



NEW BUSINESS APPLICATION
MISCELLANEOUS PROFESSIONAL LIABILITY
PLATINUM MANAGEMENT PROTECTION

NOTICE: COVERAGE FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS MEANING, EXCEPT AS OTHERWISE PROVIDED, COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD. DEFENSE EXPENSES ARE INCLUDED WITHIN THE LIMIT OF LIABILITY AND REDUCE THE LIMIT OF LIABILITY FOR THE POLICY.

CAREFULLY READ THE ENTIRE POLICY FOR WHICH THIS APPLICATION IS MADE AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER. WORDS AND PHRASES WHICH ARE PRINTED IN BOLD ITALIC TYPEFACE HAVE SPECIFIC MEANING AND ARE DEFINED IN SECTION IV. OF THE POLICY.

THE APPLICATION, ITS ATTACHMENTS AND ALL PREVIOUS APPLICATIONS AND THEIR ATTACHMENTS SHALL SERVE AS THE BASIS OF THE POLICY, AND SHALL BECOME PART OF SUCH POLICY SHOULD A POLICY BE ISSUED, AS IF PHYSICALLY ATTACHED. THE INSURER RELIES UPON THE APPLICATION IN ISSUING THE POLICY. COMPLETION OF THIS APPLICATION DOES NOT IN ANY WAY IMPLY SUCH COVERAGE UNDER THE POLICY. COVERAGE IS AFFORDED ONLY IF AND TO THE EXTENT INDICATED BY THE TERMS AND CONDITIONS OF THE POLICY IF ISSUED.

1. Proposed Named Insured (Applicant)

Three horizontal lines for entering the name of the proposed named insured.

State of Incorporation: \_\_\_\_\_ Number of years Applicant in 1. above, in business: \_\_\_\_\_

Street Address (not just P. O. Box):

Horizontal line for street address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

List all other locations from where services are provided: \_\_\_\_\_

Two horizontal lines for listing other service locations.

List Names of all subsidiaries of the Applicant: \_\_\_\_\_

Horizontal line for listing subsidiaries.

2. Nature of Entity: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Liability Corporation or Partnership \_\_\_\_\_ Sole Proprietorship

\_\_\_\_\_ Other (provide details) \_\_\_\_\_

Two horizontal lines for providing details of other entity types.

3. Full description of each professional service for which insurance is requested AND indicate after each professional service, the percent of the Applicant's revenues derived from each: (if more than one, please number each)

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4. Is Applicant engaged in any other profession, business or operation other than answered in question 3.? Yes  No   
If "Yes", detail below such other professions, operations and businesses including names and operations/services/products:

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5. Is the Applicant owned or controlled by, or does it own or is it affiliated or associated with, any other firm or business enterprise or joint venture not listed in answer to question 1.? (If "Yes", provide details below) Yes  No

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6. In the 24 months preceding the date this application is being signed has the Applicant or its principals been engaged in any other business or profession other than detailed in answer to questions 3., 4. and 5. ? (If "Yes", provide details below) Yes  No

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7. (a) Did the Applicant's operations or services change significantly in the past twelve months? Yes  No   
(b) Does the Applicant anticipate any significant changes to its operations or services in the next twelve months? Yes  No   
(If "Yes", provide explanation below)

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8. Please complete for EACH principal, partner and key employee engaged in the services listed in the answer to question 3.

Name	Professional Designation	Number of years of experience in services listed in question 3.	Number of years employed with the Applicant
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9. Detail current, total staff size, inclusive of those persons identified in question 8., broken down as follows:

	Full time	Part time	
Partners, Principals	_____	_____	
Employees with professional expertise	_____	_____	
All other employees	_____	_____	
 TOTAL STAFF	 _____	 _____	 GRAND TOTAL: _____

10. Does the Applicant make use of independent contractors, or of subcontractors to perform professional services listed in answer to question 3.? If "No", skip to question 11. If "Yes", answer a), b), c) and d) below. Yes  No

a) Does the Applicant or its principals have an ownership in any independent contractor or subcontractor? Yes  No   
If "Yes", provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Describe services performed by independent contractors and by subcontractors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) Does the Applicant require every independent contractor and subcontractor to provide the Applicant with evidence of the maintenance of professional liability insurance which is applicable to the services provided by the independent contractor or subcontractor for the Applicant on an annual or on a per assignment basis? Yes  No

d) What percentage of Applicant's gross revenues for the past 12 months were from services performed by independent contractors or subcontractors? \_\_\_\_\_ %. What is estimate for the next 12 months? \_\_\_\_\_ %

