

**APPLICATION FOR SERVICE AND TECHNICAL PROFESSIONAL LIABILITY INSURANCE**  
**(Claims Made Basis or Claims Made and Reported Basis)**

If space is insufficient to answer any question fully, please attach a separate sheet.

**I. GENERAL INFORMATION**

1. Full name of Applicant: \_\_\_\_\_
2. Principal business premise address: \_\_\_\_\_  
(Street) (County)  
\_\_\_\_\_  
(City) (State) (Zip)
3. Address(es) of Branch Office(s): \_\_\_\_\_
4. Web Site Address(es): \_\_\_\_\_ 5. Phone Number: \_\_\_\_\_
6. Number of employees including principals: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Total \_\_\_\_\_
7. Business is a: corporation partnership individual other \_\_\_\_\_
8. Date organized (MM/DD/YYYY): \_\_\_\_\_
9. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization?  
If Yes, are any services provided to such organization(s)? Yes No  
If Yes, to either of the above, provide details. Yes No
10. During the last year has the Applicant been involved in, or are they presently considering or contemplating:  
(a) Any merger, consolidation or acquisition? Yes No  
If Yes, provide a complete explanation detailing liabilities assumed and any professional liability coverage purchased by any predecessor organization. \_\_\_\_\_  
(b) A change in the nature of business operations? Yes No  
If Yes, provide details. \_\_\_\_\_
11. During the last year has the name of the Applicant been changed? Yes No  
If Yes, provide details. \_\_\_\_\_

**II. ADDITIONAL INFORMATION**

1. **We would also like to request the following information:**
  - (a) A list of owners, partners and officers and percentage of ownership of each of the Applicant(s) named in Part I Item 1. above.
  - (b) Latest annual financial statements (annual report or income statement and balance sheet). (Omit if gross revenues are \$500,000 or less.)
  - (c) Professional qualifications (i.e. resume or c.v.) of each of the owners, partners, officers and key employees of the Applicant(s) named in Part I Item 1. above.
  - (d) Professional societies and organizations to which the Applicant and its owners, partners, officers and key employees belong(s).

- (e) Advertisements, brochures, and descriptive literature on the Applicant's business.
- (f) Sample contract for services between the Applicant and its clients.
- (g) A list of and description of affiliations with any organization owned by any owner, partner or officer of any Applicant.

**III. PROFESSIONAL ACTIVITIES AND SPECIALTY**

1. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Professional Services	Percent of Gross Revenues
_____	_____ %
_____	_____ %
_____	_____ %

2. (a) Estimated annual gross revenues for the coming year: \$ \_\_\_\_\_
- (b) Percentage of annual gross revenues for the coming year:
- (i) Domestic: \_\_\_\_\_ %
  - (ii) Foreign: \_\_\_\_\_ %
- (c) Annual gross revenues for the last three years:
- (i) last twelve months: Year: \_\_\_\_\_ \$ \_\_\_\_\_
  - (ii) 1<sup>st</sup> prior year: Year: \_\_\_\_\_ \$ \_\_\_\_\_
  - (iii) 2<sup>nd</sup> prior year: Year: \_\_\_\_\_ \$ \_\_\_\_\_

3. Describe Applicant's five largest jobs in the last three years:

Client Name	Professional Services	Gross Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Is the Applicant engaged in any business or profession other than as described in Item 1 above? Yes No  
 If Yes, explain. \_\_\_\_\_

5. Were more than 50% of the Applicant's gross revenues for any of the last three years derived from any one contract? Yes No  
 If Yes, specify client, professional services and duration of contract. \_\_\_\_\_

6. Does the Applicant utilize the services of independent contractors or sub-consultants? Yes No  
 If Yes, indicate percentage of billings and whether a certificate of professional liability insurance is required of each.

7. (a) Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture or fabricate anything? Yes No

(b) Does the Applicant, any of its subsidiaries and/or affiliates sell any product other than computer software? Yes No

If Yes, to either (a) or (b) describe. \_\_\_\_\_

8. Is any partner, owner, officer, director or employee of the Applicant a certified public accountant, an attorney or lawyer, an architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services? Yes No  
 If Yes, advise of the name of the individual(s), their position(s) with the Applicant and the nature of services they perform for clients of the Applicant. \_\_\_\_\_

**IV. CLAIMS/HISTORY**

1. During the last five years, have there been any professional liability claims against the Applicant, its predecessors, subsidiaries, affiliates, employees and/or against any other person or entity proposed for this insurance? Yes No

If Yes, attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.

2. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, circumstance or situation which might afford grounds for any claim, such as would fall under the proposed insurance? Yes No  
 If Yes, provide details. \_\_\_\_\_

3. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, employees and/or for any other person or entity proposed for this insurance in the last five years? Yes No  
 If Yes, attach a copy of such insurer's notice.

4. Has the Applicant and/or any of its directors, officers and/or employees its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance been involved in or have knowledge of any pending or completed governmental regulatory, investigative or administrative proceedings? Yes No  
 If Yes, attach a copy of the outcome of such proceedings.

5. Previous Professional Liability Insurance:

Policy Period	Insurer	Indicate whether Claims Made or Occurrence policy	Limits of Liability	Deductible	Retro Date

6. Does the Applicant carry General Liability Insurance? Yes No  
 If Yes, provide: Insurer: \_\_\_\_\_ Limits: \_\_\_\_\_

Does coverage include Products/Completed Operations Hazards? Yes No

**NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY**

No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE "CLAIMS" THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, unless the extended reporting period option is exercised in accordance with the terms of the policy. The policy has specific provisions detailing claim reporting requirements.

The Company is authorized to make any inquiry in connection with this application.

Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the Company receives notice is considered physically attached to and part of the policy if issued. The Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Company; who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**WARRANTY**

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**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 subjects the person to criminal and civil penalties.