

## ERRORS AND OMISSIONS INSURANCE APPLICATION

**1. Name and address of Applicant: (include all legal names and DBA's):**

Name(s) \_\_\_\_\_  
Principal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address (if different then above): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Web Site Address \_\_\_\_\_

- 2. a.** Date established: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant is    Individual ☐ Partnership ☐ Corporation ☐ Other ☐
- b.** Is the entity owned, controlled by or affiliated with any other entity?    ☐ Yes    ☐ No (if yes, please attach details)
- c.** During the past 5 years:  
Has the name of the Applicant been changed?    ☐ Yes    ☐ No  
Has the Applicant been involved in any merger, acquisition or consolidation? ☐ Yes    ☐ No

**3. Please describe in detail the professional services performed by the Applicant: (please attach an additional sheet if necessary)**

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- 4. a.** During the past 5 years, has the Applicant been engaged in any profession or business other than as described in #3 above?  
☐ Yes    ☐ No    (if yes, please attach details)
- 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 changes in the nature or the size of the Applicant's business anticipated over the next 12 months?  
☐ Yes    ☐ No    (if yes, please attach details)

**5. Please provide the following financial information:**

- a.** Fiscal year end date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- b.** Projected gross revenues for next year: \_\_\_\_\_
- c.** Gross revenues for current year: \_\_\_\_\_
- d.** Gross revenues for last year: \_\_\_\_\_

- ## SERVICES

**% OF 5b**

<b>TOTAL</b>	<b>100%</b>

- | Client | Service provided | Revenue derived from service | % of Applicant's total revenue |
|--------|------------------|------------------------------|--------------------------------|
|        |                  |                              |                                |
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- MPL 50 03 (Ed. 1 21)

**13. Claim Information:**

- a. After inquiry, have any errors and omissions claims been made during the past 5 years against the Applicant or any past or present principals, partners, directors, officers or professional employees?  
☐ Yes ☐ 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 claim being made against them? ☐ Yes ☐ No (if yes, please attach a supplemental 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? ☐ Yes ☐ No

**14. Prior Errors and Omissions insurance:**

Year	Insurance Company	Limit of Liability	Deductible	Premium	Claims Made or Occurrence	Policy Period	Retroactive Date (if any)
Current Year							
Previous Year 1							
Previous Year 2							
Previous Year 3							
Previous Year 4							

- a. Is any extended reporting period (ERP) currently in place? ☐ Yes ☐ No (if yes, please attach a copy 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: \_\_\_\_\_
- b. Deductible requested: \_\_\_\_\_

**Please provide the following additional information:**

- 1. Current annual report and company literature/promotional material.**
- 2. A copy of standard contracts utilized with clients.**
- 3. Latest audited financial statements.**
- 4. 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**