



**MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION
CLAIMS MADE AND REPORTED FORM**

WITH OPTIONAL COMMERCIAL GENERAL LIABILITY – OCCURRENCE FORM AND/OR COMMERCIAL PROPERTY COVERAGE

ALL QUESTIONS MUST BE ANSWERED IN FULL. APPLICATION MUST BE SIGNED AND DATED BY THE PRINCIPAL, OFFICER OR PARTNER

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Applicant's Phone Number: _____

Web Address: _____

Inspection Contact: _____

Proposed Policy Period From: _____ To: _____ Phone Number for Inspection Contact: _____

Applicant is: Individual Partnership Corporation Joint Venture Other _____

Location #1: _____

Location #2: _____

Location #3: _____

Provide Full Details To All 'Yes' Responses on The Notes Page Of This Application Or On A Separate Sheet

Identify Entries By Question Number And Coverage For Each Section

1. Is the Applicant controlled, owned by, affiliated or associated with any other firm, corporation, or company? Yes No
If Yes, please provide full details including name(s) and relationship.
2. Does the Applicant have any subsidiaries?..... Yes No
If Yes, please provide full details including name(s) and services provided.
3. Is coverage desired for subsidiaries? Yes No
4. During the past five (5) years has:
 - a. The name of the firm been changed? Yes No
 - b. The Applicant acquired any other business(es)? Yes No
 - c. The Applicant merged into or consolidated with another Firm? Yes No
5. Please provide a full description of the Applicant's professional services for which coverage is desired:

6. Is the Applicant engaged in any business, or providing professional services not described above?..... Yes No
If Yes, please provide full details and estimated revenues:

7. Dates of the Applicant's Fiscal Period: From: _____ To: _____

8. Total Gross Annual Revenue:

	First Year Prior	Current Year	Projected Next Year
\$	\$	\$	\$
_____	_____	_____	_____

9. Does the applicants gross revenues include income derived from operations outside of United States, its territories or possessions? Yes No
If Yes, provide the name and the percentage of the applicants total gross revenue for each country.

10. Please describe the Applicant's three (3) largest jobs or projects during the past three (3) years:

Client Name	Services Rendered	Revenue
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

11. Please describe the Applicant's jobs or projects contemplated during the current year:

Client Name	Services Rendered	Revenue
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

12. Does the Applicant provide services for any client(s) in which a principal, partner, director, officer, employee or independent contractor of the Applicant's firm serves as an officer or on the Board of Directors or owns any financial or equity interest? Yes No
If Yes, please include full details including client name, relationship, and revenues generated.

13. Number of principals, partners, officers, and professional employees directly engaged in providing services to clients: _____

14. Number of independent contractors directly engaged in providing services to clients: _____

15. Does the Applicant wish to provide coverage for independent contractors working on the their behalf? Yes No
If Yes, then please complete the following:

a. What percentage of the Applicants annual revenues are derived from services provided by independent contractors? %

b. Do the independent contractors work exclusively for the Applicant? Yes No

c. Do the independent contractors provide any services not described in Question five (5) above? Yes No
If Yes, please describe service(s):

d. Are independent contractors permitted to work without their own error and omissions insurance? Yes No

16. Please provide the following information:

Name of Principal Partner(s) Key Employees & Independent Contractors	Professional Designation(s)	Years Experience	Years with company
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Has any prospective insured ever been the subject of any disciplinary action or investigation by any regulating body related to their profession? Yes No

18. Does the Applicant use a written contract or letter of engagement with each client? Yes No

If No, please provide the percentage of annual revenues where a written contract is secured: %

19. Does the Applicant's contract or engagement letter contain any of the following items? Please check all that apply:

- Hold harmless agreement or indemnification clauses in the Applicants favor
- Hold harmless agreement or indemnification clauses in the client's favor
- A specific description of the services the Applicant will provide
- Guarantees or warranties with respect to results
- Payment terms

20. Has any policy or application for similar insurance made on the Applicant's behalf ever been declined, cancelled or nonrenewed? Yes No
If Yes, please provide details.

