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# ERRORS AND OMISSIONS INSURANCE RENEWAL 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. During the past year:

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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. a. During the past year, 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 year, 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: \_\_\_\_\_

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%)

<u>SERVICES</u>	<u>% OF 5b</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL</b>	<b>100%</b>

7. a. What percentage of the Applicants business involves subcontracting work to others? % \_\_\_\_\_  
Please describe services \_\_\_\_\_
- b. Does the applicant require evidence of the errors and omissions insurance from subcontractors?  Yes  No (if no, please explain how the Applicant protects itself from acts or omissions arising out of services performed by its subcontractors.)
8. a. Please indicate the number of principals, partners, directors, officers and professional employees directly engaged in providing professional services to clients: \_\_\_\_\_
- b. Please indicate the number of all other nonprofessional and/or clerical employees: \_\_\_\_\_
9. a. During the past year, has any principal, partner, director, officer or professional employee ever been subject to disciplinary action by any regulatory agency or association?  Yes  No (if yes, please attach details on a separate sheet)
- b. During the past year, has any principal partner, director, officer or professional employee had his license revoked or suspended?  Yes  No (if yes, please attach details on a separate sheet)
10. **Client Information:** Please provide the following information regarding your 5 largest clients according to the amount of revenue generated from the performance of services for the past fiscal year and as a percentage of the total revenues stated in question #5b.

Client	Service provided	Revenue derived from service	% of Applicant's total revenue

11. a. Limit of Liability requested: \_\_\_\_\_
- b. Deductible requested: \_\_\_\_\_
12. 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).

**Please provide the following additional information:**

1. **Current annual report and company literature/promotional material.**
2. **A copy of standard contracts utilized with clients if it has changed from the prior year.**
3. **Latest audited financial statements.**

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**