

## PROFESSIONAL LIABILITY ERRORS & OMISSIONS APPLICATION

### If Coverage Is Issued, It Will Be On a Claims-Made Basis

<b>INSTRUCTIONS:</b>	1. Please answer all questions. Leave no blank spaces. 2. If space is insufficient to answer fully any questions, please attach separate sheet. 3. Application must be signed and dated by owner, partner or officer.			
1. Name of Applicant:				
Address:				
City:		State:		ZIP:
E-mail Address:				
Website:				
2. a) Please describe in detail the professional services for which coverage is desired.				
b) Please attach copies of descriptive or promotional materials and/or provide website address.				
3. Applicant is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (describe)				
4. Is the Applicant controlled, owned or associated with any other firm, corporation or company? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please attach an explanation.  Are any activities listed in Question 2 provided to such business enterprise? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Year established:				
6. a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients:				
Please provide the following information.				
<b>Name in full of ALL Partners/Principals/Key Employees</b>	<b>Professional Qualifications</b>	<b>Date Qualified</b>	<b>How Long in Practice?</b>	<b>How Long as Partner/ Principal?</b>
b) Number of non-professional employees (clerks, secretaries, etc.)?				
7. To what professional association(s) does the Applicant Firm belong?				
8. List the total gross revenues for the current year and the past two years derived from those activities in Question 2.		<b>Year</b>	<b>Amount</b>	
		a) Current projected	\$	
		b)		
		c)		

		Activity	% of Revenues
a)	Current Projected Year		%
			%
			%
			%
			%
		Activity	% of Revenues
b)	Last Year		%
			%
			%
			%
			%

11. Please include a list of Applicant's five largest jobs or projects during the past three years. Please provide detailed information.

Project/Client Name	Nature of Services Performed	Revenues Obtained

13. a) What percentage of the Applicant's business involves subcontracting of work to others?	%
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Description of services being covered:			
Name of insurer:			
Expiration Date:		Policy Retro Date:	
Policy Limit:	Policy Deductible:		Premium:
Length of time coverage has been in force:			

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17. After inquiry, have any claims been made against any proposed insured(s) during the past three years? ☐ Yes ☐ No  
If YES, please provide full details of all claims.

18. After full inquiry, are you or any of the Principals or Partners or Directors or Employees of the firm aware of any circumstances which might give rise to a claim against the firm or any past or present Principal, Partner, Director or Employee? ☐ Yes ☐ No  
If YES, please provide full details of each circumstance.

***It is understood and agreed that with respect to Questions 16, 17 and 18 above, that if such knowledge or information exists, any claim or action arising therefrom is excluded from this proposed coverage.***

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

This Application Form duly completed, together with any supplementary information, must be signed in ink by the person indicated. Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.