11. (a) Applicant's fiscal year ends on: Month: \_\_\_\_\_ Day: \_\_\_\_\_

(b) List Applicant's gross revenues for the professional services listed in answer to Question 3. for the appropriate fiscal year:

Prior fiscal year	_____ (YYYY)	\$ _____
Current fiscal year	_____ (YYYY)	\$ _____
Projected, next fiscal year	_____ (YYYY)	\$ _____

12. Provide the following information on Applicant's FIVE largest clients (by revenue to the Applicant) in the past 12 months:

Full Name of Client	Total Revenue Upon Completion	Professional Services Performed
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

13. (a) Does Applicant use a standard contract or written agreement as a basis for all contracts? (if "Yes", please attach) Yes  No   
 (b) Are all such written contracts or agreements reviewed by your staff counsel or by your outside law firm? Yes  No   
 (c) Do such contracts or written agreements contain guarantees or warranties in favor of your clients? Yes  No   
 (d) Do such contracts or written agreements limit Applicant's liability to the client in the event of a default by the Applicant? Yes  No

(e) What percent of all Applicants' clients are receiving services under a written contract or agreement with Applicant: \_\_\_\_\_%

14. (a) Does Applicant have a written training program for employees? Yes  No   
 (b) Does Applicant have a written procedural manual for employees to follow? Yes  No   
 (c) Does Applicant require continuing education for employees holding professional designations? Yes  No

15. (a) Provide the following details regarding Applicant's current and previous Professional Liability Insurance (a/k/a Errors and Omissions Liability) by answering each column starting with your current policy (IF NONE, CHECK BOX PROVIDED):

Policy	Insurance Company (Not Agent)	Effective and Expiration dates (MM/DD /YYYY) format	Limit of Liability	Deductible	Premium
Current Policy None <input type="checkbox"/>		To	\$	\$	\$
1 <sup>st</sup> Prior Policy None <input type="checkbox"/>		To	\$	\$	\$
2 <sup>nd</sup> Prior Policy None <input type="checkbox"/>		To	\$	\$	\$
3 <sup>rd</sup> Prior Policy None <input type="checkbox"/>		To	\$	\$	\$

- (b) Has any Insurer canceled or non-renewed any coverage applied for herein? (Not applicable in Missouri) Yes  No   
 If "Yes", provide details including reason stated by Insurer.

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16. Has the Applicant, any of its directors, officers, partners, principals, managing members or employees ever been:  
 (a) a defendant in any criminal action or proceeding alleging violation of any local, state or federal law or regulation? Yes  No   
 (b) a defendant in any lawsuit, administrative or regulatory proceeding action or charge in the last five years? Yes  No   
 (c) subject to any disciplinary action, license revocation, fine or penalty resulting from professional activities? Yes  No   
 (d) the subject of any investigation by any local, state or federal office or agency? Yes  No

If "Yes" to (a), (b) (c) or (d), submit with this application a full narrative detailing the dates, allegations, circumstances, responses, appropriate documents, current status and/or final disposition of such matters.

17. In the past FIVE years has the Applicant, any of its Directors, Officers, Partners, Principals, Managing Members or employees, been alleged to have committed, or have become aware of, an error or omission in the performance of its/their professional services? Yes  No

If "Yes", a completed **SUPPLEMENTAL CLAIM APPLICATION** for each such event is required.

NOTICE TO ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO ARIZONA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO CALIFORNIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT *CLAIM* FOR THE PAYMENT OF A *LOSS* IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY *INSURER*, FILES A STATEMENT OF *CLAIM* OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

NOTICE TO HAWAII APPLICANTS: "FOR OUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH."

NOTICE TO IDAHO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO INDIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION COMMITS A FELONY."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT ACT, WHICH IS A CRIME."

NOTICE TO LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT *CLAIM* FOR PAYMENT OF A *LOSS* OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR DENIAL OF INSURANCE BENEFITS."

NOTICE TO MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT TO PRISON."

NOTICE TO MASSACHUSETTS APPLICANTS: "ANY PERSON HOW KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A *CLAIM* WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN *INSURER* IS GUILTY OF A CRIME."

