

**APPLICATION FOR MISCELLANEOUS
PROFESSIONAL LIABILITY INSURANCE
(CLAIMS-MADE FORM)**

General Applicant Information

1. Name of Applicant: _____

2. Principal Address: _____

3. City: _____ County: _____ State: _____ Zip Code: _____
4. Phone: _____ Website Address: _____
5. Does the Applicant practice as: Corporation Partnership Individual LLC
 Other: _____
6. Date Applicant was established: _____ / _____ / _____
MM DD YY

Applicant Practice

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

8. Does any member of the Applicant provide professional services other than those mentioned in question 7?
(If "yes", please provide full details) Yes No
9. To what professional association(s) does the Applicant belong?

10. Has any one client (including affiliated clients) account for 25% or more of the Applicant's gross revenues during the past 12 months? If "yes", please provide the name(s) of the client(s) and percentage. Yes No
11. List the total gross revenues for the past two years derived from those activities in Question 7. In addition, please list projected revenues for the current year (For insurance agents and brokers, please provide total gross commissions).
- | Year | Amount |
|----------------------------|----------|
| a. Current Projected | \$ _____ |
| b. Past Fiscal Year | \$ _____ |
| c. Second Past Fiscal Year | \$ _____ |

12. For the revenue listed in question 11., please provide the approximate percentage derived from each of the activities listed under Question 7.

Activity	% of 11.a. Revenues
_____	_____ %
_____	_____ %
_____	_____ %

13. Please include a list of the Applicant's five (5) largest jobs or projects during the past three (3) years. (Do not complete for Insurance Agents and Brokers)

Project / Client Name	Service Performed for Client	Revenue from those Services	Date Service Began	Former Employer of Applicant (Yes or No)	Pct. of gross revenue

Staff Information

14. Please provide the following: (Please include all principal and key employee resumes)

Name of all Principals, Partners, Owners and Key Employees	Professional Qualifications	Years with Applicant Firm	Years in Practice	Continuing Education (Yes or No)	Position with Firm

15. Provide information on the Applicant's Staff:

	Full Time	Part Time
a. Total Number:	_____	_____
b. Number hired within the past 12 months	_____	_____
c. Number terminated, retired or resigned within the past 12 months:	_____	_____

16. Does any current member of the Applicant provide any professional services to any client in which any Applicant member or SPOUSE serves as a director, officer or partner or own any equity or financial interest, or is the Applicant owned by, Associated with or controlled by any other entity? (If "yes", please provide full details) Yes No

17. In the past five (5) years, has any professional liability claim or suit ever been made against the Applicant or any of its predecessor firms, if any? If "Yes", how many _____? Yes No
Please complete the **Claim Supplement** and provide currently valued company loss runs.
18. Does any principal, owner, partner or employee know of any incident, act, error or omission that could result in a claim or suit against the Applicant or any predecessor firms? If "yes", how many _____? Yes No
Please complete the **Claim Supplement** and provide currently valued company loss runs.
19. Have all matters in Question 17. and 18. been reported to the Applicant's former or current insurer(s) or to the former Insurer of any predecessor firm or former insurer of a current member of the Firm? Yes No
20. Has any principal, owner, partner or employee for whom coverage is sought been the subject of a disciplinary complaint made to any court, administrative agency or regulatory body? (If "yes", provide full details and documentation) Yes No

21. Please list the Applicant's Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Deductible / Retention	Premium

22. Does the current policy have a prior acts limitation or retroactive date? (This should be the date which the Applicant first purchased claims made coverage that has been continuously renewed). If "yes", please indicate date:

____ / ____ / ____
MM DD YY

23. Has the Applicant ever purchased an extended reporting endorsement? Yes No
(If "yes", please provide date purchased and term of endorsement)
24. In the past five (5) years, has the Applicant or any of its members ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? (If "yes", please provide full details) Yes No

Limits Desired: _____ Deductible Desired: _____

Desired Effective Date: ____ / ____ / ____
MM DD YY

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signature of the Insured, Owner, Partner or Principal Title Date