

RENEWAL APPLICATION FOR SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY

INSTRUCTIONS:

The purpose of this application is not only to provide **Us** with underwriting and rating information, but more importantly, to help make certain **You** and **We** have a meeting of minds about what the renewal policy, if issued, will cover and what it will not. To assist **You** in providing updated information, a copy of **Your** original Specialty Errors and Omissions application and all subsequent renewal applications (if applicable) are attached. Thank **You** for taking the time to provide **Us** with accurate information.

1. Answer all questions. If any question does not apply, explain why not.
2. If space is insufficient, continue answers on **Your** letterhead.
3. The application must be signed and dated by a principal, partner, officer or director of the firm.

PROPOSED INSURED (APPLICANT):

1. Name, Address, Zip Code, Telephone number and Website address of **Your** firm:

Name

Street Address

City, State, Zip Code

Telephone Number

Website Address

2. Is coverage desired for any subsidiary(ies), affiliate(s), or other related entity(ies) not already named on the policy?
 Yes No
If yes, provide the following information for each by attachment: Name, city, state, date established, description of operations and relationship to **You** including percentage of ownership, if applicable.

All remaining questions on this application apply to the persons or entity(ies) for which You are requesting coverage.

3. A. Within the last year, have **You** acquired any business, or have **You** merged or consolidated with any entity?
 Yes No

If yes, provide the following information:

Name of Entity	Date of Transaction	Type of Transaction (acquisition, merger or consolidation)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- B. In any of the transactions listed in 3.A. above, did **You** assume the liabilities (i.e., responsibility for prior acts) of the acquired, merged or consolidated entity? Yes No
 If yes, provide details of the liability(ies) assumed.

OPERATIONS:

4. Have there been any changes in **Your** name, management/technical personnel, operations or standard contracts during the past year which have not been reported to **Us**? Yes No If yes, provide details below or by attachment.
5. Are any changes in **Your** name, management/technical personnel, operations or standard contracts anticipated for the coming year? Yes No If yes, provide details below or by attachment.
6. Have **You** added any certified or licensed professionals to **Your** staff who provide services to **Your** clients (i.e., architect, engineer, attorney, CPA, medical practitioner, actuary, insurance agent or broker, etc.)? Yes No
 If yes, describe what services they provide.
7. Provide the following information regarding **Your** income:

Domestic Operations	Past 12 Months	Current 12 Months	Estimate For Coming Year
Gross billings, sales, fees, commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____
Foreign Operations			
Gross billings, sales, fees, commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____

GENERAL LIABILITY:

8. Provide the following information for General Liability Coverage currently in force.

Company	Limit	Deductible	Policy Term
_____	\$ _____	\$ _____	_____

Does the policy above include coverage for Products/Completed Operations Hazards? Yes No

CHANGES IN TERMS AND CONDITIONS:

9. Do **You** propose any changes in the provisions of the policy for **Our** consideration? Yes No
 If yes, please describe.

10. Limit of Liability desired: _____

Deductible: _____

REPRESENTATIONS:

By signing this application, You agree that:

- A. The statements and answers given in this renewal application and any attachments to it are accurate and complete;
- B. The statements and answers **You** furnish to **Us** are representations **You** make to **Us** on behalf of all persons and entities proposed for coverage;
- C. Those representations are a material inducement to **Us** to provide a proposal for insurance;
- D. Any policy **We** issue will be issued in reliance upon those representations;
- E. **You** will report to **Us** immediately, in writing, any material change in **Your** operations, conditions or answers provided in this application that occur or are discovered between the date of this renewal application and the effective date of any policy, if issued;
- F. **We** reserve the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance **We** have offered; and
- G. Since this is an application for renewal of a policy issued by **Us**, **Your** representations include the representations made in **Your** original signed Specialty Errors and Omissions Liability Application, but only as of the inception date of the original policy issued by **Us**. The representations **You** make on the renewal application(s) apply as of the inception date of **Your** renewal policy(ies), if issued.

WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND IN NEW YORK SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Date

Your Signature

Your Title

To Be Completed By Producer(s) Only:

<p><u>RETAIL PRODUCER</u> PRODUCER NAME: CITY, STATE: TELEPHONE NUMBER:</p>
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ExecutivePerils

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dba: Executive Perils Insurance Services

Note: Agent/broker is responsible for collection and filing of any surplus lines taxes and fees that may apply.