



**HCC Specialty**

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## Professional Liability Errors and Omissions Insurance Renewal Application

**THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY**

This Application for Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.

**THIS APPLICATION IS NOT A BINDER**

1. GENERAL INFORMATION			
Name of applicant		Date established	
Street address		Phone	
City, State, Zip		Contact e-mail	
Branch office cities		Website	
2. a. HAS THERE BEEN ANY CHANGE WHATSOEVER IN THE NATURE OF THE APPLICANT'S PROFESSION OR BUSINESS ACTIVITY?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			
b. ARE THERE ANY PLANNED OR ANTICIPATED CHANGES WITHIN THE NEXT 12 MONTHS?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			
3. REVENUE INFORMATION			
a. Projected Gross Revenue \$ _____		b. Prior Year Revenue \$ _____	
4. PLEASE LIST THE APPLICANT FIRM'S FIVE (5) LARGEST JOBS OR PROJECTS FROM THE PAST YEAR.			
Client/Project Name	Nature of Services Performed		Revenues
5. FOR THE REVENUES LISTED IN QUESTION 3 PLEASE GIVE THE APPROXIMATE PERCENTAGE DERIVED FROM EACH ACTIVITY/PROFESSIONAL SERVICE.			
Activity/Professional Service		Percentage of revenue from Q3	
		_____ %	
		_____ %	
		_____ %	
		_____ %	

**6. NETWORK SECURITY and PRIVACY LIABILITY**

Check if not applying for this coverage option.

Complete this section only if your firm is applying for Network Security and Privacy Liability coverage.

\*Depending on the Applicant's responses to the questions below and/or the class of business, additional information and/or supplemental applications may be needed.

**A.** How does your firm store personal information about your clients (including, but not limited to, social security numbers, credit card information, zip codes, etc.)?

**Check all that apply:**

- Electronically
- Physically
- Third Party

**B.** Access to this personal information is controlled by?

**Check all that apply:**

- Password
- Encryption
- Physical Security (e.g. locked doors and file cabinets, etc.)
  
- Other (specify): \_\_\_\_\_

**C.** Does your firm collect credit card information from your customers or vendors?

- Yes  No

**If Yes, how much of your firm's revenue is collected using credit cards?**

- Less than 10%
- 10-25%
- 26-50%
- More than 50%

**If Yes, is your firm [PCI SSC Data Security Standards](#) compliant?**

- Yes  No

**D.** Your firm's computer systems contain which of the following security measures?

**Check all that apply:**

- 2013 or later SSL Protocol implemented
- Firewall
- Intrusion Detection
- Automatic Updates
- Other (specify): \_\_\_\_\_

**E.** Within the last five years has your firm had any of the following

**Check all that apply:**

- A breach of security?
- Unauthorized acquisition, access, use or disclosure of personal information?
- Violation of any privacy law, rule or regulation?
- Transmission of any virus or malicious code?
- None

**If you checked any, explain in detail what happened and the steps taken to mitigate the problem and prevent a recurrence (use additional sheets as necessary):**

**7. NOTICE TO APPLICANT**

**NOTICE: THIS INSURANCE COVERAGE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS 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.**

**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.**

**8. CERTIFICATION AND SIGNATURE**

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to any question of this Application, such information shall be revealed immediately in writing to the Underwriter.

The Application shall be deemed attached to and form a part of the Policy should coverage be bound.

**Must be signed by a Principal, Partner, Officer or Director**

Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant

EOP (09/14)