21. Please provide information pertaining to Miscellaneous Professional Liability coverage for the past three (3) years.
 Check the box if no prior Miscellaneous Professional Liability coverage carried:

	Current	1 st Year Prior	2 nd Year Prior
Name of Company:	_____	_____	_____
Policy Period:	_____	_____	_____
Limit of Liability:	_____	_____	_____
Deductible:	_____	_____	_____
Premium:	_____	_____	_____

Retroactive Date of the expiring policy: _____

22. Have any claims, suits, or demands for arbitration been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employees within the past five (5) years? Yes No
If Yes, please complete a Claims supplemental application for each incident.

23. After inquiry of all principals, partners, officers, employees or independent contractors, is the Applicant aware of any act, error, omission, unresolved job dispute or any other circumstance that is or could be a basis for a claim under the proposed insurance? Yes No
If Yes, please complete a Claim Supplemental application for each incident.

24. Please indicate the number of Claim Supplemental Applications attached to this application: _____

COMMERCIAL GENERAL LIABILITY COVERAGE:

Does the applicant desire commercial general liability coverage for their business operations? Yes No

If Yes, Please Provide The Following:

LIMITS OF INSURANCE – GENERAL LIABILITY (PER OCCURRENCE)

General Aggregate (Other than Products/Completed Operations): \$ _____

Products / Completed Operations Aggregate: \$ _____

Personal & Advertising Injury (Any One Person or Organization): \$ _____

Each Occurrence: \$ _____

Damage to Premises Rented to You (Any One Premises): \$ _____

Medical Expense (Any One Person): \$ _____

SCHEDULE OF HAZARDS: (Enter additional exposures in the **Notes** section, if necessary)

Loc. #	Description	Class Code	Premium Basis	Interest	Part Occupied
				<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	_____%
				<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	_____%
				<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	_____%

GENERAL INFORMATION – PREMISES AND OPERATIONS:

Provide Full Details To All 'Yes' Responses on The Notes Page Of This Application Or On A Separate Sheet

Identify Entries By Question Number And Coverage For Each Section

1. Are there any water exposures on the premises? (e.g., lake, pond, pool etc...) Yes No
2. Are any recreation facilities provided? Yes No
3. Are there any parking facilities owned or rented by the Applicant? Yes No
If Yes, is a fee charged? Yes No
If Yes, please provide gross revenues: \$ _____
4. Does the Applicant organize or sponsor any trade shows, exhibits or conventions? Yes No
5. Does the Applicant sponsor any sporting or social activities or events? Yes No

- 6. Does the applicant engage in any construction or installation operations? Yes No
- 7. Are any structural alterations or demolition exposures contemplated? Yes No
- 8. Any exposure to flammables, explosives or chemicals? Yes No
- 9. Does the Applicant loan or rent machinery or equipment to others? Yes No
- 10. Has the Applicant performed work in any of the following the states? Yes No
If Yes, check all that apply, and provide complete details: AZ CA CO NV NY OR UT WA
- 11. Does the Applicant subcontract work to others? (If yes, please provide the following) Yes No
 - a. Provide detailed description of the type of work subcontracted.
 - b. Are subcontractors permitted to work without providing the Applicant a certificate of insurance? Yes No
 - c. Do subcontractors carry coverage or limits less than the Applicant? Yes No
- 12. Does the Applicant enter into any contractual agreement other than their Letter of Engagement? Yes No

GENERAL INFORMATION – PRODUCTS:

**Provide Full Details To All 'Yes' Responses on The Notes Page Of This Application Or On A Separate Sheet
Identify Entries By Question Number And Coverage For Each Section**

- 13. Does the Applicant install, service or demonstrate any products? Yes No
- 14. Does the Applicant package or repackage products manufactured by others? Yes No
- 15. Does the Applicant manufacture, sell, distribute or package products for sale
under the their own name? Yes No
- 16. Are any foreign products sold, distributed or used as components in any Applicant's product? Yes No
- 17. List all products demonstrated, distributed, installed, serviced, sold, packaged or repackaged by the applicant:

Description of Product	Gross Annual Sales	Number of Units
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

ADDITIONAL INTERESTS:

Name and Address	Relationship to Applicant Explain "Other"
_____	<input type="checkbox"/> Landlord <input type="checkbox"/> Other
_____	_____
_____	_____
Name and Address	Relationship to Applicant Explain "Other"
_____	<input type="checkbox"/> Landlord <input type="checkbox"/> Other
_____	_____
_____	_____

PRIOR CARRIER AND LOSS HISTORY:

