

NOTICE: THIS IS A CLAIMS-MADE POLICY. THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE EXPENSES, AND THAT DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Name (as it should appear on the policy) \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_ Web-Site: \_\_\_\_\_

2. Applicant is: Individual ☐ Partnership ☐ Corporation ☐ Other ☐ \_\_\_\_\_

3. Year Established: \_\_\_\_\_ **ATTACH A COPY OF APPLICANT'S LETTER-HEAD**

4. Please describe in detail the professional services for which coverage is desired:

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

5. Please provide the following information for all partners, principals, employed professionals and key employees (attach separate sheet if necessary).

Name	Home Address	D/O/B
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5a. List 'Keyman' Employee: \_\_\_\_\_

6. Is, or has, the Applicant engaged in (or does the Applicant intend to be engaged in) any business or profession other than described in Quest 6? Yes ☐ No ☐  
If "Yes", please supply full details below.

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

7. Please indicate the total annual gross revenues derived from the services described in Question 4 for the past three years and the projected revenues for the current year:

YEAR	REVENUE
a) Current	\$ _____
b) _____	\$ _____
c) _____	\$ _____
d) _____	\$ _____

- 7A I) Did the Applicant have a positive Net Income in the last 12 Months? ☐ Yes ☐ No  
If "No", Please advise steps being taken to correct the Negative Income on separate sheet.
- II) What is the Applicants Overall Net Equity? ☐ Positive ☐ Negative  
If Negative, please advise Net Equity and corrective steps being taken on separate sheet.
- III) If Applicant is trading as a Corporation please attach a copy of the latest available financial report.
8. Is the Applicant now, or in the past (or is it intending to be) controlled or owned by, or to own or be associated or affiliated with any other firm or business enterprise? Yes ☐ No ☐ . If yes, please attach an explanation and indicate if any services described in Question 4 are provided to such firm or business enterprise.
9. During the past three years, has the Applicant's name been changed, or has the Applicant purchased, merged or consolidated with any other business or has the Applicant been purchased? ☐ Yes ☐ No  
If yes, please explain on separate sheet.
10. Are any changes in the nature of size of the Applicant's business anticipated over the next 12 months? Yes ☐ No ☐ If Yes, please attach an explanation if change is  $\geq 25\%$ .
11. Please indicate the number of:  
a) Principals, partners, officers and professional employees directly engaged in providing services to clients \_\_\_\_\_ b) all other (non professional/clerical) employees \_\_\_\_\_
12. Please provide the following:

Names of All Partners, Principals and Key Employees	Professional Qualifications/Designations	# Of Years In Practice	# Of Years with Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attached resumes covering key professionals/employees

13. Please list professional associations to which Applicant belongs:  
\_\_\_\_\_
14. Has the Applicant provided services to any governmental entities? ☐ Yes ☐ No  
If yes, please attach an explanation.
15. Has the Applicant provided services to any employee benefits plans, including any pension plans or does it plan to do so? ☐ Yes ☐ No. If, Yes, please attach an explanation.
16. Has the Applicant provided services to any bank, savings and loan or other financial institution, or does it plan to do so? ☐ Yes ☐ No. If, Yes, please attach an explanation.
17. Please indicate the Applicant's five largest jobs/projects during the past three years, showing client's name services provided and gross revenues for each:

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18. Does any director, officer, employee or partner of the Applicant serve on the board of directors of any client of the applicant? ☐ Yes ☐ No. If, Yes, please attach an explanation.
19. Does the Applicant use a written contract with clients? ☐ Always ☐ Sometimes ☐ No
- 19A Within Client Contracts (or letters of appointment) does applicant obtain any Hold-Harmless and/or Limitation of Liability in its favour? ☐ Yes ☐ No. If, Yes, please attach sample copy.
20. Does the Applicant subcontract work to others? ☐ Yes ☐ No
21. Does the Applicant have a written procedural manual for employees to follow? ☐ Yes ☐ No
22. Does the Applicant have a formalized training program for newly hired employees?  
☐ Yes ☐ No
23. Does the Applicant have promotional literature? ☐ Yes ☐ No. If, Yes, please attach sample
24. Has the Applicant ever had any errors and omissions or professional liability insurance ever been declined or cancelled? ☐ Yes ☐ No. If, Yes, please attach an explanation.
25. Is any errors and omissions or professional liability insurance currently in force? ☐ Yes ☐ No  
Provide the following information regarding any coverage during the past five (5) years:

Company	Expiration Date	Limit	Premium
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RETROACTIVE DATE OF CURRENT POLICY: \_\_\_\_\_

26. Do you ever, or do you anticipate offering your professional services to clients outside of the United States of America, its territories and possessions, or Canada? ☐ Yes ☐ No  
If, Yes, please supply full details including Territorial/Revenue splits on a separate sheet.