NOTICE TO MISSOURI APPLICANTS: "*DEFENSE COSTS* PAID UNDER THE POLICY PROVISIONS WILL REDUCE THE AVAILABLE LIMIT OF LIABILITY AND MAY EXHAUST THEM COMPLETELY."

NOTICE TO NEBRASKA APPLICANTS: "ANY PERSON HOW KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

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 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 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."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO WITH INTENT TO DEFRAUD OR KNOWING HE IS FACILITATING A FRAUD AGAINST AN *INSURER*, SUBMITS AN APPLICATION OR FILES A *CLAIM* CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO OREGON APPLICANTS: "ANY PERSON HOW KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO PENNSYLVANIA APPLICANTS: "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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT TO PRISON."

18. Is the Applicant, any of its directors, officers, partners, principals, managing members or employees aware of any fact, circumstance, situation, transaction, event, error or omission which it, (s)he (they) would suppose might afford grounds for a *Claim* which could fall within the scope of coverage applied for herein, or which indicates the possibility of any such *Claim*?

NO  YES  If "YES" provide full details:

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**NOTICE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS AND REMEDIES OF THE *INSURER*, ANY *CLAIMS* ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ERROR OR OMISSION DISCLOSED OR WHICH SHOULD HAVE BEEN DISCLOSED ABOVE WILL BE EXCLUDED FROM THE COVERAGE AS TO ALL *INSUREDS*.**

Completion and/or signing of this application does not bind the Applicant to purchase, nor the *Insurer* to provide, any insurance policy; however, no policy can be issued unless the application is properly completed, signed and dated.

The signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective *Insureds* and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the *Insurer* of such and shall provide the *Insurer* with information that would complete, update or correct the application or materials submitted therewith. The *Insurer* may withdraw or modify any of the terms or conditions of coverage accordingly.

**ALL WRITTEN STATEMENTS, SUPPLEMENTAL APPLICATIONS AND MATERIALS FURNISHED TO THE *INSURER* IN CONJUNCTION WITH THIS APPLICATION ARE INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART THEREOF, AND DEEMED ATTACHED HERETO.**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

SIGNATURE \* \_\_\_\_\_ PRINTED NAME\* \_\_\_\_\_

**\* MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL *INSUREDS*.**

\*TITLE OF SIGNATORY: \_\_\_\_\_ DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Checklist for items required to be submitted with this application:

- Specimen of Applicant's standard contract used for clients
- Specimen of Applicant's standard contract used for independent contractors and subcontractors
- Resumes of Applicant's key employees with professional expertise
- Applicant's promotional and marketing materials
- Applicant's current financials
- Claim Questionnaire (s) if question 17. is answered "YES"
- Application Supplement for certain professions

PLEASE COMPLETE THIS SUPPLEMENTAL APPLICATION FOR THE PROFESSION SHOWN IN THE TITLE ABOVE. THIS IS A SUPPLEMENTAL APPLICATION TO THE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM MEO 101 (08/08) OR MEO 102 (08/08) WHICH MUST BE COMPLETED AND ACCOMPANY THIS SUPPLEMENTAL APPLICATION. THIS SUPPLEMENTAL APPLICATION MUST BE SIGNED BY THE SAME PERSON WHO IS REQUIRED TO SIGN THE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION.

THIS SUPPLEMENTAL APPLICATION ALONG WITH MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM MEO 101 (08/08) OR MEO 102 (08/08) ITS ATTACHMENTS AND ALL PREVIOUS APPLICATIONS SHALL SERVE AS THE BASIS FOR THE POLICY AND SHALL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THE *INSURER* RELIES ON THE APPLICATION AND THIS SUPPLEMENTAL APPLICATION IN ISSUING THE POLICY. COVERAGE IS AFFORDED ONLY IF AND TO THE EXTENT INDICATED BY THE TERMS AND CONDITIONS OF THE POLICY IF ISSUED.