- 18. Has any policy or application for similar insurance made on the Applicant's behalf ever been declined, cancelled or nonrenewed? Yes No
- 19. Provide Prior Carrier information: (Last Three Years)

Year	Carrier	Policy Number	Limits	Premium

LOSS HISTORY:

Loss History (Last Five Years)

Date of Loss	Type of Loss	Description of Loss	Amount Paid	Reserve

Use Additional Sheet if Necessary

COMMERCIAL PROPERTY COVERAGE:

Does the applicant desire commercial property coverage for their business operations? yes no

If Yes, Please Provide The Following:

Schedule of Covered Property:						
	Location # 1		Location # 2		Location # 3	
Construction:						
Year Built:						
# of Stories:						
Total Sq. Footage:						
Percent Occupied:						
Protection Class:						
100% Sprinklered:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Year Of Last Update	___ Roof	___ Wiring	___ Roof	___ Wiring	___ Roof	___ Wiring
	___ Plumbing	___ Heat	___ Plumbing	___ Heat	___ Plumbing	___ Heat
	Other: _____		Other: _____		Other: _____	
Special Hazards: (e.g., woodworking, cooking storage of flammables etc...) Explain Yes answers	<input type="checkbox"/> Yes <input type="checkbox"/> No _____		<input type="checkbox"/> Yes <input type="checkbox"/> No _____		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Coverage and Limits Desired:						
Valuation:	<input type="checkbox"/> Actual cash value <input type="checkbox"/> Replacement cost <input type="checkbox"/> Market value		<input type="checkbox"/> Actual cash value <input type="checkbox"/> Replacement cost <input type="checkbox"/> Market value		<input type="checkbox"/> Actual cash value <input type="checkbox"/> Replacement cost <input type="checkbox"/> Market value	
Causes of Loss:	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Coinsurance:	%		%		%	
Limits of Insurance:						
Building	\$		\$		\$	
Personal Property	\$		\$		\$	
Business Income	\$		\$		\$	
Coinsurance or	%		%		%	
Monthly Limitation						
Signs:	\$		\$		\$	

ADDITIONAL INTERESTS

	Location # 1	Location # 2	Location # 3
Mortgage Interest:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:			
Address:			

When coverage for **Causes Of Loss – Special Form and Replacement Cost Value** is selected, the following Coverages and Limits of Insurance are included. An option to increase the limits shown below may be available for an additional charge.

Are alternate Limits of Insurance, other than those stated below desired? Yes No
If Yes, indicate the Total Limits of Insurance requested:

Extension of Coverage – When writing Causes of Loss Special Form Replacement Cost Value	Limits of Insurance Included	Total limits Requested:
Property in the open (or in a vehicle on the described premises) is covered when within (* feet) of the described premises:	1000 feet*	ft
Fire equipment service charge up to a limit of:	\$5,000	\$
Recharge of fire protection equipment up to a limit of:	\$2,500	\$
Valuable papers is included up to a limit of:	\$10,000	\$
Property off premises other than "stock" is covered up to a limit of:	\$15,000	\$
Outdoor property includes - coverage for any one tree, plant or shrub up to a limit of:	\$500/loss \$5,000 total	\$ /Loss \$ total
Accounts receivable is covered up to a limit of:	\$10,000	\$
Computer equipment is covered for losses arising from an artificially generated electric current or mechanical breakdown up to a limit of:	\$5,000	\$
Spoilage coverage for perishable stock up to a limit of:	\$10,000	\$
Extra expense is covered up to a limit of:	\$5,000	\$
Back up from a sewer or drain sub-limit of:	\$10,000	\$

PRIOR CARRIER AND LOSS HISTORY:

20. Has any policy or application for similar insurance made on the Applicant's behalf ever been declined, cancelled or nonrenewed? Yes No

21. Provide Prior Carrier information: (Last Three Years)

Year	Carrier	Policy Number	Limits	Premium

LOSS HISTORY:

Loss History (Last Five Years)

Date of Loss	Type of Loss	Description of Loss	Amount Paid	Reserve

Use Additional Sheet if Necessary

NOTES:

**Miscellaneous Professional Liability – Claims Made and Reported
Additional Information**

**Commercial General Liability (Occurrence) Coverage
Additional Information**

**Commercial Property Coverage
Additional Information**

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date