



GREAT AMERICAN CUSTOM INSURANCE SERVICES, INC.
750 B Street, Suite 1420, San Diego, CA 92101
P.O. Box 1359, North Massapequa, NY 11758

**PROFESSIONAL LIABILITY (FOR SPECIFIED PROFESSIONS)
APPLICATION
(FOR "CLAIMS MADE AND REPORTED" POLICY)**

This is an application for a "claims made and reported" policy. If a policy is issued, this application will attach to and become part of the policy. Please answer all questions. In addition, please supply the following:

- Latest financial data for the past 2 years (annual report or balance sheet).
- Descriptive or promotional brochures, firm resumes, marketing materials or literature.
- Resumes of all principals, partners, officers and professional employees.
- Standard contract used or engagement letter.

Effective Date Requested: _____

Limits Desired:

- \$500,000 each claim and annual aggregate
- \$1,000,000 each claim and annual aggregate
- \$2,000,000 each claim and annual aggregate
- Other _____

Self Insured Retentions: each claim

- \$10,000
- \$15,000
- \$20,000
- \$25,000
- \$50,000
- Other _____

A. PROPOSED APPLICANT:

1. Name of Applicant: _____
(If other than parent firm, supply full details of ownership)
2. Principal Business Address: _____
(If multiple name and locations, please attach list)
3. Business Phone: () _____
4. Date Established: _____ Individual Corporation Partnership Other _____
5. List the names of all predecessor firms of Applicant. (Name only those firms where the Applicant is a successor to the former firm's assets and liabilities.)

6. Where is the firm licensed or registered?: _____

B. PROFESSIONAL ACTIVITIES AND SPECIALTY:

7. Describe in detail the professional services performed by the Applicant for which coverage is desired:

8. Please attach separate lists of:
 - five largest clients and description of work performed for each;
 - names of partners, key employees, etc., and their qualifications;
 - professional societies & organizations to which they or the firm belong(s).
9. What percentage of the Applicant's business involves subcontracting work to others?
_____% Please Describe: _____

10. Are any services provided to any subsidiary, affiliate or any business entity in which the Applicant retains a managing or ownership interest? Yes No If yes, please explain.
11. Is the Applicant engaged in any business other than as described in question 7? Yes No If yes, please attach an explanation and estimated receipts.
12. (A) List the total **gross** receipts during each of the past three years. In addition, please provide the projected receipts for the coming year.

Year	Amount
(a) Current Projected	\$ _____
(b) 19____	\$ _____
(c) 19____	\$ _____
(d) 19____	\$ _____

- (B) For the receipts listed above for the coming year, give the approximate percentage derived from all professional services listed in question 7.

ACTIVITY	% OF RECEIPTS
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

C. TRAINING AND RISK MANAGEMENT:

13. What is the number of principals, partners, officers and professional employees directly:
- (a) engaged in providing services to client? _____
- (b) non-professional employees (clerks, secretaries, etc.)? _____
14. Does the Applicant have a training program for personnel? Yes No If yes, describe in full.
15. Is there a training program or a professional program for the Applicant's professional services conducted by someone other than the Applicant which has been attended by the Applicant or any of its principals, partners, officers, or professional employees? Yes No
If yes, describe the program(s).
16. Is a formal quality control or quality assurance program in effect? Yes No
If yes, please enclose a copy.
17. Have any of the principals, partners, officers, or employees ever been the subject of reprimand, disciplinary or criminal action by federal, state or local authorities as a result of their professional activities? Yes No If yes, attach explanation.
18. Is a written contract used with clients: In all cases Sometimes Never
Please attach a copy of your standard contract.
If a contract is not always used how do you define your responsibility? Please attach an explanation.

D. PRIOR INSURANCE:

19. List all professional liability insurance carried for each of the past three years. If none, state reason for present insurance inquiry: _____

Insurance Company	Limits	Deductible	Premium	Policy Period
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

List Retroactive date on your current Policy: _____

20. Has the Applicant ever had any professional liability insurance cancelled or nonrenewed within the past three years? Yes No If yes, attach explanation.

E. CLAIMS EXPERIENCE:

21. Have any claims or suits been made during the past five years against the Applicant, its predecessors in business, any of the past or present partners, directors, officers, or employees of the Applicant?
 Yes No If yes, state briefly the date, nature and amount, the name of the claimant, and the current status or final disposition of the claim.
22. Is the Applicant (after proper inquiry of each director, officer, partner or employee of the Applicant or any other proposed insured) aware of any circumstance, incidents, situations, or accidents which may result in claim being made against the Applicant, its predecessors in business or any of the present or past partners, officers, directors or employees? Yes No If yes, give full details.
23. Has the Applicant (or any other proposed insured) been involved during the past five years in any disputes with respect to fees or other compensation which may be due for professional services rendered? Yes No If yes, give full details.
24. Is the Applicant (or any other proposed insured) aware of any actual or alleged deficiencies in work where professional services were performed, or actual or alleged deficiencies, errors, or omissions in work by others for whom the Applicant is legally responsible? Yes No If yes, give full details.
25. It is agreed that any claim or lawsuit against the Applicant or any other proposed insured arising from any facts, circumstance, acts, errors or omissions disclosed or required to be disclosed in response to question 22, 23, and 24 above is hereby expressly excluded from coverage under the proposed insurance policy.

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

Warranty:

It is hereby Understood and Agreed, after proper inquiry of each director, officer, partner, or employee of the Applicant or any other proposed insured, that this application and its representation and warranties shall be deemed to be submitted by and on behalf of and be binding upon the Applicant and each and every proposed insured under the policy. It is further agreed that any misrepresentation, non-disclosure, concealment, or breach of warranty in this application shall be binding upon the Applicant and each and every proposed insured under the policy whether or not the proposed insured knew of, committed, or was responsible for such misrepresentation, non-disclosure, concealment, or breach of warranty.

I/We hereby authorize the release of claim information from any prior insurer to the Insurer.

I/We understand and accept that the policy applied for provides coverage on a claims made and reported basis for only those claims that are first made against the Applicant and reported in writing to the Insurer during the policy, that the limits of liability of the policy will include both Damages and Defense Expenses, and that the Insurer will rely upon the truth of the information and statements in this application in deciding whether to issue a policy to the Applicant.

The Applicant agrees that if the information supplied on or attached to this application changes between the time this application is executed and the time that the proposed insurance policy is bound or coverage commenced, the Applicant will immediately notify the Insurer in writing of such changes; and the Insurer fully reserves its rights with respect to the underwriting acceptance or denial of such changes.

Signing this form does not bind the Applicant or the Insurer to complete the insurance, but this application shall be the basis of the insurance should a policy be bound and issued, and shall become part of the policy. The application must be signed to be considered for quotation.

Must be signed and dated by owner, partner or senior officer.

Applicant Signature

Date (Mo/Day/Yr)

Print or Type Name & Title)

ExecutivePerils

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