1. Applicant Name (SHOULD MATCH THAT GIVEN IN ANSWER TO QUESTION #1 OF THE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM MEO 101 (08/08) OR MEO 102 (08/08))

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Indicate the number of staff by categories listed below (count each person only once):

<u>Description</u>	<u>Full Time</u>	<u>Part Time</u>	<u>Total</u>
Principals	_____	_____	_____
Licensed Brokers (employees and independent contractors)	_____	_____	_____
Licensed Agents (employees and independent contractors)	_____	_____	_____
Property Management employees	_____	_____	_____
Appraisal employees	_____	_____	_____
Insurance Department employees	_____	_____	_____
Clerical employees	_____	_____	_____
Other employees (*)	_____	_____	_____
TOTAL STAFF:	_____	_____	_____

(\*) Describe duties/services/titles of all such employees: \_\_\_\_\_

\_\_\_\_\_

3. Indicate the average sales price of the prior year's closed residential sales transactions: \$ \_\_\_\_\_
4. What was the highest residential sales price in the past 12 months? \$ \_\_\_\_\_ ; highest commercial \$ \_\_\_\_\_
5. (a) Is the Applicant a member of any national franchise, referral or relocation organization?  Yes  No  
If yes, please indicate franchisor name(s): \_\_\_\_\_
- (b) Does franchisor require Applicant to insure franchisor under the policy for which you are applying?  Yes  No



6. Indicate transactions and fees and commissions before expenses and before splits with others, in these categories:

<u>Description</u>	Gross Revenue Last 12 Months	Number of Transactions	% Sold with Warranty	Projected Revenues Next 12 Mos.	Projected # of Transactions Next 12 Months
Residential sales (including farms)					
Commercial sales (including residential property over 5 units) and commercial agriculture.)					
Vacant land zoned for residential usage					
Residential Property Management					
Commercial Property Management					
Farm Management					
Residential Real Estate Leasing					
Commercial Real Estate Leasing					
Real Estate Consulting					
Mortgage Brokerage					
Referral					
Other (describe)					
<i>Total</i>					

7. (a) Indicate the total number of transactions in the past 12 months in which the Applicant represented both the buyer and the seller in the sale of real property: \_\_\_\_\_ .  
 (b) On a separate attachment to this Supplement, describe your risk management procedures and formalized processes undertaken to reduce potential for claims arising out of such dual representation.

8. Is the Applicant, or any subsidiary, parent or other related organization, or any officer, director or employee of Applicant or any subsidiary or other related organization, engaged in any of the following?

- Real Estate Development, Construction or Construction Management  Yes  No
- Mortgage Brokerage  Yes  No
- Mortgage Banking  Yes  No
- Business Opportunity Brokerage  Yes  No
- Formation, management, organization or sales of group investments or syndications including limited partnerships, general partnerships, real estate investment trusts or corporations  Yes  No
- Insurance Agency or Brokerage  Yes  No
- Title Search, Abstractor or land surveying  Yes  No
- Escrow Agency  Yes  No
- Property Inspection  Yes  No
- Auctioneering Services  Yes  No
- 1031 real estate transactions  Yes  No

For YES responses in question 8. attach a separate sheet attached to this Supplement with (a) a complete description of services provided and (b) revenue derived from each specific activity.

9. Does any client represent greater than 10% of the Applicant's annual gross revenue?  Yes  No  
 If yes, please (a) identify the client (s) and (b) describe services performed and (c) detail any ownership or investment relationship the Applicant has with the client(s) :

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10. Does the Applicant ever have any direct or indirect beneficial ownership interest as a buyer or a seller of real property?  Yes  No  
 If "Yes", attach a separate sheet to this Supplement detailing the following information: (a) the number of transactions in which the Applicant sells property in which any ownership interest is maintained; (b) the percentage of ownership maintained by the Applicant in each such property; (c) the total revenue derived from the sale of each such property; (d) what quality control procedures are currently in place to assist in avoidance of claims alleging self dealing; (e) what disclosures are made, and to whom, regarding Applicant's ownership interests?

