

**APPLICATION FOR MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
(CLAIMS MADE FORM)**

GENERAL INFORMATION

1. Full Name of Applicant:

Mailing Address:

a. Other entities to be considered as Insured? YES NO

If Yes, please provide name, relationship to Applicant, operations description and revenue below:

b. Other Locations? YES NO

If Yes, please provide addresses below:

Applicant's Web site Address:

2. Applicant is: Individual Partnership Corporation LLC Other:
 Non-Profit Organization

3. Date Firm Established: (mm/dd/yy)

4. Has the name of the firm ever changed? YES NO

5. Have there ever been any acquisitions, consolidations, dissolution or mergers? YES NO

If Yes, please explain:

6. Is the firm engaged in, owned by, associated with or controlled by any other business? YES NO

If Yes, please explain:

PROFESSIONAL SERVICES AND SPECIALTY

7. a. Describe in detail your professional services and indicate the percentage of gross receipts/revenue derived from each activity.

<u>Description of Professional Service</u>	<u>% of Revenue</u>

- b. Gross Annual Receipts/Revenues: Last 12 Months \$ %Foreign
 Next 12 Months \$ %Foreign

If Foreign Revenue is involved, please list the countries:

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

<u>Client Name</u>	<u>Professional Services</u>	<u>Gross Revenue</u>

- d. Were more than 50% of the Applicant's gross revenues for any of the last three years derived from any one client? YES NO

If Yes, specify client, professional services and duration of contract.

8. a. Total number of employees: Full-Time Part-Time

Partners/Officers: Administrative/Clerical:
 Professional/Technical: Other (Please Describe):

- b. Do you have any licensed professionals on staff? YES NO

If Yes, please provide details:

9. Does the Applicant utilize the services of independent contractors? YES NO

a. If Yes, do you require independent contractors to carry Professional Liability Insurance? YES NO

b. If Yes, do you require independent contractors to carry Commercial General Liability Insurance? YES NO

10. Is the Applicant engaged in any business/profession other than as stated in question 7a? YES NO

If Yes, please provide details below.

11. Does the Applicant contemplate any change in services or emphasis planned for the next 12 months? YES NO

If Yes, please provide details below.

12. Is the Applicant a member of any professional associations or organizations? YES NO

If Yes, please list:

CLAIMS/ HISTORY

13. PROFESSIONAL LIABILITY COVERAGE FOR LAST 5 YEARS (if NONE check here)

INSURER	LIMITS (PER CLAIM/AGG)	DEDUCTIBLE	PREMIUM	POLICY PERIOD

14. What is the **retroactive date** of your current Professional Liability policy? (mm/dd/yy)

15. Is the Applicant insured under a Commercial General Liability policy? YES NO

If Yes, please attach a copy of Declaration Page.

16. Has any insurer cancelled/refused to renew any similar coverage during the last 5 years? YES NO

If Yes, please provide details below:

17. Has any professional liability claim or suit been made against Applicant, any predecessor in business or against any past or present employee/partner/officer(s)? YES NO

If Yes, please complete the Supplemental Claim Information Form at the end of this application for each claim.

Also, please attach five years of currently valued company loss runs.

18. Is the Applicant aware of any circumstance or incident which may result in any claim against them or any predecessor in business or any past or present employee/partner/officer(s)? YES NO

If Yes, please provide full details on each incident including name of parties involved, date of treatment and current status on separate attachment.

CYBER/TECHNOLOGY

Does Applicant currently have or has Applicant ever had insurance coverage for Cyber/Technology Errors & Omissions? YES NO

1. Please describe your security measures utilized to protect your computer network and systems.

2. a. Do You utilize encryption for electronic data at rest? YES NO

b. Do You utilize encryption for data transmitted via wireless? YES NO

3. Please describe security measures and procedures used to protect sensitive data in your care, custody and control.

4. Please describe security measures and procedures used to secure, protect, monitor and track mobile hardware (laptops, communication devices, etc.).

5. Have you experienced any security breaches or data loss events? YES NO

If Yes, please explain the specifics and any action taken to prevent recurrence.

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application and that this Application will be made part of the policy. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims made form.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Current Date:

Title

If you prefer not to Return Application with an Electronic Signature, Please print and Sign Below:

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this electronically submitted application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this electronic application and this application will be made part of the policy. The applicant understands that any subsequent contract issued by the Company will be issued on a claims made form.

Signature of Applicant or Authorized Representative

Date

Title

Please include by attachment to this application:

1. Five largest clients and description of services performed and revenue for each
2. Resumes of all professionals
3. Copies of Association Memberships, Licenses or Certifications, Brochures/Advertisements
4. Sample contract between Applicant and their client(s)
5. Most current Financial data (Annual Report or Balance Sheet)

Supplemental Claim Information Form (Complete one for each claim or incident)

1) Name of applicant/named insured:

2) Name of other parties or defendants named in suit:

3) Date of alleged error or occurrence, or contact date:

4) Date claim was made:

5) Name of Claimant:

6) Name of Insurance Company handling your claim:

7) Present status of claim or final disposition and explanation: Closed Open

8) Defense costs paid to date inclusive of any deductible:

9) a. If closed, total loss paid, inclusive of any deductible:

b. If claim is open or pending, what are the insurer's reserves?

Defense: Loss:

10) Description of case and events including allegations and assessment of liability:

11) Claimant's last settlement demand:

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Signature of Applicant or Authorized Representative

Current Date:

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