



Underwritten by certain underwriters at Lloyd's

ERRORS AND OMISSIONS INSURANCE APPLICATION

1.		me and address of App me(s)		-					
	Pri	ncipal Address		City	State	Zip			
	Ma	ncipal Address uiling Address (if diffe	rent then above):		City	State	Zip		
	We	eb Site Address	/ -				1		
2.	a.	Date established:	_// A _I	oplicant is	Individual Partn	ership 🗌 Corp	oration	Other	
	b.	Is the entity owned, cattach details)	ontrolled by or a	ffiliated with	any other entity?	Yes	No (if	yes, please	
	c.	During the past 5 year	rs:						
		Has the name of the	Applicant been cl	nanged?	Yes No				
		Has the Applicant be	en involved in an	y merger, ac	quisition or consolida	ntion? Yes	☐ No		
		cessary)							
4.	 a.	During the past 5 year	rs, has the Appli	cant been eng	gaged in any professi				
		in #3 above? Yes No (in	Eves inlease attac	h details)					
	b.	b. During the past 5 years, has any principal, partner, officer, director or professional employee of the Applicant							
		engaged in professional services for any entity in which the Applicant has any ownership/managerial interest? Yes No (if yes, please attach details)							
	c.	Are any material cha months?	•	*	of the Applicant's bus	iness anticipate	d over the n	ext 12	
			yes, please attac	h details)					
5.	Ple	ase provide the follow	ing financial info	ormation:					
	a.	Fiscal year end date:	/						
	b.	b. Projected gross revenues for next year:							
	c.	Gross revenues for co	ırrent year:						
	d.	Gross revenues for la	st year:						

6.	For the revenues listed in question #5b, please indicate the approximate percentage for each of the services listed in question #3. (total percentages should equal 100%)							
		RVICES				% OF 5b		
					TOTAL	100%		
7.	a.			lves subcontracting work to other	ers?%	Please describe)	
	b.		xplain how the Applicant p	s and omissions insurance from protect itself from acts or omission			38	
8.	a.	Please indicate the nu engaged in providing p	umber of principals, partn professional services to clie	ers, directors, officers and protents:			У	
	b.	Please indicate the nur	nber of all other nonprofes	sional and/or clerical employees	s:			
9.	a. During the past 5 years, has any principal, partner, director, officer or professional employee been subject to disciplinary action by any regulatory agency or association? Yes No (if yes, please attach details on a separate sheet)						to se	
	b.]	During the past 5 years revoked or suspended?	s, has any principal partne Yes N	r, director, officer or profession o (if yes, please attach details or	nal employe n a separate	e had his licens sheet)	se	
10.	am	ent Information: Please ount of revenue general al revenues stated in que	ted from the performance	formation regarding your 5 larger of services for the past fiscal years.	gest clients ar and as a	according to the percentage of the	ie	
		Client	Service provided	Revenue derived from service	-	pplicant's total revenue		
11.	a.	Does the Applicant use explanation)	e a written contract with cl	ients? Yes No	(if no.	, please attac	- h	
	b.	•	w such contracts prior to u	se?				
		5			11],, []		
	c.	Does the standard cont	tract contain hold harmless	clauses for the benefit of the Ap	oplicant? _	Yes No		
12.	a.			ne review or follow-up of compla	aints?	Yes No		
	b.	. Does the Applicant have any risk management procedures in place? LYes No (if yes, please attach a copy of the procedures)						
	c.	Does the Applicant has	ve a formalized training pr	ogram for newly hired employee	es?	Yes No		

a. After inquiry, have any errors and omissions claims been made during the past 5 years against the Applicant of any past or present principals, partners, directors, officers or professional employees? No (if yes, please attach a supplemental claims questionnaire). b. After inquiry does the Applicant or any principal, partner, director or officer or professional employee have knowledge or information of any circumstance or any allegation or contentions of any incident which may result in any claims questionnaire). c. Have all matters in question 13a or 13b been reported to the Applicant's former or current insurers or to the former or current insurers of any predecessors in business? Year Insurance Company Liability Premium Claims Made Policy Period Date (if any) Current Year Previous Year Previous Year Previous Year a. Is any extended reporting period (ERP) currently in place? of the endorsement including effective and expiration date) b. During the past 5 years, has any similar errors and omissions coverage been canceled, declined or nonrenewed? Yes No (if yes, please attach a detailed explanation) 15. a. Limit of Liability requested: Please provide the following additional information:	13.	Cla	aim Information	:						
knowledge or information of any circumstance or any allegation or contentions of any incident which ma result in any claim being made against them?		a.	any past or pre	esent principa	ıls, partners,	directors, offi	cers or profes	ssional employees		e Applicant or
former or current insurers of any predecessors in business?		b.	knowledge or result in any cl	information laim being m	of any circu ade against t	ımstance or ar	ny allegation	or contentions of	any incide	nt which may
Year Insurance Limit of Deductible Premium Claims Made Policy Date (if any)		c.	Have all matte former or curre	ers in questio ent insurers o	n 13a or 13 of any predec	b been reporte cessors in busi	ed to the App ness?	licant's former or Yes No	current inst	arers or to the
Current Year Previous Year Previous Year Previous Year Previous Year a. Is any extended reporting period (ERP) currently in place? of the endorsement including effective and expiration date) b. During the past 5 years, has any similar errors and omissions coverage been canceled, declined or nonrenewed? Yes No (if yes, please attach a detailed explanation) 15. a. Limit of Liability requested: Date (if any) Previous Year 1 Previous Year 2 Previous Year A Use No (if yes, please attach a detailed explanation) 15. a. Limit of Liability requested: Deductible requested:	14.	Pri	or Errors and O	missions insu	ırance:					
Previous Year Previous Year Previous Year Previous Year Previous Year a. Is any extended reporting period (ERP) currently in place? of the endorsement including effective and expiration date) b. During the past 5 years, has any similar errors and omissions coverage been canceled, declined or nonrenewed? Yes No (if yes, please attach a detailed explanation) 15. a. Limit of Liability requested: Deductible requested:			Year			Deductible	Premium			`
Previous Year 2 Previous Year 3 Previous Year 4 a. Is any extended reporting period (ERP) currently in place?		C	Current Year							
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nonrenewed? Yes No (if yes, please attach a detailed explanation) 15. a. Limit of Liability requested: b. Deductible requested:		a.	Is any extende of the endorse	d reporting p ment includin	eriod (ERP) ng effective	currently in pand expiration	lace? [date)	Yes No (if	yes, please	attach a copy
15. a. Limit of Liability requested:b. Deductible requested:		b.	nonrenewed?	•	•				d, declined of	or
b. Deductible requested:	15.	a.			• •		-			
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- 1. Current annual report and company literature/promotional material.
- A copy of standard contracts utilized with clients.
- Latest audited financial statements.
- **Resumes of key Principals.**

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

- 1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof
- 2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
- 3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.
- **4.** The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

Applicant's Authorized Representative: _	
	Signature of Authorized Representative
	Print Name of Authorized Representative
	Title of Authorized Representative
	Date://_ mo day year