

**NOTE:** If this policy is issued, it will be on a claims made basis. The policy provides that the limit of liability available to pay judgments or settlements shall be reduced by amounts incurred for legal defense. Amounts incurred for legal defense shall be applied against the deductible amount.

1. Applicant name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
 Address(es) of Branch(es): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Website URL: \_\_\_\_\_

2. Limit of liability desired:  \$100,000  \$300,000  \$500,000  \$1,000,000  Other: \$ \_\_\_\_\_

3. Deductible desired:  \$1,000  \$2,500  \$5,000  \$10,000  Other: \$ \_\_\_\_\_

4. Describe in detail the professional activities for which coverage is desired:

5. Is the applicant engaged in any business or profession other than as that described in question 4?  Yes  No  
**If yes**, explain and include estimated receipts:

6. List the total gross receipts for the past three years derived from the activities in question 4. In addition, list projected receipts for the current policy year:

Year	Estimated fees and receipts
Current policy year	\$ _____
Year: _____	\$ _____
Year: _____	\$ _____
Year: _____	\$ _____

7. For the receipts listed in question 6, please provide the approximate percentage derived from each of the activities listed in question 4:

Activity	Percentage of receipts from question 6
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

8. Corporate structure:  Individual  Partnership  LLC  Corporation: Federal ID# \_\_\_\_\_



9. Year established: \_\_\_\_\_

During the past five years has the name of the Applicant been changed, or has any other business been purchased, merged or consolidated with the applicant?  Yes  No

If yes, explain:

10. Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company?  Yes  No

If yes, explain:

Are any activities listed in question 4 provided to such business enterprise?  Yes  No

11. a. Number of principals, partners, officers and professional employees directly engaged in providing services to clients: \_\_\_\_\_

b. Number of non-professional employees (clerks, secretaries, etc.): \_\_\_\_\_

12. List all Partners, Principals and Key Employees:

Full Name	Professional Qualifications	Date Qualified	Years in Practice	How Long in Role
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Does the Applicant firm belong to any professional association(s)?  Yes  No

If yes, list:

14. List the Applicant firm's five largest clients during the past three (3) years, including: a) project/name; b) the nature of the services performed for the client; and c) the revenues obtained from those service:.

15. Does the applicant firm use a written contract with clients?  Always  Sometimes  Never

Attach a copy of your standard contract.

16. What percentage of the Applicant's business involves subcontracting of work to others? \_\_\_\_\_ %

Does the Applicant provide professional services to business entities in which it retains an ownership interest?

If yes, explain:

17. Has any similar insurance ever been declined or canceled?  Yes  No

If yes, explain:



18. List errors and omissions insurance carried for each of the past **three** years. **If none**, check here:

Inception date	Expiration date	Insurance Company	Premium	Limits of liability	Deductible
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

If retroactive date prior to policy inception is requested, provide date: \_\_\_\_\_

19. Attach copies of the following:

- a. Advertisements, brochures, descriptive literature
- b. Sample contract between you and your clients outlining services to be rendered
- c. Latest financial data (annual report or balance sheet)

20. Has the Applicant or any of the individuals listed in question 12 ever been the subject of disciplinary action by authorities as a result of any professional activities?  Yes  No

**If yes**, explain:

21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against that person?

**If yes**, explain:

22. **Attach a list and status** of all errors and omissions claims made against any proposed Insured(s) during the past three years.

**If none**, check here:

23. It is agreed with respect to questions 20, 21 and 22, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT TO THE BEST OF HIS KNOWLEDGE THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

**Notice to New York Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an 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.

Please read the following statement carefully and sign below where indicated. If a policy is issued, new york insurance department regulations require that this signed statement be attached to the policy.

**Arkansas Residents:** 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.



The Insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limits of liability of this policy.

The Insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

Typed or printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Producer: \_\_\_\_\_

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