

STEADFAST INSURANCE
(Herein called the "Company")

**RENEWAL APPLICATION FOR
SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY INSURANCE**

NOTICE: This is an application for **CLAIMS MADE INSURANCE**. Such insurance, if accepted by the Company, applies only to claims first made against the Insured during the Policy Period and may additionally limit coverage applicable to wrongful acts, committed prior to the inception of the Policy Period. Please answer all the questions. The information is required to make an underwriting and pricing evaluation. Your answer hereunder is considered legally material to the evaluation. Application must be signed and dated by an authorized person.

1. Name of Applicant Firm: _____
Home Office Address: _____

2. State firm's gross fees and revenues, and indicate percentage (if any) derived from Federal Government or its agencies, or state & local governments or their agencies, or foreign governments and their agencies.

	Federal	State & Local	Foreign
(a) Projected for next year: \$ _____ mil	_____ %	_____ %	_____ %
(b) For the last 12 months: \$ _____ mil	_____ %	_____ %	_____ %
(c) Year before that: \$ _____ mil	_____ %	_____ %	_____ %

3. Has there been any changes in the nature of the applicant's business? If so, please explain:

4. Please provide the percentage breakdown of services from the revenues stated above:

SERVICE	% of REVENUES
_____	_____
_____	_____
_____	_____
_____	_____

5. Please state:

(a) Number of principals, officers and partners of the firm _____
(b) Number of other professional employees _____

6. List the firm's three largest clients or jobs for the current year and the revenues received from those clients for this year:

<u>Name of Client, Job or Service Description</u>	<u>Annual Revenues</u>
_____	_____
_____	_____
_____	_____

7. Has there been any changes to the applicant's internal control procedures? If so, please explain:

8. Please attached the current annual report/audited financial statement.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY OR INSURE ANY SERVICES. HOWEVER, IT IS AGREED THAT SHOULD A POLICY BE ISSUED, THIS APPLICATION WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

NOTICE:

THE LIMIT OF LIABILITY IN THE POLICY, IF ISSUED, MAY BE REDUCED OR COMPLETELY EXHAUSTED BY CLAIM COST AND/OR LEGAL DEFENSE. IN SUCH EVENT, THE COMPANY SHALL NOT BE LIABLE FOR ANY JUDGMENT, SETTLEMENT OR CLAIM COST OR LEGAL DEFENSE COST WHICH ARE IN EXCESS OF THE LIMITS OF LIABILITY STATED ON THE DECLARATIONS PAGE OF POLICY.

THE DEDUCTIBLE IN THE POLICY, IF ISSUED, APPLIES TO CLAIM COSTS AND LEGAL DEFENSE AS WELL AS TO JUDGMENTS AND SETTLEMENTS.

THE UNDERSIGNED(S) CERTIFIES THAT HE/SHE IS THE DULY AUTHORIZED REPRESENTATIVE(S) OF EACH PROPOSED INSURED WHICH SUBMITS THIS APPLICATION TO THE STEADFAST INSURANCE COMPANY FOR A POLICY OF INSURANCE. THE STATEMENTS AND INFORMATION ABOVE AND ALL SCHEDULES AND DOCUMENTS SUBMITTED, OF WHICH THE UNDERWRITER RECEIVES NOTICE, ARE DEEMED PARTS OF THE APPLICATION (ALL OF WHICH SCHEDULES AND DOCUMENTS SHALL BE DEEMED ATTACHED TO THE POLICY AS IF PHYSICALLY ATTACHED THERETO), AND THE WORD APPLICATION" REFERS TO ALL OF THE FOREGOING.

EACH PROPOSED INSURED REPRESENTS THAT THE STATEMENTS SET FORTH IN THE APPLICATION ARE TRUE AND CORRECT, AND THAT REASONABLE EFFORTS HAVE BEEN MADE TO OBTAIN INFORMATION SUFFICIENT FOR ACCURATE COMPLETION OF THIS APPLICATION. IT IS FURTHER AGREED BY EACH PROPOSED INSURED THAT EACH POLICY OR RENEWAL THEREOF, IF ISSUED, IS ISSUED IN RELIANCE UPON THE TRUTH OF THE REPRESENTATIONS AND INFORMATION IN THE APPLICATION.

EACH PROPOSED INSURED UNDERSTANDS AND AGREES THAT ANY INSURANCE POLICY ISSUED BY THE COMPANY SHALL BE SUBJECT TO RESCISSION IF THIS APPLICATION CONTAINS ONE OR MORE MISREPRESENTATIONS OR OMISSIONS MATERIAL TO THE ACCEPTANCE OF THE RISK BY THE COMPANY.

IF THE INFORMATION SUPPLIED ON THIS APPLICATION OR ATTACHMENTS THERETO CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES.

APPLICANT'S SIGNATURE

PRINT OR TYPE NAME

TITLE

TELEPHONE NUMBER

DATE

ExecutivePerils

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