11. Regarding internal procedures, practices and risk management: techniques, does the Applicant::

- a. have an in-house procedures manual?  Yes  No
- b. have in-house training sessions?  Yes  No
- c. have a specific training program for new sales associates?  Yes  No
- d. use standard real estate trade association purchase/sale contracts?  Yes  No
- require all agents to perform a physical inspection of the property?  Yes  No
- require use of all applicable state required disclosure forms?  Yes  No
- use a closing document checklist?  Yes  No
- e. use legal counsel to review contracts and disclosure forms, and for compliance matters?  Yes  No
- f. offer a Home Warranty Program to Residential Clients?  Yes  No

12. Do you manage property?  Yes  No **If NO, skip to question 22.**

13. Please provide a breakdown below of all properties managed during the past fiscal year:

<u>Market Property Type</u>	<u>Number of Units</u>	<u>Gross Property Management Income</u>	<u>Estimated Property Value</u>
a. 1-4 Family Residential		\$	\$
b. Apartments		\$	\$
c. Condos & Co-Ops		\$	\$
d. Shopping Centers		\$	\$
e. Office Buildings		\$	\$
f. Commercial/Industrial		\$	\$
g. Farms		\$	\$
h. Other		\$	\$

14. Does the Applicant or any of its principals, owners, directors, officers, partners, employees or family members have any ownership Interest in any property managed by the Applicant?  Yes  No  
 If Yes, attach a separate sheet to this Supplement detailing: (a) the number of transactions in which the Applicant manages property in which any ownership interest is maintained; (b) the percentage of ownership maintained by the Applicant in each such property; (c) the total revenue derived from the management of each property; (d) what quality control procedures are currently in place to assist in the avoidance of potential self dealing claims and provide the proper disclosures to all parties involved in the transaction.

15. Is the Applicant certified as a property manager?  
 If yes, please indicate certification. \_\_\_\_\_

16. Is a budget prepared for each property managed?  Yes  No  
 If no, please explain. \_\_\_\_\_

17. Is a credit report and reference check obtained on each prospective tenant?  Yes  No  
 If no, please explain. \_\_\_\_\_

18. Does the Applicant manage any properties under contract with a financial institution, regulatory body or on behalf of any trustee for properties in receivership, or any other form of bankruptcy protection?  Yes  No

If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. Is Applicant responsible for maintaining insurance coverage on properties managed?  Yes  No

20. Are all properties insured for comprehensive general liability with limits of liability of at least \$1,000,000 for each occurrence?  Yes  No

If no, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Are certificates of insurance obtained on all properties?  Yes  No

If no, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. Do you appraise real estate?  Yes  No; **If No, skip #23 through #30 and sign and date Supplement.**

23. Please provide breakdown of real estate appraisals and fees for the most recent fiscal year.

Type of Property	Number of Appraisals	Appraisal Fees
Single Family Dwelling		
Commercial Property		
Industrial Property		
Multi Unit Residential		
Farms and Ranches		
Land		
Personal Property		

24. Are appraisal fees charged always independent of the appraisal value?  Yes  No

If no, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

25. Has Applicant ever conducted an appraisal on property in which the Applicant or any of its principals, owners, partners, directors, officers, employees or family members had an ownership interest?  Yes  No

If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

26. Does or has the Applicant or any of its principals, owners, directors, officers or employees have an ownership interest in any loan company, mortgage broker, mortgage company or other lender?  Yes  No

If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

27. Does, or has, any bank, savings & loan, mortgage broker or mortgage company or any other lender have an ownership interest in the Applicant?  Yes  No

If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

28. Please complete this chart regarding appraisal clients by category, for the most recent fiscal year.

Type of Client	Number of Appraisals	Appraisal Fees
Seller		
Prospective Buyer		
Owner (for purposes other than sale)		
Lender/Financial Institution		
Estate or Tax		
Developer		
Investor/ Syndicator		
Other, describe		

29. Do Applicant's appraisals always include?

- a. Name of client?  Yes  No
- b. A statement of purpose of the appraisal?  Yes  No
- c. A definition of the value estimated?  Yes  No
- d. A description of the property and interest being appraised?  Yes  No
- e. A summary of facts upon which the appraisal is based?  Yes  No
- f. A statement of conclusions reached and list of any qualifications or limitations?  Yes  No
- g. A statement of assumptions and conditions?  Yes  No
- h. A statement that the appraiser does not (or does) have a present interest in the property, and, if so, provide a description of interest?  Yes  No
- i. Photographs of the property?  Yes  No

30. Furnish the following for all individuals involved in conducting appraisals:

Name of Appraiser	Years of Experience	Professional Association Membership	Type of License

THIS SUPPLEMENTAL APPLICATION MUST BE SIGNED AND DATED BY THE SAME PERSON REQUIRED TO SIGN AND DATE MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FORM #MEO 101 (08/08) OR #MEO 102 (08/08).

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_