

**APPLICATION
Professional Liability Insurance
(Claims-Made Form)**



1. NAME OF APPLICANT: _____

2. MAILING ADDRESS: _____ Phone No. _____

3. DATE ESTABLISHED: _____ Corporation _____ Partnership _____ Individual _____

4. During the past five years has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes _____ No _____ If yes, please give full details: _____

5. a. Is the firm engaged in, owned by, associated with or controlled by any other business?: If yes, give details: _____

b. Fees & Receipts:

	Estimate for Next 12 Months	Present 12 Months	Previous 12 Months
Dates:	From _____ to _____	From _____ to _____	From _____ to _____

Domestic Operations:

a. Gross Billings/Fees _____
(Not including fees for fabrication/installation of products)

b. Gross Billings/Fees _____
for fabrication/installation of products

Foreign Operations:

a. Gross Billings/Fees _____
(Not including fees for fabrication/installation of products)

b. Gross Billings/Fees _____
for fabrication/installation of products

6. PROFESSIONAL ACTIVITIES AND SPECIALTY (Attach narrative description if necessary)
a. Describe in detail the professional activities for which coverage is desired and indicate percentage of gross receipts derived from each activity: _____

- b. Please attach separately lists of:
 (i) five largest projects and description of work performed for each;
 (ii) names of partners, key employees, etc. and their professional qualifications including resumes.
- c. Please attach copies of:
 (i) advertisements, brochures, descriptive literature;
 (ii) sample contract between you and your clients outlining services to be rendered;
 (iii) latest financial data (Annual Report or Balance Sheet).

7. TOTAL PERSONNEL (including those listed in 6.b(ii)):

- | | | | |
|-------------------------------|-------|----------------------------|-------|
| a. THEMING DESIGN | _____ | e. ELECTRICAL ENGINEER | _____ |
| b. THEMING DESIGN/FABRICATION | _____ | f. MECHANICAL ENGINEER | _____ |
| c. THEMING DESIGN/FAB/INSTALL | _____ | g. INTERIOR THEMING DESIGN | _____ |
| d. THEMING CONSULTING | _____ | h. OTHER NOT SHOWN: | _____ |
| | | (Please specify) | _____ |

8. States in which licensed? _____

9. Please indicate the approximate percentages of the professions in which your firm is engaged:

- | | | | |
|-------------------------------|-------|----------------------------|-------|
| a. THEMING DESIGN | _____ | e. ELECTRICAL ENGINEER | _____ |
| b. THEMING DESIGN/FABRICATION | _____ | f. MECHANICAL ENGINEER | _____ |
| c. THEMING DESIGN/FAB/INSTALL | _____ | g. INTERIOR THEMING DESIGN | _____ |
| d. THEMING CONSULTING | _____ | h. OTHER NOT SHOWN: | _____ |
| | | (Please specify) | _____ |

10. Has the Applicant ever provided any service other than noted under Question 9? Yes ___ No ___ If "Yes", please explain: _____

11. Does the Applicant's practice involve any subletting or subcontracting of work to others? Yes ___ No ___ If "Yes", _____

12. Foreign Work? Yes ___ No ___ If yes, please give full details: _____

13. Have any of those listed in item 6.b (ii) ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes ___ No ___ If yes, please give details: _____

14. what professional Association does the Applicant belong to? _____

15. Please indicate the type and approximate percentage of work under each heading:

I. TYPE OF SERVICES

Work in connection with:

a. Feasibility studies, where Applicant not involved in design	None _____	Yes _____	% _____
b. Design without supervisory services	None _____	Yes _____	% _____
c. Design with supervision	None _____	Yes _____	% _____
d. Design/Build	None _____	Yes _____	% _____
e. Consulting	None _____	Yes _____	% _____
f. Project Management	None _____	Yes _____	% _____
g. Special Events (Specified Project)	None _____	Yes _____	% _____
h. Video/Optical Special Effects	None _____	Yes _____	% _____
i. Show Control Systems	None _____	Yes _____	% _____
j. Other (Please specify: _____)	None _____	Yes _____	% _____
	Total		100%

Please specify the percentages relative to the Applicant's total work volume.

Services not resulting in construction	_____	%
Design with no fabrication phase services	_____	%
Design with periodic inspection of fabrication to ensure design compliance	_____	%
Design with responsibility for directing the installation	_____	%
Other _____	_____	%
Total		100 %

II. TYPE OF PROJECTS

Work in connection with:

a. Theme Parks	None _____	Yes _____	%
b. Casinos	None _____	Yes _____	%
c. Museums	None _____	Yes _____	%
d. Retail Stores	None _____	Yes _____	%
e. Exhibitions	None _____	Yes _____	%
f. Conventions	None _____	Yes _____	%
g. Restaurants	None _____	Yes _____	%
h. Other _____	None _____	Yes _____	%
Total			100%

16. What percentage of the Applicant's practice involves any of the following:

a. Subletting of work to others _____ % Type of work sublet _____
 b. Is evidence of insurance from consultants required? Yes _____ No _____

17. Equity Interest:

Does the applicant provide professional services on projects in which he retains ownership interest (BASIC POLICY EXCLUDES COVERAGE FOR THESE PROJECTS)? Yes _____ No _____
 (If coverage is desired, provide complete details.)

18. Does any one contract or client represent more than 50% of annual work? Yes _____ No _____ If yes, please give details: _____

19. Does the Applicant or any subsidiary, parent or otherwise related entity engaged in actual installation or fabrication? Yes _____ No _____ If yes, please give details: _____

20. Does the Applicant work with other firms in Joint Venture? Yes _____ No _____ (BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES.) If coverage is desired, provide complete details: _____

21. Give Professional Liability coverage for last five years for the firm:

Carrier	Limit	Deductible	Premium	Expiration(Mo/Dav/Yr)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If expiring insurance is claims made policy, what is the retroactive date? _____

22. Is the Applicant currently insured under a Commercial General Liability Policy? Yes _____ No _____ If yes, please give details:

Insurance Company	Type of Coverage	Limits		Effective	
		BI	PD	From	To
_____	_____	_____	_____	_____	_____

23. Has any applicant for Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused? Yes _____ No _____ If yes, please give details: _____

24. Has any claim ever been made against the firm or any persons named in item 1 or in item 6.b(ii)? Yes _____ No _____ If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

25. Is the Applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers? Yes _____ No _____ If yes, please give full details on the same basis as item 24.

26. Has any insurer cancelled or refused to renew any similar insurance during the past five years? _____

27. Limits of Liability requested: _____ Deductible: _____

28. Desired term of policy: From: _____ To: _____

29. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statement and representations made in this application and this application will be made a part of the policy.

The applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

Date Signature of Applicant Title

Producer