

PROFESSIONAL
INDEMNITY
AGENCY



PROFESSIONAL LIABILITY ERRORS & OMISSIONS INSURANCE RENEWAL APPLICATION

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

1. NAME OF APPLICANT: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT NAME: _____ EMAIL ADDRESS _____ PHONE # _____
WEBSITE ADDRESS: _____

2. Has there been any change whatsoever in the nature of the Applicant's Profession or Business Activity?
Yes _____ No _____. Are there any planned or anticipated changes within the next 12 months?
Yes _____ No _____. If yes, please explain:

3. Provide a) Projected Gross Receipts \$ _____ b) Prior Year Receipts \$ _____

4. For the receipts listed in question 3a), please give the approximate percentage derived from each activity:

ACTIVITY	% OF 3a) RECEIPTS
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

5. Please include a list of Applicant Firm's three (3) 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.

NOTICE: THIS INSURANCE COVERAGE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS 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.

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 the Company. 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 the Company 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 Company to complete the insurance.

THIS APPLICATION MUST BE SUBMITTED TO:

PROFESSIONAL INDEMNITY AGENCY, INC. OF N.Y.
37 Radio Circle Drive, P.O. Box 5000
Mount Kisco, New York 10549-5000
Email Address: MPL@PIAINT.COM

Producer Name: _____

Address: _____

City, State: _____

Tel. No.: _____ Surplus Lines License No.: _____