

Professional Liability Errors and Omissions Insurance Application

If coverage is issued, it will be on a claims-made basis.

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.

1. Name of applicant:

Address:

Website:

2. Limit of liability desired:

\$500,000 \$1,000,000 \$2,000,000 Other \$

3. Deductible desired:

\$5,000 \$10,000 \$25,000 Other \$

4. Please describe in detail the professional activities for which coverage is desired:

5. Is the applicant engaged in any business or profession other than as described in Item 4? Yes No

If Yes, please describe/attach an explanation and estimated revenues:

6. List the total gross revenues for the past two years derived from those activities described in Question 4. In addition, list projected revenues for the current year.

	Year	Amount
a.	<input style="width: 100%;" type="text" value="Current Projected:"/>	<input style="width: 100%;" type="text" value="\$"/>
b.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="\$"/>
c.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="\$"/>

7. For the revenues listed in question 6.a., please give the approximate percentage derived from each of the activities listed in Question 4.:

Activity	% of 6.a. receipts
	%
	%
	%
	%

8. Applicant is a/an:

Corporation Partnership Individual

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9. Date established:

10. Is the applicant firm controlled, owned or associated with any other firm, corporation or company? Yes No

If Yes, please describe/attach an explanation:

Are any activities listed in Question 4. provided to such business enterprise? Yes No

11. 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.):

12. Please provide the following information about the applicant's key employees:

Name in full of ALL partners/ principals/key employees	Professional qualifications	Date qualified	How long in practice?	How long as partner/ principal?

13. To what professional association(s) does the applicant belong?

14. Please include a list of applicant firm's five (5) largest jobs or projects during the past three (3) years. 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.

Project/client name	Nature of the services	Revenue obtained
		\$
		\$
		\$
		\$
		\$

15. Does the applicant use a written contract with a client:
In all cases Sometimes Never

16. What percentage of the applicant's business involves subcontracting of work to others? %

Does the applicant provide professional services to business entities in which it retains an ownership interest? Yes No

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If Yes, please explain:

17. Has any similar insurance ever been declined, non-renewed or cancelled? Yes No

If Yes, please describe/attach an explanation:

18. Is similar insurance currently in place? Yes No

If Yes, please provide the following professional insurance information:

Description of covered services:

Company	Expiration Date	Limits	Deductible	Premium
		\$	\$	\$

Prior Acts/Retroactive date on policy?

mm/dd/yy

19. Please attach most recent audited financial statements (or recent tax returns) and descriptive or promotional materials.

a. Estimated Gross receipts for current fiscal period:

\$

b. Estimated Cost of Goods Sold for current fiscal period:

\$

20. Have any of the individuals listed in question 12 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No

If Yes, please explain:

21. Does the person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her? Yes No

If Yes, please complete a Supplemental Claims Information Form for each.

22. After inquiry have any claims been made against any proposed Insured(s) during the past five (5) years? Yes No

If Yes, please complete a Supplemental Claims Information Form for each claim.

How many claims have been made in the past three (3) years?

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It is understood and agreed that with respect to questions 20, 21 and 22, that is such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

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 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 judgment or settlement to the extent that such exceeds the limit of liability.

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

I DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Name of applicant:

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

Date:

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated.

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

A copy of this application should be retained for your records.

General Liability Supplemental Application

Applicant Information

1. Applicant Name:
2. Principal Business Address:
3. Number of Years in Operation:
4. Number of Full-time staff: Part-time:
5. Nature of Your Business:
6. What is your gross sales estimate? \$
7. What is your total payroll? \$

Applicant Facilities

#	Name & Location Address	Single Occupancy or Multiple?	Owner/ Lessee/ Tenant?	Square Footage Occupied	# of Stories	Type of Construction

General Information

9. Are all of the applicant's locations equipped with:

(a) Complete sprinkler system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Smoke detectors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Properly maintained fire extinguishers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) At least two clearly marked exits on each floor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e) Self-closing fire doors on each floor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(f) Automatic fire alarm system connected to a local fire department	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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- (g) Emergency electrical system Yes No
- (h) Heat sensors Yes No
- (i) Fire escape(s) Yes No
- (j) Posted emergency evacuations procedures Yes No
- If "no" to any of the above, please provide additional details in the Additional Comments section below.
10. Does the applicant have a written safety program in place? Yes No
11. Does the applicant have written procedures in place for incident reporting? Yes No
12. Does the applicant have any:
- (a) Exposure to flammables, explosives, chemicals? Yes No
- (b) Catastrophe exposures Yes No
- (c) Exposure to radioactive materials Yes No
- (d) Firearms on the premises? Yes No
- (e) Animals on the premises? Yes No
- (f) Machinery/equipment loaned/rented to others Yes No
- (g) Any storing, treating, discharging, applying, disposing or transporting hazardous materials? Yes No
- (h) Lake, pond, river, swimming pool or other body of water? Yes No
- (i) Any watercraft, docks, floats owned, hired, or leased? Yes No
- (j) Camp, adventure/wilderness, ropes courses or any type of recreational program? Yes No
- (k) Any parking facilities owned/rented? Yes No
- (l) Sporting/social events sponsored? Yes No
- (m) Steam rooms or saunas? Yes No
- If "yes" to any of the above, please provide additional details in the Additional Comments section below.
13. Does the applicant sell or lease any medical equipment or products to patients/clients or others in connection with this operation? Yes No
- If "yes", please provide the following information:
- Annual gross revenue from medical equipment sales /rental:

\$	
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- Types of medical equipment:

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14. Does the applicant perform any maintenance or repairs on equipment sold or leased? Yes No
15. Is the Applicant named as an Additional Insured or vendor on the manufacturer or distributor's policy for all products? Yes No

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Insurance & Claims History

16. Has any insurer declined, cancelled or nonrenewed any General Liability policy for any person(s) or entity(ies) proposed for this insurance? Yes No
If "yes", please provide additional details in the Additional Comments section below.
17. Has (have) any General Liability judgment(s), settlement(s), payment(s), claim(s), suit(s) or demand(s) been made against any person(s) or entity(ies) proposed for this insurance? Yes No
If "yes", please provide additional details in the Additional Comments section below.
How many claims have been made in the last five (5) years?
18. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any facts, circumstances or situations which might afford grounds for any General Liability claim? Yes No
If "yes", please provide additional details on in the Additional Comments section below.
- 19a. List prior Commercial General Liability insurers for the past five years (if none, please tick box) None

Insurer	Dates Covered From – To (mm/dd/yy)	Limits of Liability per Claim / Aggregate	Deductible	Premium	Coverage Type: Occurrence or Claims Made
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

- 19b. If the current/expiring policy is on a claims-made form, what is the retroactive date?
- 19c. If expiring coverage exists, does coverage include products and completed operations coverage? Yes No

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**General Liability
Supplemental Application**

Additional Comments

It is understood and agreed that with respect to all questions involving past claims history or known incidents,, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

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Name of applicant:

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

Name/title of person authorized to execute on behalf of the applicant:

Date:

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