### **CLAIMS INFORMATION/DETAILS**

27. Does any director, officer, employee or partner of the applicant have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim?  
☐ Yes ☐ No. If, Yes, please attach an explanation.
28. Has the Applicant or any director, officer, employee or partner of the Applicant ever been the subject of disciplinary action as a result of professional activities?  
☐ Yes ☐ No. If, Yes, please attach an explanation.
29. Please attach a list and status of all errors and omissions claims made during the past five years against the Applicant or any director, officer, employee or partner of the Applicant. If none, please check here: None. ☐
30. During the past five years has the applicant been named in any dispute/complaint or been named as a Defendant or Plaintiff in a lawsuit in respect of the below coverages:

	Yes	No
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>
General Liability	<input type="checkbox"/>	<input type="checkbox"/>
Licensing & Disciplinary Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
Directors & Officers	<input type="checkbox"/>	<input type="checkbox"/>

Fiduciary Liability	<input type="checkbox"/>	<input type="checkbox"/>
Employment Practices Wrongful Acts	<input type="checkbox"/>	<input type="checkbox"/>
Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>
Crime & Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>
Media Personal Injury	<input type="checkbox"/>	<input type="checkbox"/>
Damage to Property of others	<input type="checkbox"/>	<input type="checkbox"/>
Key Employee Loss Expenses	<input type="checkbox"/>	<input type="checkbox"/>
Defendants Expense	<input type="checkbox"/>	<input type="checkbox"/>
Deposition Fees & Expenses	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is Yes to any of the above coverages, please complete Supplemental Claim Information Form

Applicant's Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Must be signed by Owner, Partner, Director or Officer of the Name Insured.  
 It is agreed the signer has authority to act on behalf of all insureds)*

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

**NB: Coverage afforded hereunder is restricted to the United States of America, its territories and possessions, or Canada. An amendment to this limitation may be available at underwriters discretion.**

**This insurance application, duly completed, together with any supplementary information, must be signed, in ink, by the Applicant. One signed copy will be attached and form a part of any policy issued. Completion of this insurance application does not bind or obligate the Company to offer this insurance.**

**Signing this form, and tendering any payment, does not bind the Insurers or the applicant to complete the insurance. The insurance application must be signed to be considered for an indication. By signing below you certify that all information you have provided is correct. You herewith authorize Insurers or their representatives to gather any additional information they may deem necessary in order to process this application for quotation or to issue a policy. Your signature below authorizes, but does not obligate Insurers to obtain additional information or to verify the information provided from any regulatory agency, provider of services to you or your business, and any financial institution or credit rating company relating to information about you or your business. By your signature, you herewith authorize the release of information regarding your losses, any financial information, or any regulatory compliance matters to Insurers.**

**NOTICE: IN NEW YORK, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND 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.**

The Applicant hereby acknowledges that the persons or entities proposed for insurance are aware that the limits of liability contained in the policy applied for shall be reduced, and may be completely exhausted, by the Defense Expenses and, in such event, Insurers shall not be responsible for the continued defense of any Claim or liable for Defense Expenses or for the amount of any judgement or settlement to the extent that any of the foregoing exceed the limits of liability of such policy.

**The applicant hereby further acknowledges full awareness of the professional liability insurance policy, its terms and conditions (especially the policy exclusions) including any endorsements and/or agreed amendments.**

**Note: If the applicant does not understand any part of the Professional Liability coverage then the applicant should contact their relevant Insurance Broker / Advisor and not sign the application.**

**The applicant hereby further acknowledges that the persons or entities proposed for insurance are aware that Defense Expenses that are incurred shall be applied against the deductible amount.**

**The undersigned authorized by, and acting on behalf of the applicant and all persons concerned seeking professional liability insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate.**

## SUPPLEMENTAL CLAIM INFORMATION FORM

### APPLICANTS INSTRUCTIONS:

This form is to be completed by Applicant who has been involved in any claim or suit or is aware of any facts, circumstances, acts errors or omissions which may give rise to a professional liability claim. COMPLETE ONE FORM FOR EACH SUCH CLAIM OR CIRCUMSTANCE.

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

Answer all questions completely and please print.

1. Full name of Applicant: \_\_\_\_\_
2. Full name of individual(s) or firm involved in claim: \_\_\_\_\_
3. Full name of Claimant: \_\_\_\_\_
4. Indicate whether: Claim/Suit ( ) or Incident ( )
5. Date of alleged error: \_\_\_\_\_
6. Date of claim: \_\_\_\_\_
7. (a) Description of claim: (provide enough information to allow evaluation and use a separate exhibit if additional space is required and include a copy of the complaint): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(b) Description of case and events: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Additional defendants: \_\_\_\_\_
9. IF CLOSED:  
  
Total loss Paid including Deductible: \$ \_\_\_\_\_  
  
Indicate whether: Court judgement ( ) or Out-of-court settlement ( )
10. IF PENDING  
  
Claimant's settlement demand \$ \_\_\_\_\_  
Defendent's offer for settlement \$ \_\_\_\_\_  
Insurer's loss reserve \$ \_\_\_\_\_  
Deductible \$ \_\_\_\_\_

Is claim in Suit? Yes ( ) No ( )

If yes, Amount asked in complaint \$ \_\_\_\_\_

11. Name of insurer: \_\_\_\_\_

I understand that the information submitted herein become a part of my professional liability application and is subject to the same certifications, warranties and conditions.

Applicant's Full Name: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_