



HCC Specialty
 37 Radio Circle Drive Mount Kisco, New York 10549
 main (914) 241 8900 facsimile (914) 241 8098

APPLICATION FOR PROFESSIONAL LIABILITY ERRORS & OMISSIONS INSURANCE

IF COVERAGE IS ISSUED, IT WILL BE ON A CLAIMS-MADE AND REPORTED BASIS

NOTICE: THIS INSURANCE COVERAGE PROVIDES THAT THE LIMIT OF LIABILITY AVAILBLE TO PAY JUDGEMENT OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAME OF APPLICANT: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ Zipcode: _____
 WEBSITE ADDRESS: _____

2. LIMIT OF LIABILITY DESIRED

\$500,000 \$1,000,000 \$2,000,000 Other _____

3. DEDUCTIBLE

\$5,000 \$10,000 \$25,000 Other _____

4. Please describe in detail the professional activities for which coverage is desired:

5. Is the applicant engaged in any business or profession other than as described in Item 4?

If yes, please attach an explanation and estimated revenues.

6. List the total gross revenues for the past two years derived from those activities in Question 4. In addition, please list projected revenues for the current year.

YEAR	AMOUNT	*If revenues are over \$10,000,000 or if deductible of \$25,000 or higher are elected, please attach a copy of your most recent financial statements.
a) Current Projected	\$ _____	
b) _____	\$ _____	
c) _____	\$ _____	

6. d) In the last 12 months has the Insured had a positive Net Income? YES NO

Positive Net Equity? YES NO

If No, please provide details including remedial actions taken.

7. For the revenues listed in question 6a), please give the approximate percentage derived from each of the activities listed in Question 4:

ACTIVITY	% OF 6a) REVENUES
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

8. Does the applicant Firm provide professional services to business entities in which it retains an ownership?

YES NO If yes, please explain

9. Year Established: _____

10. Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company?

YES NO If yes, attach an explanation.

Are any activities listed in Question 4 provided to such business enterprise? YES NO

11. a) Numbers of principals, partners, officers and professional employees directly engaged in providing services to clients: _____

b) Number of non-professional employees (clerks, secretaries, etc.): _____

12. Please provide the following:

Name in full of ALL Partners/Principals/ Key Employees	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE	HOW LONG AS PARTNER/ PRINCIPAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. To what professional association(s) does the Applicant Firm belong?

14. Please include a list of Applicants Firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

15. Does the Applicant Firm use a written contract with client?

In all cases Sometimes Never

Please attach a copy of your standard contract(s).

16. Does the applicant use independent contractors? YES NO

If yes, please answer the following:

a. What percentage of the Applicant Firm's business involve subcontracting work to others?

_____ %.

b. What type of services are performed by independent contractors?

c. Is proof that Independent Contractors carry professional liability required? YES NO

17. Has any similar insurance ever been declined or cancelled? YES (If yes, attach explanation) NO

18. a. Is similar insurance currently in force? YES NO
If yes, please provide:

Description of services being covered:

Name of Insurer:

Expiration Date:

Limit: \$ _____ Deductible \$ _____ Premium \$ _____

Length of time coverage has been in force: _____

18. b. Give the following information for General Liability Coverage in force:

Carrier: _____ Limit: \$ _____ Expiration Date: _____

19. Have any of the individuals listed in question No. 12 ever been the subject of disciplinary action by authorities as a result of their professional activities? YES NO If yes, please explain.

20. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her. YES NO

If yes, please complete a Supplemental Claim Information form for each.

21. After inquiry have any claims been made against any proposed Insured(s) during the past five (5) years?

YES NO If yes, please complete a supplemental Claims Information form for each claim.

Also, how many claims have been made in the last five (5) years? _____

It is understood and agreed that with respect to questions 20, 21 and 22 above, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.

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 CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the Applicant:

Title _____
Date _____

This Application Form duly completed, together with any supplementary information, must be signed by the person indicated.

Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.

THIS APPLICATION MUST BE SUBMITTED TO:

HCC Specialty

PROFESSIONAL INDEMNITY AGENCY, INC. OF N.Y.

37 Radio Circle Drive - P.O. Box 5000

Mount Kisco, New York 10549-5000

Email: MPL@hcc.com

**COLLECTION AGENCY/MEDICAL BILLING COMPANY
SUPPLEMENTAL APPLICATION**

1. What measures are taken to assure compliance with the Fair Debt Collection Practices Act and/or the Fair Credit Reporting Act?

2. Please provide us with a complete description of standard operating procedures:

3. List the type of clientele service and approximate percentage of total operations each represents:

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

Date

Name of Applicant

Signature of person authorized
to execute on behalf of the Applicant