



Flood **Miscellaneous Professional Liability Application**

NOTICE: THE POLICY FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD ARE COVERED SUBJECT TO THE POLICY PROVISIONS.

THE LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED, AND MAY BE EXHAUSTED, BY CLAIMS EXPENSES. CLAIMS EXPENSES ARE ALSO APPLIED AGAINST YOUR RETENTION, IF ANY. IF YOU HAVE ANY QUESTIONS ABOUT COVERAGE, PLEASE DISCUSS THEM WITH YOUR INSURANCE AGENT.

INSTRUCTIONS

PLEASE TYPE OR PRINT ALL ANSWERS CLEARLY. ANSWER ALL QUESTIONS COMPLETELY, LEAVING NO BLANKS. IF THERE IS INSUFFICIENT SPACE TO COMPLETE AN ANSWER, PLEASE CONTINUE ON A SEPARATE SHEET INDICATING THE QUESTION NUMBER. IF ANY QUESTIONS, OR ANY PART THEREOF, DO NOT APPLY, PRINT N/A IN THE SPACE. INSERT CHECKS IN YES OR NO ANSWER BOXES, IF ANY. THIS APPLICATION MUST BE COMPLETED, SIGNED, AND DATED BY AN AUTHORIZED OFFICER OF YOUR FIRM. UNDERWRITERS WILL RELY ON ALL STATEMENTS MADE IN THIS APPLICATION.

THE INFORMATION REQUESTED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE COMPANY UNDER ANY POLICY OF A CLAIM OR POTENTIAL CLAIM. ALL SUCH NOTICES MUST BE SUBMITTED TO THE COMPANY PURSUANT TO THE TERMS OF THE POLICY, IF AND WHEN ISSUED.

1 GENERAL INFORMATION

Applicant Name _____
Business Address _____
City _____ State: _____ Zip: _____
Phone (____) _____ Fax (____) _____ Website _____
Contact Name _____ E-Mail _____
Nature of Business _____ Year Established _____
Number of Principals, Partners, Directors, Officers, & Professional Employees _____ Total Number of Employees _____

2 SUBSIDIARIES, ACQUISITIONS, MERGERS, OR CONSOLIDATIONS.....

- a Are there any Subsidiaries for which coverage is desired? Yes No
 - b Is the Applicant owned, controlled, or affiliated with any other entity? Yes No
 - c Has the Applicant ever been the subject of any merger, acquisition, or consolidation? Yes No
 - d During the past five years has the Applicant been engaged in any business or professional services other than the Nature of Business described in Question 1? Yes No
- If "Yes", please explain on a separate sheet.*

3 FINANCIAL AND BUSINESS INFORMATION

- a Indicate fiscal year end date: ____ / ____ (month/day)
- b Indicate below the total revenues for all professional services described in Question 1:

	YEAR	REVENUES	% NON U.S. REVENUES
Prior Fiscal Year		\$	%
Current Fiscal Year		\$	%
Projected Next Fiscal Year		\$	%

- c Do you anticipate any material changes to the nature of the Applicant's business in the next 12 months? Yes No
- If the answer is "Yes", please explain on a separate sheet.*

4 CLIENTS

a Complete the following for the Applicants 3 largest clients:

	CLIENT	SERVICES PROVIDED	REVENUES
1st			\$
2nd			\$
3rd			\$

b Total number of clients: _____

5 SUBCONTRACTORS

a Does the Applicant use subcontractors? Yes No

b What percentage of the Applicant’s business is subcontracted out? _____ %

c Does the Applicant require its subcontractors to maintain professional liability insurance? Yes No

d Do contracts with subcontractors have hold harmless or indemnity agreements that inure to the benefit of the Applicant? Yes No

6 CONTRACTS

a What percentage of the Applicant’s services is provided under written agreement? _____ %

If the answer to 6a is less than 100%, describe the instances when a written contract would not be used on a separate sheet.

b Are Applicant’s contracts reviewed by legal experts prior to use? Yes No

7 CORPORATE GOVERNANCE

a Does the Applicant have a process in place to handle and resolve client complaints? Yes No

b Does the Applicant require continuing education for all professional employees? Yes No

8 PRIOR INSURANCE

a Please provide the following information for any Errors & Omissions or Professional Liability Insurance the Applicant carried during the last three years:

COMPANY	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM	POLICY PERIOD	RETRO DATE
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

a Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined, cancelled, or non-renewed? Yes No

If the answer is “Yes”, please explain on a separate sheet.

9 CLAIMS EXPERIENCE

a Do any principals, directors, officers, partners, employees, or independent contractors of the Applicant have knowledge or information of any actual or alleged acts, errors, omissions, offenses, or circumstances which might reasonably be expected to give rise to a claim against the Applicant? Yes No

b During the past five years, has the Applicant, or any of its predecessors in business, subsidiaries, or affiliates, or any of the principals, directors, officers, partners, employees, or independent contractors ever been subject to a disciplinary action as a result of professional activities? Yes No

c During the past five years, have any suits or claims been brought against the Applicant, any of its predecessors in business, subsidiaries, or affiliates, or any of the principals, directors, officers or employees? Yes No

If the answer to 9a, 9b, or 9c above is “Yes”, complete the Supplemental Claims Questionnaire for each Claim, Notice, or Circumstance.

NOTICE: IN NEW YORK, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

BY SIGNING THIS APPLICATION, THE APPLICANT REPRESENTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION, SUPPRESSED OR CONCEALED. THE UNDERSIGNED AGREES THAT IF AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION, ANY OCCURRENCE, EVENT, OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE UNDERSIGNED SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE, OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

Applicant Signature _____
(Must be signed by an Officer of the Applicant)

Date ____ / ____ / ____
(M M / D D / Y Y)

Print Name _____ Print Title _____