



**MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE APPLICATION**

**THIS APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY**

**APPLICANT'S INSTRUCTIONS**

- 1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.**
- 2. IF YOU NEED MORE SPACE, CONTINUE ON ATTACHMENT 'A' AND INDICATE QUESTION NUMBER.**
- 3. PLEASE COMPLETE THE FINANCIAL SUPPLEMENT ATTACHMENT 'B' AND OTHER SUPPLEMENTS WHERE REQUIRED.**
- 4. THIS APPLICATION, WHICH INCLUDES SUPPLEMENT FORMS, MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM**

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1. Name of Applicant: \_\_\_\_\_
  2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_
  3. Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Website: \_\_\_\_\_
  4. Please describe in detail the nature and types of professional services the Applicant is engaged in and indicate the percentage of revenues derived from each.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  5. What services does the Applicant wish to have covered by the Professional Liability Insurance?  
\_\_\_\_\_  
\_\_\_\_\_
  6. Please indicate type of company:  
Sole Trader \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Privately Held \_\_\_\_\_  
Non-Profit \_\_\_\_\_ Publicly Traded \_\_\_\_\_ Other \_\_\_\_\_
  7. Date established: \_\_\_\_\_

8. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own, any other firm or business enterprise?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

9. Are any significant changes in the nature or size of the Applicant's business anticipated over the next 12 months? Or have there been any such changes in the past 12 months?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

10. In the past 24 months has the Applicant or any of its principals engaged in any business or profession other than as described in the above question?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

11. Total Number of staff: \_\_\_\_\_

12. Please provide the following:

Name of Principals & Qualified Employees	Professional Qualifications/ Designations	Number of years in practice	Number of years with Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Please list Professional Associations to which the Applicant belongs: \_\_\_\_\_  
\_\_\_\_\_

14. Gross Billings:

This year(est): \_\_\_\_\_ Last Year: \_\_\_\_\_ Year prior: \_\_\_\_\_

15. Please indicate the Applicant's five largest jobs/projects during the past three years:

Client	Service	Applicant's Fee	Total project cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Please provide percentage revenue derived from following:

Federal Government: \_\_\_\_\_ State/Municipal Entities: \_\_\_\_\_ Corporations: \_\_\_\_\_

Non-Profit Organizations: \_\_\_\_\_ Individuals: \_\_\_\_\_

17. Does the Applicant use a written contract:

Always: \_\_\_\_\_ Sometimes: \_\_\_\_\_ Never: \_\_\_\_\_

If not always, please explain how the scope of services to be provided is agreed: \_\_\_\_\_

\_\_\_\_\_

Please attach a copy of a standard contract or letter of engagement.

18. Have the Applicant's services and advice been used in any disclosure documents or prospectuses to investors in any business entity?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please detail (including procedures to ensure quality control): \_\_\_\_\_

\_\_\_\_\_

19. Does any director, Officer, employee or partner of the Applicant serve on the board of directors of any client of the Applicant?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

20. Does any applicant, in the course of providing professional services, handle monies or investment instruments belonging to others?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

21. Does any Applicant give advice to any client regarding investments of any kind?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

22. Does any Applicant offer advice to any client in respect of the client's medical, mental or emotional condition or the client's relationships with other people?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

23. Does the Applicant sub-contract work to others:

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain and include the nature of indemnities, hold harmless agreements, etc.:

\_\_\_\_\_

24. Does the Applicant have a written procedures manual for employees to follow?

No \_\_\_\_\_ Yes \_\_\_\_\_

25. Does the Applicant have a formalised training program for employees?

No \_\_\_\_\_ Yes \_\_\_\_\_

26. Does the Applicant have promotional literature?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please provide brief details: \_\_\_\_\_

\_\_\_\_\_

If no, please explain how Applicant's services are marketed: \_\_\_\_\_

\_\_\_\_\_

27. Has any errors and omissions or professional liability insurance ever been declined or cancelled?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

28. Is any errors and omissions or professional liability insurance in favour of the Applicant currently in force?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please indicate errors and omissions insurance carried for each of the past three years:

Carrier	From (mm/yy)	To (mm/yy)	Limit	Deductible	Premium	Retro date
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Has the Applicant or any director, officer, employee or partner provided professional services on behalf of the Applicant been subject to disciplinary action as a result of professional activities?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

30. Is the Applicant aware of any errors, omissions or claims (including any circumstances reported to previous insurers which have not developed into claims) during the last ten years?

No \_\_\_\_\_ Yes \_\_\_\_\_ (If yes, please complete Attachment 'C')

31. Has the Applicant been a party to any lawsuit or other legal proceeding within the past five years?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please provide (on Attachment 'A') a description which includes the venue of the action, the parties, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the applicant, including all costs incurred; including defense expenses.

32. The basic policy for which you have applied will not cover acts, error or omissions which took place prior to the inception date of the policy. If you desire a quote for these prior acts, please enter the date from which you want prior acts covered \_\_\_\_\_.

(Note that coverage does not apply to know or expected claims or those which are insured should have foreseen).

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE, THE INSURANCE, BUT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE APPLICANT FURTHER DECLARED THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORISATION OR AGREEMENT TO BIND THE INSURANCE.

NOTICE; IN CERTAIN STATES, 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.

I HAVE READ THE FOREGOING APPLICATION OF INSURANCE INCLUDING SUPPLEMENT SHEETS 'A', 'B' AND 'C' AND WARRANT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_ IN \_\_\_\_\_

PRODUCER \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_



CLAIMS SUPPLEMENT

Please complete this form if the Applicant is aware of any errors, omissions or claims as indicated in Question 30 of the Application Form (including any circumstances reported to previous insurers which have not developed into claims) during the last ten years.

1. Name of Applicant: \_\_\_\_\_

2. Name of Member of Staff involved in claim: \_\_\_\_\_

3. Name of (potential) claimant: \_\_\_\_\_

4. Date of incident: \_\_\_\_\_ Date claim made: \_\_\_\_\_

5. Under which policy was the claim made? Carrier: \_\_\_\_\_

Policy No: \_\_\_\_\_

6. Status of claim: Closed \_\_\_\_\_ Please indicate Total Loss Paid: \_\_\_\_\_  
or (Including defense expenses)  
Open \_\_\_\_\_

7. Total defense costs and expenses to date: \_\_\_\_\_

8. Damages or other relief sought by the claimant(s): \_\_\_\_\_

9. Insurers loss reserve: \_\_\_\_\_

10. Please give the following details:

- i) the specific act, error or omission upon which the claimant bases the claim.
- ii) a brief description of the claim.
- iii) details of the current status and proposed strategy for handling the claim.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Please continue overleaf if necessary .....)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_