Professional Insurance Experts, LLC
5 Cowboys Way, Suite 300, Frisco, TX 75034
Office (469) 777-3025 | Fax (469) 777-3976
proiexp.com

Miscellaneous Professional Liability Application

Errors & Omissions for Consultants, Advisors, Designers and Other Service Providers - New Business or Renewal

Please type directly into the fields. Every question must be answered; respond "N/A" to any question that does not apply. Professional liability policies are generally written on a claims-made basis: only claims first made during the policy period (and reported as the policy requires) are covered. This application is not a binder.

1. APPLICANT & CONTACT INFORMATION

Applicant legal name:

DBA(s) / trade names: Website:

Physical street address:

City: State: ZIP: County:

Mailing address (if different):

Phone: Email:

Contact name: Title:

Entity type: ☐ Corporation ☐ LLC ☐ Partnership / LLP ☐ Sole Proprietor ☐ Other:

Year established: FEIN (optional):

Is coverage wanted for any other entity, subsidiary, DBA or joint venture? ◯ Yes ◯ No

Does the applicant own or control, or is it owned or controlled by, any other business? ◯ Yes ◯ No

In the past 5 years, has the applicant changed its name or ownership, or acquired or merged with another business? ◯ Yes ◯ No

Does the applicant have other office locations? ◯ Yes ◯ No

If yes to any, please give names, addresses and details:

2. PROFESSIONAL SERVICES & LICENSING

Type of business (check all that apply):

- ☐ Business / management consulting
- ☐ HR / staffing / recruiting consulting
- ☐ Marketing / sales / PR consulting
- ☐ Interior design / decorating / staging
- ☐ Legal document preparer / paralegal (non-attorney)
- ☐ Training / education / coaching
- ☐ Event / meeting / wedding planning
- ☐ Property management
- ☐ Notary / loan signing agent
- ☐ Translation / interpretation
- ☐ Appraisal / valuation (not real estate)
- ☐ Other (describe below)

Describe in your own words the professional services you provide, who your clients are, and what they rely on you for:

Professional services and % of revenue from each (should total 100%)

Description of professional service	% of revenue

Are any services expected to change, or new services to be added, in the next 12 months? ◯ Yes ◯ No

If yes, please describe:

Licenses / credentials held: ☐ None required for my services ☐ State license / registration ☐ Professional certification ☐ Other:

License, registration or certification type, issuing state / body and number:

Does any service you provide (or plan to provide) require a license, registration or bond that you do not hold? ◯ Yes ◯ No

Professional associations / trade groups:

3. SPECIAL EXPOSURES

These questions help us find the right market. A "Yes" does not mean you cannot be insured; please explain it below.

Do you give legal advice, prepare legal documents, or represent anyone in court or before a government agency? ◯ Yes ◯ No

If yes: Is that work done under the supervision of a licensed attorney, and do you tell clients in writing that you are not an attorney? ◯ Yes ◯ No ◯ N/A

Do you give tax, accounting, investment, insurance or other financial advice, or sell any financial product? ◯ Yes ◯ No

Do you design or recommend changes to buildings or structures, or to electrical, plumbing, HVAC or fire systems? ◯ Yes ◯ No

Do you buy, resell or arrange installation of goods, furnishings or materials for clients? ◯ Yes ◯ No

If yes, describe: If yes, approx. annual amount ($):

Do you give medical, health, nutrition, counseling or safety advice, or work with children or other vulnerable people? ◯ Yes ◯ No

Do you design, build or host software, websites or IT systems, or handle clients' data networks? ◯ Yes ◯ No

Do you hold, control or disburse client money or other client property (escrow, trust accounts, bill paying)? ◯ Yes ◯ No

Please explain any "Yes" in this section:

4. REVENUE, CLIENTS & STAFF

	Past 12 months ($)	Projected next 12 months ($)
Gross revenue - United States		
Gross revenue - outside the U.S.		
TOTAL		

Number of clients, past 12 months: % of revenue from largest client:

In any of the past 3 years, has one client given you more than 25% of your revenue? ◯ Yes ◯ No

If yes, client, services and length of the relationship:

Five largest jobs or clients in the past 3 years (new businesses: expected jobs)

Client	Services you provided	Dates (from - to)	Your fee ($)	Complete? (Y/N)

Number of people (count each person once)

	Full-time	Part-time
Owners / partners / officers		
Professional / technical staff		
Administrative / clerical		
Independent contractors / subcontractors		

5. CONTRACTS, SUBCONTRACTORS & RISK MANAGEMENT

Do you use a signed written contract or engagement letter with every client that describes the services to be provided? ◯ Yes ◯ No

If yes: Does it include a limitation of liability, a disclaimer of guarantees, or a dispute resolution (mediation / arbitration) clause? ◯ Yes ◯ No ◯ N/A

Do you agree in any contract to hold harmless or indemnify a client, or to guarantee results, savings or completion dates? ◯ Yes ◯ No

Are changes in scope, instructions and client approvals confirmed in writing? ◯ Yes ◯ No

Do you use subcontractors or independent contractors to perform professional services? ◯ Yes ◯ No

If yes: Do you require them to carry their own professional liability insurance and sign a written agreement? ◯ Yes ◯ No ◯ N/A

What mistakes or allegations could a client make against you, and what do you do to prevent them (quality checks, reviews, documentation)?

