



Miscellaneous E&O

Application for

Miscellaneous professional liability insurance

This application is for a claim made insurance policy

Applicant's instructions

1. All questions must be answered completely; please type or print clearly; if any questions are considered "not applicable", Please explain why.
2. If you need more space, continue on attachment 'a' and indicate question number.
3. Please complete the financial supplement attachment 'b' and other supplements where required.
4. This application, which includes supplement forms, must be signed and dated by a principal of the firm

1. Name of applicant

2. Address

City County

State Zip

3. Telephone Facsimile E-mail

4. Please describe in detail the nature and types of professional services the applicant is engaged in and indicate the percentage of revenues derived from each.

5. What services does the Applicant wish to have covered by the Professional Liability Insurance?

6. Please indicate type of company:

Sole trader	Partnership	Corporation	Privately held
Non-profit	Publicly trader	Other	

7. Date established:

8. Is the applicant controlled or owned by, or associated or affiliated with, or does it own, any other firm or business enterprise? Yes No

If yes, please explain:

9. Are any significant changes in the nature or size of the Applicant's business anticipated over the next 12 months? Or have there been any such changes in the past 12 months? Yes No

If yes, please explain

10. In the past 24 months has the Applicant or any of its principals engaged in any business or profession other than as described in the above question? Yes No

If yes, please explain

11. Total Number of staff:

12. Please provide the following:

Name of principals and qualified employees	Professional qualifications/designations	Number of years in practice	Number of years with applicant

13. Please list professional associations to which the applicant belongs:

14. Gross billings

This year(est):

Last year:

Year prior:

15. Please indicate the applicant's five largest jobs/projects during the past three years:

Client	Service	Applicant's fee	Total project fee

16. Please provide percentage revenue derived from following:

Federal government

State/municipal entities

Corporations

Non-profit organizations

Individuals

17. Does the applicant use a written contract:

Always

Sometimes

Never

If not always, please explain how the scope of services to be provided is agreed:

Please attach a copy of a standard contract or letter of engagement.

18. Have the Applicant's services and advice been used in any disclosure documents or prospectuses to investors in any business entity? Yes No

If yes, please detail (including procedures to ensure quality control):

19. Does any director, officer, employee or partner of the applicant serve on the board of directors of any client of the applicant? If yes, please explain:	Yes	No														
20. Does any applicant, in the course of providing professional services, handle monies or investment instruments belonging to others? If yes, please explain:	Yes	No														
21. Does any applicant give advice to any client regarding investments of any kind? If yes, please explain:	Yes	No														
22. Does any applicant offer advice to any client in respect of the client's medical, mental or emotional condition or the clients relationships with other people? If yes, please explain:	Yes	No														
23. Does the applicant sub-contract work to others: If yes, please explain and include the nature of indemnities, hold harmless agreements, etc.:	Yes	No														
24. Does the applicant have a written procedures manual for employees to follow?	Yes	No														
25. Does the applicant have a formalized training program for employees?	Yes	No														
26. Does the applicant have promotional literature? If yes, please provide brief details: If no, please explain how Applicant's services are marketed:	Yes	No														
27. Has any errors and omissions or professional liability insurance ever been declined or cancelled? If yes, please explain:	Yes	No														
28. Is any errors and omissions or professional liability insurance in favor of the applicant currently in force? If yes, please indicate errors and omissions insurance carried for each of the past three years:	Yes	No														
<table border="1"> <thead> <tr> <th>Carrier</th> <th>From (mm/yy)</th> <th>To (mm/yy)</th> <th>Limit</th> <th>Deductible</th> <th>Premium</th> <th>Retrodate</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Carrier	From (mm/yy)	To (mm/yy)	Limit	Deductible	Premium	Retrodate							
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29. Has the applicant or any director, officer, employee or partner provided professional services on behalf of the applicant been subject to disciplinary action as a result of professional activities? If yes, please explain:	Yes	No														
30. Is the applicant aware of any errors, omissions or claims (including any circumstances reported to previous insurers which have not developed into claims) during the last ten years? (If yes, please complete Attachment 'C')	Yes	No														

31. Has the applicant been a party to any lawsuit or other legal proceeding within the past five years? Yes No

If yes, please provide (on Attachment 'A') a description which includes the venue of the action, the parties, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the applicant, including all costs incurred; including defense expenses.

32. The basic policy for which you have applied will not cover acts, errors or omissions which took place prior to the inception date of the policy. If you desire a quote for these prior acts, please enter the date from which you want prior acts covered

(Note that coverage does not apply to know or expected claims or those which are insured should have foreseen).

All written statements and materials furnished in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

This application does not bind the applicant to buy, or the company to issue, the insurance, but is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy.

The applicant further declared that if the information supplied on this application changes between the date of this application and the time when the policy issued, the applicant will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorisation or agreement to bind the insurance.

Notice; in certain states, 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.

I have read the foregoing application of insurance including supplement sheets 'a', 'b' and 'c' and warrant that the responses provided on behalf of the applicant are true and correct

Signed this _____ day of _____ 19 ____ in _____

Producer:

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Applicant signature:

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Address:

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Title:

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Date:

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Miscellaneous E&O

Signature:

Date

Miscellaneous E&O Financial schedule

Please provide the following information concerning the current year estimated financial figures and two previous years:

Name of applicant:

Date

		19	19	19
	\$	\$	\$	\$
Total revenues				
Total gross assets				
Total capital (equity)				
Total debt				
Short-term debt	Maximum:			
(due with one year)	Minimum:			
Total long-term debt				
Total established credit lines with banks				
Net income after tax				
Depreciation/amortization				

Any further details you may wish to include:

Signature:

Date

Miscellaneous E&O Financial schedule

Please complete this form if the applicant is aware of any errors, omissions or claims as indicated in question 30 of the application Form (including any circumstances reported to previous insurers which have not developed into claims) during the last ten years

Name of applicant:

Name of member of staff involved in claim:

Name of (potential) claimant:

Date of incident:

Date claim made:

Under which policy was the claim made?

Carrier:

Policy no:

Status of claim:

Closed

Please indicate total loss paid:

Or

(Including defense expenses)

Open

Total defense costs and expenses to date:

Damages or other relief sought by the claimant(s):

Insurers loss reserve:

Please give the following details:

- i. the specific act, error or omission upon which the claimant bases the claim
- ii. a brief description of the claim.
- iii. details of the current status and proposed strategy for handling the claim

(Please continue overleaf if necessary)

Signature:

Date

Miscellaneous E&O Financial schedule

Broker:

Name of applicant:

Address:

What services does the applicant wish to have covered by the Professional Liability Insurance?

Please indicate type of company

Sole trader

Partnership

Corporation

Privately held

Non-profit

Publicly traded

Date established:

Total number of staff:

Gross billings:

Is any errors and omissions or professional liability insurance in favor of the applicant currently in force?

Yes No

If yes, please indicate errors and omissions insurance carried for each of the past three years:

Carrier	From (mm/yy)	To (mm/yy)	Limit	Deductible	Premium

Is the applicant aware of any errors, omissions or claims during the last ten years?

Yes No

Does the applicant use a contract always, sometimes or never?

Requested limits and deductible?

Target premium?

Signature:

Date