applicant, Subsidiaries or Predecessor Firms or any of their past or present principals, partners, directors, professional employees or present independent contractors? Yes No (If yes, please attach a supplemental claim questionnaire)
- d. After inquiry, does the Applicant, Subsidiaries, Predecessor Firms or any of their principals, partners, officers, directors professional employees or independent contractors have knowledge or information of any circumstance or any allegation of contentions of any incident which may result in any claim being made against the Applicant, Subsidiaries, Predecessor Firms or any of their past or present principals, partners, officers, directors, professional employees or present independent contractors? Yes No
(If yes, to c or d above, please attach a supplemental claim questionnaire)
- e. Have all matters in 12c or 12d above been reported to the their former or current insurers?
Yes No

12. Please attach samples of all promotional materials

- 13 a. Prior Professional Liability Insurance of Applicant: (If any Subsidiaries or Predecessor Firms have been listed in questions 4 b and 4 c, attach a separate sheet of paper detailing the information requested below for each Subsidiary and Predecessor Firm):

	Insurer	Limit	SIR/ Deductible	Premium	Claims Made/ Occurrence	Policy Period	Retroactive Date (if any)
Current Year		\$	\$	\$			
Previous Year 1		\$	\$	\$			
Previous Year 2		\$	\$	\$			
Previous Year 3		\$	\$	\$			
Previous Year 4		\$	\$	\$			

- b. Is any extended reporting period currently in effect for the Applicant or any Subsidiary or Predecessor Firm listed in questions 4. b

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and 4. c respectively ? Yes No (If yes, please attach a copy of the endorsement including the effective and expiration dates)

c. During the past 5 years, has any similar professional liability coverage been canceled, declined or non-renewed for Applicant or any Subsidiary listed in question 4.b? Yes No (If yes, please attach a detailed explanation on a separate sheet)

14.a. Limit of Liability requested: _____

b. Deductible requested: _____

Applicant hereby declares, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby, are true, accurate and complete, and that no materials facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the CNA Company to whom this application is made (the "Company") as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

- 1) completion of this application and any supplemental applications or forms does not bind the Company to issue the policy;
2) if a policy is issued, the Company will have relied upon, as representations, this application, any supplement applications and any other statements furnished to the Company in conjunction with this application.
3) all supplemental applications, statement and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof;
4) this application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
5) if a policy is issued, the limit of liability contained in the policy shall be reduced and may be completely exhausted, by the payment of damages and claims expenses. In such event the company shall not be liable for damages or claims expenses to the extent that such cost or amount exceeds the limits of liability of this policy;
6) if a policy is issued, claims expenses which are incurred shall be applied against the deductible or retention amount as provided in the policy;
7) Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant or any Subsidiary or Predecessor Firm listed in questions 4.b and 4.c respectively. Application must be signed by duly authorized partner, officer or director of the Applicant.

Representative: _____ Applicant's Authorized

Signature of Authorized Representative

Print Name of Authorized Representative

Title of Authorized Representative

Date: _____ mo / _____ / _____ day

year

Executive Perils