

PROFESSIONAL LIABILITY Checklist and Application for Insurance

The following information must be provided in order to receive a quotation for insurance. Please attach all applicable documents.

Name of Applicant:

- Completed and signed Application for Professional Liability Insurance.

- Relevant Supplements.
 - (1) Environmental Consultants
 - (2) Specialty Engineers
 - (3) Testing Laboratories
 - (4) Computer Consultants
 - (5) Financial Management Consultants
 - (6) Construction Managers
 - (7) Claim Form (if applicable)

- Resumes of Key Personnel.

- Photo Copies of all educational certificates and licenses.

- Statement of qualifications.

- Quality Control Manuals.

- Advertising booklets and brochures about the firm's operations.

- Standard written contracts used for professional services, including Indemnity Agreements.

- Standard written specifications used for professional services.

- Copy of past project logs.

- Current financial statement.

- Equipment List.

- Latest Financial Data.

- Five largest clients/jobs.

PROFESSIONAL LIABILITY 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 and supply the following:

- Latest Financial data for the past 2 years (annual report or income statement).
- 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):

- \$5,000 \$10,000 \$25,000 \$50,000 Other: \$

A. Proposed Applicant:

1. Name of Applicant:

(If other than parent firm, supply full details of ownership)

2. Principle Business Address:

(If multiple name and locations, please attach.

Web Address (URL:

3. Business Phone:

4. Date Established:

- Individual Corporation Partnership Other

5. List the names of all predecessor of the applicant. (Name only those firms where the applicant is a successor to the former firms's assets and liabilities):

6. Where is the firm licensed and 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 the following:

- Five largest clients and description of work performed for each.
- Names of key employees, and their professional and educational qualifications.
- Professional societies and organizations to which 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.

12a. List the total gross revenues during each of the past three years and projected revenues for next year.

<u>Year</u>		<u>Revenues</u>
a) Current Projected	\$	<input style="width: 300px;" type="text"/>
b) 20	\$	<input style="width: 300px;" type="text"/>
c) 20	\$	<input style="width: 300px;" type="text"/>
c) 20	\$	<input style="width: 300px;" type="text"/>

12b. For the revenues listed above for the projected year, give the approximate percentage derived from all professional services listed in question 7.

<u>Activity</u>	<u>% of Receipts</u>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
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<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

C. Training and Risk Management

13. What is the number of principals, partners, officers and professional employees directly:

(a) engaged in providing services to clients:

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

14. Does the applicant have a training program for personnel? Yes No If yes, attach description.

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, attach description.

16. Is a formal quality control or quality assurance program in effect? Yes No
If yes, please attach 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 written contract is not used in all cases. Please provide an explanation.

D. Prior Insurance

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

<u>Insurance Company</u>	<u>Limits</u>	<u>Deductible</u>	<u>Premium</u>	<u>Policy Period</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List Retroactive date on your current Policy:

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

E. Claims Questions

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, give full details.
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 circumstances, 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, circumstances, 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 representations 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 policy 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)