

# MUTUAL MARINE OFFICE

**MUTUAL MARINE OFFICE, INC.**  
919 Third Ave 10<sup>th</sup> floor  
New York, NY 10022

**APPLICATION FOR PROFESSIONAL  
LIABILITY INSURANCE  
(CLAIMS-MADE FORM)**

1. NAME OF APPLICANT: \_\_\_\_\_

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

2. MAILING ADDRESS: \_\_\_\_\_

Phone No. \_\_\_\_\_

(If multiple name and locations, please attach list)

3. DATE ESTABLISHED \_\_\_\_\_ Corporation?  Partnership?  Individual?

4. Is the firm owned by, associated with or controlled by any other business?  Yes  No If yes, give details \_\_\_\_\_

Gross Fees & Receipts estimated for new policy year: \_\_\_\_\_ (attach your most recent audited financials)

a) Actual Fees & Receipts for past three years: 20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_ 20 \$ \_\_\_\_\_

5. PROFESSIONAL ACTIVITIES AND SPECIALTY (Attach narrative description if necessary)

a) Describe in **detail** the professional activities for which coverage is desired (and indicate percentage of gross receipts derived from each activity)

b) Please attach separately lists of:

(i) five largest clients and description of work & respective percentage performed for each:

(ii) names of partners, key employees, etc. and their professional qualifications (include resumes):

(iii) professional societies & organizations to which they or the firm belong(s):

(iv) Advertisements, brochures, descriptive literature, website address

(v) Sample contract between you and your clients outlining services to be rendered; latest financial data (Annual Report or balance sheet).

(vi) Latest financial statements

6. Please indicate the approximate percentages of the professions in which your firm is engaged:

_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

7. Number of professionals \_\_\_\_\_ total number of employees \_\_\_\_\_

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8. a) Is the applicant **engaged** in any business or profession other than described in Item 5a ? : \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Give details of any new services or operations contemplated or material changes in business emphasis planned for the coming year: \_\_\_\_\_

\_\_\_\_\_

9. Give Professional Liability coverage for the last five years for the firm:

Carrier	Limit	Deductible	Premium	Expiration Month/Day/Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If expiring insurance is a claims made policy, what is the retroactive d \_\_\_\_\_

10. a) List the number of **errors & omissions/professional liability claims** for applicant, or any predecessor firm, in the past 5 years:  0  1  2  3  4  5 or more

List all professional liability claims with a complete loss run history describing the incident which caused the claim, the date it occurred, the amount of reserve or indemnity paid and estimated expenses paid as respects the claim. Please detail what remedial measures have been taken to mitigate/prevent future recurrences.

\_\_\_\_\_

\_\_\_\_\_

b) List any known incidents which might give rise to a professional liability claim \_\_\_\_\_

\_\_\_\_\_

none

c) Has any insurer cancelled or refused to renew any similar insurance during the past five years?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

NOTE: It is agreed that claims made prior to the inception of the policy period are excluded from this proposed coverage.

11. Limits of Liability requested \_\_\_\_\_ Deductible requested \_\_\_\_\_

12. Desired term of policy From \_\_\_\_\_ To \_\_\_\_\_

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The applicant understands that answers to these questions are material to the underwriting decision process and relied upon by the carrier's underwriters. The completion of this application does not bind the carrier to coverage nor the applicant to purchase insurance, but any subsequent policy issued will be in full reliance upon the statements and representations made in this application and this application will be considered a part of the policy.

\_\_\_\_\_  
Date Signature of Applicant Printed Name Title

\_\_\_\_\_  
Producer