



COVER-PROSM APPLICATION

NOTICE: This professional liability coverage is provided on a claims-made basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

1. Name of the Applicant Firm:

2. Applicant principal location:

Address:

City:

State:

Zip code:

Website:

E-mail address:

3. Date established:

Telephone:

4. Describe the Applicant's nature of business:

5. Is the Applicant Firm controlled, owned, affiliated or associated with any other firm, corporation or company?
Yes No **If yes, please provide an explanation.**

6. Please list the address(es) of all branch offices and/or subsidiaries. **Include a brief description of their operations and indicate if coverage is desired for these offices.**

Branch Office(s):

Subsidiary(ies):

7. During the past five (5) years has the name of the firm been changed or has any other business(es) been acquired, merged into or consolidated with the applicant firm? Yes No **If yes, provide a complete explanation detailing any liabilities assumed.**

8. Staffing- Provide a breakdown of the Applicant's staff into the following categories:

A. Principals, Partners or Officers:

C. Support staff (including part-time):

B. Professionals (not included in A):

D. Part-time professionals (less than 20 hr/wk):

TOTAL:

9. Are any staff members considered "Licensed Professionals" or do any staff members hold any professional designations or belong to any professional societies/associations? Yes No **If yes, provide the individual's name and designation/affiliation:**

10. Dates of the Applicant's current fiscal period: From: _____ To: _____

	<u>PAST FISCAL YEAR</u>	<u>CURRENT FISCAL YEAR</u>	<u>ESTIMATE- NEXT YEAR</u>
Total Gross Annual Revenue: \$	\$	\$	\$

11. Provide the percentage of the Applicant's gross annual revenue from the last fiscal period attributable to the following:

Federal government:	%
State, county or local government and agency thereof:	%
Institutional (schools, hospitals, etc...):	%
Lending institutions:	%
Manufacturing:	%
Other:(specify)	%

12. Does the Applicant provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than three (3)% shareholder of said client?

Yes No **If yes, please provide the following:**

12a. Client name:

12b. Applicant's relationship with the client:

12c. Approximate annual gross revenue generated from this client: \$

13. Were more than fifty (50)% of the Applicant's total gross annual billings for any one year derived from a single client or contract? Yes No **If yes, provide the following:**

13a. Client name:

13b. Services rendered:

13c. How long do you expect this relationship to continue?

14. Describe the Applicant's three (3) largest jobs or projects during the past three (3) years.

<p>Client name:</p>
<p>Services rendered:</p>
<p>Total gross billings: \$</p>
<p>Client name:</p>
<p>Services rendered:</p>
<p>Total gross billings: \$</p>
<p>Client name:</p>
<p>Services rendered:</p>
<p>Total gross billings: \$</p>

15. Does the Applicant utilize the services of independent contractors or sub-consultants? Yes No

15a. Approximate percentage of billings attributable to independent contractors or sub-consultants: %

16. Does the Applicant ever enter into contracts where their fees for services provided are contingent upon the client achieving cost reductions or improved operating results? Yes No **If yes, provide a detailed description of such arrangements.**

17. Does the Applicant secure a written contract or agreement for every project? Yes No
(Please attach a sample copy) If no, provide the percentage of your gross annual revenue where a written contract is secured: %

17a. Does the Applicant's contract contain any of the following? **(check all that apply)**
Hold harmless or indemnification clauses in your favor Guarantees or warranties
Hold harmless or indemnification clauses in your clients favor Payment terms
A specific description of the services you will provide

18. Describe steps taken to minimize / manage business risks:

19. Does the Applicant currently carry commercial general liability insurance? Yes No

20. Please provide the following information on your professional liability (E&O) insurance for the past three (3) years:

Name of insurer:		Limit of liability: \$	
Deductible: \$	Premium: \$	Policy period:	-
Name of insurer:		Limit of liability: \$	
Deductible: \$	Premium: \$	Policy period:	-
Name of insurer:		Limit of liability: \$	
Deductible: \$	Premium: \$	Policy period:	-

20a. Retro-active date on current policy:

21. 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 employee within the past five (5) years? Yes No **If yes, complete a Claim Supplement form for each incident.**

22. Having inquired all principals, partners and officers, are you 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, complete a Claim Supplement form for each incident.**

23. Please indicate the number of claim supplemental forms attached to this application:

With regard to questions 21. and 22., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

Coverage requested:

LIMIT OF LIABILITY:

\$250,000	\$1,000,000	\$4,000,000	\$7,000,000	\$10,000,000
\$300,000	\$2,000,000	\$5,000,000	\$8,000,000	
\$500,000	\$3,000,000	\$6,000,000	\$9,000,000	

DEDUCTIBLE: \$

Attach the following items in support of this application:

1. Applicant Firm's **statement of qualifications** including resumes of all key (technical) personnel along with any available marketing material or company brochures.
2. A copy of the Applicant Firm's formalized **standard client contract**.
3. A copy of the outline from the Applicant Firm's **Quality Assurance / Quality Control (QA/QC) manual**.

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Name (Please Print/Type)

Title **(MUST BE SIGNED BY A PRINCIPAL, PARTNER OR OWNER)**

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date