



THIS IS AN APPLICATION FOR CLAIMS-MADE AND REPORTED INSURANCE. IT IS IMPORTANT THAT YOU REPORT ANY CURRENTLY KNOWN CLAIMS OR CIRCUMSTANCES THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO COVER SUCH CLAIMS OR INCIDENTS. SAGAMORE INSURANCE COMPANY WILL NOT PROVIDE COVERAGE FOR CLAIMS OR INCIDENTS WHICH YOU ARE AWARE OF PRIOR TO THE INCEPTION DATE OF THIS COVERAGE, IF OFFERED AND ACCEPTED.

INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". Please use the tab button to move to the next answer section. The form will expand to fit your entire response.
3. The application must be signed and dated by authorized person.
4. PLEASE ATTACH THE FOLLOWING:
 - o Brochures, advertisements, or other descriptive literature about the applicant firm, its operations and services.
 - o Most recent annual report and quarterly financial statements
 - o Copy of standard contract and engagement/proposal letter used with clients.
 - o Sample reports given to clients.
 - o Biographical sketches of principals, officers, and professional staff.
 - o Applicable Supplemental Application if available.
5. Return this and all supplemental applications to the Insurer at:
 - Protective Specialty Insurance Company
 - Attn: Ed Velasquez
 - 1099 N. Meridian St., Suite 700
 - Indianapolis, IN 46204
 - Ph. (317) 429-2644
 - F. (317) 429-2655

Proposed Effective Date: From _____ To _____
12:01 a.m. Standard Time at the address of the Applicant

I. GENERAL INFORMATION

1. Applicant: _____
2. Business Address: _____ City: _____
County: _____ State: _____ Zip: _____
3. Telephone Number: (____) ____ - ____ ext: _____
4. Fax Number: (____) ____ - ____ ext: _____

5. Website Address: _____

6. E-mail Address: _____

7. Applicant is an: Individual Partnership Corporation Other _____

8. a. Date your firm was established: _____

b. Where is firm licensed/registered? _____

c. During the past 5 years, has the name of the firm been changed? Yes No

d. Has any other business been purchased, merged, or consolidated with the firm? Yes No

e. If yes to c or d., please provide details: _____

9. a. Is the firm controlled, owned, affiliated, or associated with any other firm, corporation, or company? Yes No

If yes, please provide details: _____

b. Are any services provided by the applicant to such business enterprises? Yes No

If yes, please provide details: _____

10. Please list all Names and Locations of all subsidiaries or affiliates for which coverage is desired:

NAME	ADDRESS/LOCATION	OTHER INFORMATION

11. Provide total gross revenues for the applicant firm for the past two (2) years or fiscal period. In addition, list projected revenues for the current year. (If newly established, indicate anticipated gross revenues for the current year.)

	\$ _____	current year	Domestic _____%	Foreign _____%
	\$ _____	(projected) last year	_____%	_____%
	\$ _____	2 years ago	_____%	_____%
	\$ _____	3 years ago	_____%	_____%

II. PROFESSIONAL SERVICES

1. Describe in detail the operations or services for which coverage is desired: _____

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2. What percent of firm's income is derived from these services during the current year? _____%

3. Do these services or operations for others involve:

Any design work or software design for clients? Yes No _____%

Consulting services for a fee? Yes No _____%

Contact with the consumer, user, beneficiary, or general public? Yes No _____%

Helping clients comply with regulations? Yes No _____%

Management of specific services for clients? Yes No _____%

Issuance of publications, manuals, newsletters, promotional materials, or any printed matter or software for clients? Yes No _____%

Maintenance of books, records, accounts data base or any type of media for clients? Yes No _____%

4. Is the firm engaged in any business or profession other than as described in question 1 above? Yes No

If yes, attach an explanation and estimated revenues: _____

5. List the firm's five (5) largest clients or jobs during the past three (3) years and indicate the service performed and approximate annual revenue from each:

