



MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE

RENEWAL APPLICATION

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS LIMITED TO LIABILITY FOR WRONGFUL ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE COMPANY NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY.

THE LIMITS OF LIABILITY AVAILABLE TO PAY DAMAGES, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR CLAIMS EXPENSES AND DAMAGES SHALL ALSO BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

Complete this application in full and attach all required materials. If coverage is bound, this application and the materials submitted with it will be attached to the Policy and will constitute a part thereof.

1. Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Risk Manager: _____ **e-mail address:** _____

2. a) Please provide the following information for all subsidiaries for which coverage is desired (attach a schedule if necessary):

<u>NAME</u>	<u>LOCATION</u>	<u>NATURE OF BUSINESS</u>	<u>PERCENTAGE OWNED BY APPLICANT</u>
-------------	-----------------	---------------------------	--------------------------------------

b) Has the applicant changed its name? ___ Yes ___ No
Has the applicant changed its organizational format during the last year (reorganization, divestitures)?
___ Yes ___ No **If yes, please provide an explanation.**

c) Has the applicant acquired or been acquired by another company? ___ Yes ___ No
Is the acquired or acquiring firm in the same business as the applicant? ___ Yes ___ No
Please provide an explanation.

3. Please describe in detail the Professional Services performed by the Applicant or any of the entities identified in Question 2 for which coverage is desired. Please specifically highlight anything that is different from the expiring policy.

4. a) Please indicate the Applicant's fiscal year end date: ___/___(month / day)

b) Please indicate the following for the Professional Services identified in Question 3:

Gross Revenue	Past 12 Months	Current 12 Months	Projection for Next Year

c) Please attach a copy of the Applicant's most recent Financial Statement (10K) or copies of the Applicant's most recent audited financials, or the Applicant's current annual report.
If such attachments are not included, please explain on a separate sheet.

d) Are any changes anticipated in the size or nature of the Applicant's business in the next 12 months?
 ___ Yes ___ No **If yes, please provide an explanation.**

5. For the Gross Revenue indicated in Question 4 b) for "Current 12 Months", please complete the following:
 Where percentages are asked for, the total should equal 100%.
 Please indicate which of the following is being supplied:
 Transactions ___ Projects ___ Engagements

Professional Services	Percentage of Gross Revenues from Question 4 b)	No. of Transactions/ Projects/Engagements

6. Please indicate the number of personnel in each of the following categories:

- a) principals, partners, directors, officers and professional employees: _____
(Professional Employees are employees performing professional services on behalf of the Applicant)
- b) non-professional (clerical) employees: _____
- c) independent contractors performing professional services on behalf of the Applicant: _____

7. a) Does the Applicant require a written contract or agreement for Professional Services with all of its clients?
 ___ Yes ___ No

If the Applicant responded "No" to question 7 a), please provide complete details on a separate sheet.

- b) Do such contracts or agreements contain (check all that apply):
 ___ Hold Harmless or indemnity agreements inuring to Applicant's benefit.
 ___ Hold Harmless or indemnity agreements inuring to the Client's benefit.
 ___ A limitation of the Applicant's liability.
 ___ Specific description of the Professional Services Applicant is to provide.

c) Does the Applicant ever warrant or guarantee its Professional Services? ___ Yes ___ No

If the Applicant responded "Yes" to question 7 c), please explain on separate sheet.

8. The applicant is to attach samples of any new promotional materials or new standard contracts utilized during the past year. Samples attached? ___Yes ___No

NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY

The undersigned authorized representative of the Applicant, based upon reasonable inquiry, warrants to the best of its knowledge that the statements set forth herein are true and include all material information.

The Applicant further warrants that if the information supplied on this application changes materially between the date of this application and the inception date of the policy, it will immediately notify the insurance company of the changes. Signing of this application does not bind the Company to offer nor the Applicant to accept insurance, but it is agreed that this application shall be a basis of the insurance and it will be attached and made a part of the policy should a policy be issued.

Applicant's Signature: _____

Must be signed by an Officer of the Applicant

Print Name and Title

Date (Mo./Day/Yr.)