In the past 3 years, have you sued a client to collect fees, or written off or refunded fees because a client was unhappy with your work? ◯ Yes ◯ No

Is multi-factor authentication used for email and remote access, and are changes to payment or wire instructions verified by phone? ◯ Yes ◯ No

6. COVERAGE REQUESTED & INSURANCE HISTORY

Desired effective date (mm/dd/yyyy): Requested retro date:

Limits (per claim / aggregate; check each to quote): ☐ $250K/$250K ☐ $500K/$500K ☐ $1M/$1M ☐ $1M/$2M ☐ $2M/$2M ☐ $3M/$3M ☐ $5M/$5M ☐ Other:

Deductible / retention (check each to quote): ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ Other:

Also quote (optional; check each that applies):

☐ General liability / BOP ☐ Employment practices (EPLI)

☐ Cyber liability ☐ Crime / social engineering

Does the applicant have professional liability (E&O) insurance in force now? (New firms: answer No.) ◯ Yes ◯ No

Current and prior policies, last 5 years (current policy first; write "none" for any year without coverage)

Insurer	Policy period (from - to)	Limits	Deductible ($)	Premium ($)	Retro date

Has the applicant ever purchased an extended reporting period ("tail") from a prior insurer, or had a gap in coverage? ◯ Yes ◯ No

7. CLAIMS & DISCIPLINARY HISTORY

In the past 5 years, has any claim, suit or written demand been made against the applicant, a predecessor or anyone proposed for insurance for an error, omission or service problem? (Not applicable in Missouri.) ◯ Yes ◯ No

Is anyone proposed for insurance aware of any complaint, dispute, fee problem, act or omission that could lead to a claim? ◯ Yes ◯ No

In the past 5 years, has anyone proposed for insurance been the subject of a complaint, investigation or disciplinary action by a licensing board, regulator, attorney general or bar association (including unauthorized practice of law)? ◯ Yes ◯ No

Has anyone proposed for insurance been charged with, or pleaded guilty to, a crime other than a minor traffic offense? ◯ Yes ◯ No

In the past 5 years, has any insurer declined, cancelled or non-renewed similar insurance for the applicant? (Not applicable in Missouri.) ◯ Yes ◯ No

If you answered Yes to a claim or circumstance question above, give the details for each one

Date of claim or incident	What happened (description)	Reported to insurance carrier?	Status	Amount paid ($, if known)
		◯ Yes ◯ No	◯ Open ◯ Closed	
		◯ Yes ◯ No	◯ Open ◯ Closed	
		◯ Yes ◯ No	◯ Open ◯ Closed	

More than 3? List the others in the comments box below. Disclosing a claim does not mean it is covered. Circumstances that could lead to a claim must also be reported to your current insurer before its reporting period ends.

8. COMMENTS, APPLICANT STATEMENT & SIGNATURE

Please attach, if available: the current declarations page; 5 years of loss runs; your standard client contract or engagement letter; a resume or bio for each owner and professional; copies of any licenses or certifications; and a brochure or link describing your services.

Additional comments or details for any "Yes" answer:

Applicant Statement

The undersigned, an authorized owner, partner or officer of the applicant, declares that the statements in this application and any attachments are true and complete to the best of his or her knowledge after reasonable inquiry of all persons proposed for this insurance. If any information changes before the policy effective date, the applicant will promptly notify us, and any quote or binder may be changed or withdrawn. Signing this application does not bind the applicant or any insurer to complete the insurance, but if a policy is issued, the insurer will rely on this application and it will become part of the policy. Nothing in this application is notice of a claim or potential claim under any policy. The applicant authorizes this information to be shared with insurance companies for the purpose of obtaining quotes.

Fraud Statements

Fraud Statement (All States, including Arkansas, Louisiana, Rhode Island and West Virginia): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. A binder may not be withdrawn but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: 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 such person to criminal and civil penalties.

Tennessee and Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature: Date (mm/dd/yyyy):

Printed name: Title:

How did you hear about us? (optional):