<u>Name of Client</u>	<u>Description of Services</u>	<u>Annual Revenue to Firm</u>

5. Does the applicant have written contracts or agreements with each client? Yes No

If no, what percent of time are contracts NOT used? _____%

Explain why contracts are not used in such instances: _____

7. Does the applicant's basic contract contain:

- a. Hold harmless or indemnity agreements inuring to the applicant's benefit? Yes No
- b. Hold harmless or indemnity agreements inuring to the benefit of applicant's client? Yes No
- c. Disclaimer of warranties? Yes No
- d. Specific description of the services applicant will provide to the client? Yes No
- e. Clauses defining the responsibility of each party? Yes No
- f. Clauses limiting the liability of the applicant? Yes No
- g. A "force majeure" limitation clause? Yes No
- h. A confidentiality agreement? Yes No
- i. Limitation of liability to cost of services provided? Yes No
- j. Ownership rights outlined? Yes No
- k. Sign-off and acceptance procedures outlined? Yes No
- l. Termination provisions outlined? Yes No
- m. Arbitration provision? Yes No
- n. Forum selection clause? Yes No
- o. Clear definitions of technical terms? Yes No
- p. Contractual statute of limitations? Yes No

8. Name of law firm (if any) which renders advice to applicant regarding contracts and other business matters:

9. Name of applicant's accounting firm: _____

10. a. Name of any firms which are subcontractors to the applicant, including the services provided and percentage of activities provided:

<u>Subcontractor Firm Name</u>	<u>Services Provided</u>	<u>Percentage of Activities</u>

b. Are subcontractors required to carry professional liability insurance? Yes No

If yes, what is the minimum policy limit of liability? _____

If no, are the subcontractors required to indemnify the applicant? Yes No

c. Does the applicant have an ownership interest in any subcontractors? Yes No

If yes, please provide details: _____

11. Please provide the following information regarding staffing:

	# Staff	Typical Professional Education, Training or Degrees	Avg # of Years in Practice
Principals, Officers, Partners			
Other Professional Employees			

Describe any changes to staffing in last year: _____

III. PRIOR INSURANCE INFORMATION (Check here if None)

1. List the Professional Liability insurance carried for each of the past three (3) years, including periods of no coverage:

POLICY PERIOD		INSURANCE COMPANY	CLAIMS-MADE COVERAGE?	LIMIT OF LIABILITY PER CLAIM/AGGREGATE	DEDUCTIBLE (IF ANY)	PREMIUM
FROM: mm/dd/yy	TO: mm/dd/yy					
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$

2. Does your current policy contain a prior acts limitation or a retroactive date? Yes No

If yes, indicate the date and attach a copy of your current policy's prior acts endorsement and Declarations Page: _____

3. Has any application for similar insurance made on behalf of the Applicant or any of its predecessors in business been declined or has any such insurance ever been rescinded, canceled or has renewal been refused? Yes No

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If yes, please provide details: _____

IV. CLAIM ACTIVITY

IMPORTANT NOTICE: All known claims and/or circumstances that could result in a Professional Liability claim are specifically excluded from coverage. Report all such claims and/or circumstances to your current insurer. If any circumstance, act, error, or omission exists that could result in a professional liability claim, then such claim and/or any claim arising from such act, error, omission or circumstance is excluded from coverage that may be provided under this proposed insurance. Further, failure to disclose such claim, act, error, omission or circumstance may result in the proposed insurance being void or subject to rescission.

1. Has any principal, solicitor, or employee ever been investigated or convicted of a felony? Yes No

If yes, please provide complete details on a separate sheet, including the present status of any individuals involved.

2. Has the firm or any firm member, principal, partner, officer, or director, past or present, ever been the subject of any disciplinary action by any government body, administrative agency, or professional association within the last 5 years? Yes No

If yes, please provide complete details on a separate sheet, including the present status of any individuals involved.

