



# Professional Liability Errors and Omissions Insurance Application

9. Date established:

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

If Yes, please describe/attach an explanation:

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. Please provide the following information about the applicant's key employees:

Name in full of ALL partners/ principals/key employees	Professional qualifications	Date qualified	How long in practice?	How long as partner/ principal?

13. To what professional association(s) does the applicant belong?

14. Please include a list of applicant firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

Project/client name	Nature of the services	Revenue obtained
		\$
		\$
		\$
		\$
		\$

15. Does the applicant use a written contract with a client:  
In all cases  Sometimes  Never

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? Yes  No

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If Yes, please explain:

17. Has any similar insurance ever been declined, non-renewed or cancelled? Yes  No

If Yes, please describe/attach an explanation:

18. Is similar insurance currently in place? Yes  No

If Yes, please provide the following professional insurance information:

Description of covered services:

Company	Expiration Date	Limits	Deductible	Premium
		\$	\$	\$

Prior Acts/Retroactive date on policy?

mm/dd/yy

19. Please attach most recent audited financial statements (or recent tax returns) and descriptive or promotional materials.

a. Estimated Gross receipts for current fiscal period: \$

b. Estimated Cost of Goods Sold for current fiscal period: \$

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

If Yes, please explain:

21. Does the 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 him/her? Yes  No

If Yes, please complete a Supplemental Claims Information Form for each.

22. After inquiry have any claims been made against any proposed Insured(s) during the past five (5) years? Yes  No

If Yes, please complete a Supplemental Claims Information Form for each claim.

How many claims have been made in the past three (3) years?

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

**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 material thereto, commits a fraudulent insurance act, which is a crime.**

The applicant hereby acknowledges that he/she/it is aware that the limit of liability 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 limit of liability.

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

I 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.

Name of applicant:

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

Date:

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated.

Signing of this form does not bind the applicant or the Underwriters to complete this insurance.

**A copy of this application should be retained for your records.**

# Supplemental Claim Form

Please complete one form for each claim or incident.

If space is insufficient to answer any question fully, use the reverse side of this page or attach a separate sheet.

Answer all questions in full.

1. Named insured:

2. Name of individual(s) involved in the claim:

3. Additional defendants:

4. Full name of claimant(s):

5. Which insurance company was the claim/incident reported to?

a. Date of alleged error:

b. Date reported:

c. Date you first received notice:

6. Present status of claim:

In suit

Open incident

Closed

a. If closed: Total damages paid including deductible:  \$

Loss

\$

Claim expenses

Indicate whether

Court judgement

Out of court settlement

b. If pending:

Amount asked in summons

\$

Claimant's settlement demand

\$

Defendant's offer for settlement

\$

Insurer's loss reserve\*

\$

Deductible

\$

\*Unknown is unacceptable. Please contact insurance company or defense attorney for a good faith estimate.

# Supplemental Claim Form

7. Description of claim/incident: (Please provide enough information to allow evaluation and attach a separate page if additional space is required.)

a. Alleged act, error or omission upon which claimant bases claim:

b. Description of case and events

c. Description of the type and extent of injury or damage allegedly sustained:

8. Have you changed company policies or procedures as a result of this claim/incident that will reduce the possibility of a similar occurrence?

Yes  No

If Yes, please describe:

## Declaration

I/We hereby understand that the information submitted herein becomes a part of the professional liability application and is subject to the same representations and conditions.

Applicant's name:

Applicant's signature:  
(Must be Signed by an Owner, Officer or Partner)

Date (mm/dd/yyyy)

**A copy of this application should be retained for your records.**