

PROFESSIONAL LIABILITY INSURANCE APPLICATION

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY WHICH, SUBJECT TO ITS VARIOUS TERMS AND CONDITIONS, APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. CLAIMS EXPENSES REDUCE AND MAY EXHAUST THE COVERAGE LIMITS, AND ARE SUBJECT TO THE DEDUCTIBLE.

1. Name of Applicant: _____

Principal Address: _____

Other Locations: _____

2. Date Established: _____

3. Applicant is: Corporation _____ Partnership _____ Individual _____

4. During the past five years, has the name of the Applicant been changed, has any other business been purchased or has any merger or consolidation taken place?
____ Yes ____ No If "Yes", provide details, including changes in activities and personnel.
(Attach additional sheet if necessary)

5. Describe in detail the types of professional services performed. (Attach additional sheet if necessary.)

6. Gross receipts for each of the past three years:

<u>Year</u>	<u>Receipts</u>
_____	_____
_____	_____
_____	_____

Projected gross receipts for current year: _____

7. For the receipts listed in response to Question 6, please state the approximate percentage derived from each of the services listed in response to Question 5:

<u>Services</u>	<u>% of Receipts</u>
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8. Identify and describe briefly your five largest jobs or projects during the past three years (include name of job/project, nature of services performed, and revenues obtained):

9. For what types of claims or exposures do you require coverage?

10. (a) What safeguards or procedures do you employ to avoid such claims or exposures?
(Attach additional sheet if necessary.)

(b) Do you conduct any background review regarding new clients? Yes No
If Yes, please describe. (Attach additional sheet if necessary.)

11. (a) Do you require a written contract or agreement for services with your clients?
 Yes No

(b) If Yes, do such contracts contain:
 Hold harmless or indemnity agreements to your benefit
 Hold harmless or indemnity agreements to your clients' benefit
 Guarantees or warranties
 Specific description of the services you will provide

(c) If No, describe terms under which work is accepted:

12. (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.): _____

13. Please provide the following:

<u>Names of Partners, Principals & Key Employees</u>	<u>Professional Qualifications</u>	<u>Date Qualified</u>	<u>Years in Practice</u>	<u>Years as Partner/Principal</u>
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19. Requested policy inception date: _____
Requested Limits: _____
Requested Deductible: _____

20. Attach copies of:
- (a) most recent annual report or financial statement;
 - (b) standard contract with clients; and
 - (c) advertisements, brochures or other material describing your services.

The undersigned being authorized by, and acting on behalf of the Applicant and all persons or concerns seeking insurance, has read and understands this application and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, that may render inaccurate, untrue or incomplete any statement made herein will be immediately reported in writing to the Company.

The Applicant understands and accepts that the policy applied for pursuant to this application, subject to its various terms and conditions, applies **ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE** and that coverage ceases with the termination or cancellation of the policy unless the Applicant exercises any extended reporting period option that may be available to it in accordance with such policy's terms.

The signing of the application does not bind the undersigned to purchase the insurance, nor does receipt or review of the application bind the Company to issue a policy. It is agreed that if a policy is issued, it is issued in reliance upon the statements in the application.

Representation: The Applicant warrants and represents that the information contained herein and in the sheets attached hereto and made a part hereof is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. The Applicant further represents that it has not withheld any information which is reasonably likely to influence the judgment of the Company considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc). If the Applicant has withheld any such information, the Applicant understands that its coverage may be voided. The Applicant further understands that its failure to disclose any information in its possession regarding possible acts, errors or omissions which may lead to a claim will relieve the Company of any obligation under the policy.

"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 authorizes the Company, its agent and representatives to secure any information from its current and previous insurance carriers.

Date: _____

Name of Applicant

By: _____

Title: _____