3. Has any claim or suit been made in the past five (5) years against the firm or its predecessor firm(s) or any current or former firm member, principal, partner, officer, director, or employee? Yes No

If yes, please provide details: _____

4. After inquiry, does any firm member know of any circumstance, situation, act, error or omission that could result in a professional liability claim or suit against the firm or its predecessor firm(s) or any current or former member, principal, partner, officer, director, or employee of the firm or its predecessor firm(s)? Yes No

If yes, please provide details: _____

4. Please describe procedures or safeguards the firm uses to avoid similar situations in the future: _____

V. COVERAGE REQUESTED

1. Limits of Liability: Please indicate the limit of liability desired:

PER CLAIM/ANNUAL AGGREGATE	
<input type="checkbox"/> \$500,000 / \$500,000	<input type="checkbox"/> \$3,000,000 / \$3,000,000
<input type="checkbox"/> \$1,000,000 / \$1,000,000	<input type="checkbox"/> \$5,000,000 / \$5,000,000
<input type="checkbox"/> \$2,000,000 / \$2,000,000	<input type="checkbox"/> Other:

2. Deductible: Please indicate the deductible desired (Indicate your choice of a deductible from the options listed below. The Company might require a higher deductible and proof of financial ability to pay a deductible. In selecting the deductible, please remember that claim expenses, including legal fees and costs of defense, are chargeable to the deductible):

PER CLAIM DEDUCTIBLE			
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> Other (specify) \$

3. Prior Acts Date Desired: _____

PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF YOUR PRACTICE NOT SPECIFICALLY ADDRESSED HEREIN: _____

By signing this Application, you represent and agree to each of the following five (5) items:

1. You have made a comprehensive internal inquiry or investigation to determine whether anyone in your firm is aware of any actual or alleged fact, circumstance, situation, act, error or omission which may reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in Section IV. of this Application; and
2. This Application, along with each of the following applicable Supplemental Applications, are hereby being submitted to the Company (Please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Advertising Agency Services/
Public Relations Consulting | <input type="checkbox"/> Mortgage Broker |
| <input type="checkbox"/> Claims Adjusters | <input type="checkbox"/> Promoters and/or Printers of Lotteries and Sales
Promotion Games |
| <input type="checkbox"/> Escrow Operations | <input type="checkbox"/> Real Estate Agents & Brokers |
| <input type="checkbox"/> Executive Recruiting Consultants | <input type="checkbox"/> Title Agents, Title Abstractors & Escrow Agents |
| <input type="checkbox"/> Management Consultants | <input type="checkbox"/> Trustees |
| <input type="checkbox"/> Media | <input type="checkbox"/> Other: _____ |

3. Each of the statements and answers given in this Application, and in each of the Supplemental Applications checked in Number 2 above, are:
 - a. Accurate, true and complete to the best of your knowledge and no material facts have been suppressed or misstated;
 - b. Representations you are making on behalf of all persons and entities proposed to be insured;
 - c. A material inducement to the insurance company to provide insurance, and any policy issued by the insurance company is issued in specific reliance upon these representations.
4. This Application, along with each of the Supplemental Applications checked in Number 2. above, are hereby deemed to be attached to the policy and incorporated into the policy, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy, and regardless of whether any of the Supplemental Applications are signed or dated.
5. You agree to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or in any Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.

FRAUD WARNING: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing any

false, incomplete, or misleading information is guilty of a felony of the third degree.

Maryland/Louisiana: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine/Tennessee/Virginia/Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

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New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Arkansas/New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND

MAY BE SUBJECT TO CIVIL FINES AND PENALTIES.

Oklahoma: WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage. Please see IMPORTANT NOTICE in Section IV.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

An authorized representative who is an active owner, officer, or partner of your firm must sign this Application within thirty (30) days prior to the policy inception date.

If additional space is needed, please provide details on a separate attachment.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

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.

Print or Type Name and Title

Date (m-d-y)

Signature of Owner, Officer or Partner