

**PROFESSIONAL LIABILITY ERRORS & OMISSIONS INSURANCE  
RENEWAL APPLICATION**

**IF RENEWAL IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS**

**NOTICE: THIS INSURANCE COVERAGE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

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

ADDRESS: \_\_\_\_\_

2. LIMIT OF LIABILITY DESIRED:

\$250,000 \_\_\_\_\_ \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_ Other \_\_\_\_\_

3. DEDUCTIBLE:

\$2,500 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ Other \_\_\_\_\_

4. Has there been any change whatsoever in the nature of the Applicant's Profession or Business Activity?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. List the projected gross receipts for the current year. In addition, please list projected receipts for the renewal year.

<b>YEAR</b>	<b>AMOUNT</b>
a) Renewal Year Projected	\$ _____
b) Current Year Projected	\$ _____

6. For the receipts listed in question 5a , please give the approximate percentage derived from each activity:

ACTIVITY	% OF 5a RECEIPTS
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

7. 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.): \_\_\_\_\_

8. Please provide the following:

Name in full of ALL Partners/Principals/ Key Employees.	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE	HOW LONG AS PARTNER/ PRINCIPAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Please include a list of Applicant Firm's five (5) largest jobs or projects during the past year. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Is the Named Insured or any proposed insured aware of any circumstance which may result in any claim being made against them?  Yes  No If yes, please provide full details.

11. Attach current annual report and descriptive or promotional materials.

**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 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 acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

It is agreed that this Renewal Application is a supplement to the application(s) previously submitted and made a part of the expiring Professional Liability Coverage issued by Underwriters. It is further agreed that this application together with all previous applications submitted by the Applicant will constitute the complete application that shall be the basis of the contract of insurance with Underwriters should coverage be renewed.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact.

Signature of person authorized to execute on behalf of the Applicant:

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

This Application Form duly completed, together with any supplementary information, must be signed in ink in duplicate by the person indicated.

Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.

THIS APPLICATION MUST BE SUBMITTED TO:

## **ExecutivePerils**

11845 West Olympic Boulevard • Suite 750 • Los Angeles • CA • 90064  
T:310-444-9333 • F:310-444-9355 • Web: [www.eperils.com](http://www.eperils.com) • CA Lic. #0E36308  
dba: Executive Perils Insurance Services

**THIS APPLICATION MUST BE SUBMITTED TO:**

**PROFESSIONAL INDEMNITY AGENCY, INC.  
PROFESSIONAL INDEMNITY AGENCY, INC. OF N.Y.  
37 Radio Circle Drive - P.O. Box 5000  
Mount Kisco, New York 10549**