



MISCELLANEOUS

**STANDARD APPLICATION FOR
PROFESSIONAL LIABILITY COVERAGE**

Return Applications to:
Fox Point Programs, Inc.
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Claymont, DE 19703
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NOTICE: THIS IS A CLAIMS-MADE AND REPORTED FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

*** EVERY QUESTION BELOW MUST BE ANSWERED. RESPOND "N/A" TO ANY QUESTION THAT DOES NOT APPLY. ***

1 GENERAL INFORMATION

a Business Name:

b Business Address:

c Business City:

State:

ZIP:

d Contact Name:

Email:

e Years In Business:

Phone:

Fax:

f Nature of Business:

Additional Supplemental Applications may be required in order to secure a quote.

g Number of Principals, Partners, Directors, Officers, & Professional Employees:

h Total Number of Employees:

i How many employees have fewer than 3 years experience?

Please complete the chart below:

Owner/Officer Name	Title	Years of Experience	Active in Daily Operations?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Yes No N/A

j Are all employees with fewer than 3 years experience supervised by senior staff/officers?

k Does the applicant have/maintain all required licenses?

2 SUBSIDIARIES, ACQUISITIONS, MERGERS, OR CONSOLIDATIONS

a Are there any Subsidiaries for which coverage is desired?

b Is the Applicant owned, controlled, or affiliated with any other entity?

c Has the Applicant ever been the subject of any merger, acquisition or consolidation?

d During the past five years has the Applicant been engaged in any business or professional services other than the Nature of Business described in Question **1f**?

3 CORPORATE GOVERNANCE

a Does the Applicant have a process in place to handle and resolve client complaints?

b Does the Applicant require continuing education for all professional employees?

4 FINANCIAL AND BUSINESS INFORMATION

- a Indicate fiscal year end date: ____ / ____ (month/day)
- b Indicate below the total revenues for all professional services described in Question 1:

	YEAR	REVENUES	% NON U.S. REVENUES
Prior Fiscal Year		\$	%
Current Fiscal Year		\$	%
Projected Next Fiscal		\$	%

Yes No N/A

- c Do you anticipate any material changes to the nature of the Applicant's business in the next 12 months?

5 SUBCONTRACTORS

- a Does the Applicant use subcontractors? %
- b What percentage of the Applicant's business is subcontracted out? %
- c Does the Applicant require its subcontractors to maintain professional liability insurance?
- d Do contracts with subcontractors have hold harmless or indemnity agreements that inure to the benefit of the Applicant?

6 CONTRACTS

- a What percentage of the Applicant's services is provided under written agreement? %
If the answer to 6a is less than 100%, describe the instances when a written contract would not be used on a separate sheet.
- b Are the Applicant's contracts reviewed by legal experts prior to use?

7 PRIOR INSURANCE

- a Please provide the following information for any Errors & Omissions or Professional Liability Insurance the Applicant carried during the last three (3) years:

COMPANY (PLEASE ENTER FULL NAME OF CARRIER)	LIMIT OF LIABILITY (PER CLAIM/AGGREGATE)	DEDUCTIBLE	PREMIUM	POLICY PERIOD (EFF DATE - EXP DATE)	RETRO DATE (MM/DD/YYYY)
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

Yes No N/A

- b Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined, cancelled or non-renewed? *If "Yes," please explain on a separate sheet provided.*

8 CLAIMS EXPERIENCE

- a Do any principals, directors, officers, partners, employees, or independent contractors of the Applicant have knowledge or information of any actual or alleged acts, errors, omissions, offenses, or circumstances which might reasonably be expected to give rise to a claim against the Applicant?
- b During the past ten (10) years, has the Applicant, or any of its predecessors in business, subsidiaries, or affiliates, or any of the principals, directors, officers, partners, employees, or independent contractors ever been subject to a disciplinary action as a result of professional activities?
- c During the past ten (10) years, have any suits or claims been brought against the Applicant, any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers or employees?

If the answer to 8a, 8b, or 8c above is "Yes", please complete the Supplemental Claims Questionnaire for each Claim, Notice or Circumstance.

9 LIMIT/DEDUCTIBLE/DEFENSE COST OPTIONS

Select Limit Option(s) desired (must select at least one):

Some restrictions may apply based on underwriting criteria.

\$ 250,000 / \$ 250,000
\$ 250,000 / \$ 500,000
\$ 500,000 / \$ 500,000
\$ 500,000 / \$ 1,000,000
\$ 1,000,000 / \$ 1,000,000
\$ 1,000,000 / \$ 2,000,000

Select Deductible Option(s) desired (select all that apply):

Any deductible in excess of \$5,000 may be subject to receipt and review of financial statements.

\$ 1,000
\$ 2,500
\$ 5,000
\$ 10,000
\$ 15,000
\$ 25,000

Some restrictions may apply based on underwriting criteria.

Select Supplemental Defense Costs Outside Limit Option(s):

\$250,000 (Requires Minimum of \$500,000/\$500,000 Limits)
Defense Inside Limits of Liability (Included)

Applicant Signature _____

*(MUST be signed by an Owner, Partner, Director or Officer of the Named Insured.
It is agreed the signer has authority to act on behalf of all insureds.)*

Date _____

(MM/DD/YYYY)

Print Name _____

Print Title _____

I/We hereby warrant, that the statements and particulars provided in this Application are true and that I/we have not suppressed or misstated any material facts and that I/we agree that this Application shall be the basis of the contract with the Company and that the coverage, if written, may be affected by any suppression or misstatement. It is understood and agreed that this Application forms a part of any Policy issued by the Company to the Applicant and shall be deemed to be attached to and form a part of the Policy. It is understood and agreed that completion of this Application does not bind the Company to issue nor the Applicant to purchase the insurance.

PRODUCER SUBMITTING ON BEHALF OF THE INSURED

Agency Name _____	License No. _____
Agent Name _____	Phone No. _____
Address _____	
City _____	State _____ ZIP _____
E-mail Address _____	
Do you give Fox Point Programs authorization to broker this account if not eligible for our in-house program?	
Yes	
No	



SUPPLEMENTAL CLAIM QUESTIONNAIRE

THIS SUPPLEMENTAL FORM IS TO BE COMPLETED BY THOSE APPLICANTS WHO HAVE EITHER 1) BEEN THE SUBJECT OF A PROFESSIONAL LIABILITY CLAIM, OVER THE PAST TEN (10) YEARS, OR 2) ARE AWARE OF A SITUATION THAT MAY GIVE RISE TO A CLAIM IN THE FUTURE. PLEASE BE SURE TO ANSWER ALL QUESTIONS. FAILURE TO DO SO MAY DELAY PROCESSING OR RESULT IN THE SUBMISSION'S DECLINATION.

COMPLETE ONE SUPPLEMENTAL APPLICATION FOR EACH CLAIM OR INCIDENT.

a Applicant Name: _____

b Name of the Claimant(s) or potential Claimant(s): _____

Date of the alleged act, error, or omission: _____

Is this a: Claim Lawsuit Administrative/Disciplinary Hearing Incident (potential claim)

Is this matter settled? Yes No If "Yes," what was the final disposition (monetary award, administrative sanction, etc.?)

What was the total indemnity amount paid? \$ _____

What were the total defense/legal costs paid? \$ _____

If the matter is still pending, what remedy is being sought by the Claimant(s): _____

c Provide a brief description incident being reported: _____

d Please describe procedures instituted to avoid like claims: _____

e Was the Applicant insured under a Professional Liability policy at the time of the incident? Yes No
If "Yes", provide the insurance company name and policy number:

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.

Date

Applicant's Authorized Signature