



Professional Liability Errors and Omissions Renewal Application

If coverage is issued, it will be on a claims-made basis.

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.

Applicant details

1. Name

Address

State Zip

Telephone Fax

Email Website

Year established

2. Limit of liability desired:

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

3. Deductible:

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

4. Has there been any changes whatsoever in the professional activities of the applicant? Yes No

If Yes, please describe in detail:

5. List the total gross revenues for the current year derived from those activities in Question 4. In addition, please list projected revenues for the renewal year.

Year	Amount
a. Current projected:	\$
b. Renewal projected:	\$

6. For the revenues listed in question 5.a., please give the approximate percentage derived from each of the activities listed in Question 4:

Activity	% of 5.a. receipts
	%
	%
	%
	%

7. a. Number of principals, partners, officers and professional employees directly engaged in providing services to clients:

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



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8. 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?

9. Please include a list of applicant firm's five largest jobs or projects during the past year. 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.

Project/Client name	Nature of the services	Revenue obtained

10. Please attach most recent audited financial statements (or recent tax returns) and descriptive or promotional materials.

a. Estimated Gross receipts for current fiscal period:

b. Estimated Cost of Goods Sold for current fiscal period:

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 judgement 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:

Date (mm/dd/yyyy)

This Application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated.

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

A copy of this application should be retained for your records.