

MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE APPLICATION

THIS INSURANCE, IF ISSUED, WILL BE ON A CLAIMS-MADE AND REPORTED BASIS.

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE.

NOTICE: THIS IS A CLAIMS MADE POLICY. EXCEPT TO THE EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY ONLY FOR THOSE CLAIMS THAT ARE FIRST MADE AGAINST YOU AND REPORTED IN WRITING TO US DURING THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

Application Instructions:

1. Please type or complete the application in ink.
2. If additional space is needed, please use your firm's letterhead

To support your submission, please include:

1. Applicant's Letterhead and any agency brochures.
2. Resumes of the Applicant's principals or key personnel
3. Applicant's most recent financial statement
4. A copy of the Applicant's current Dec pages
5. A copy of the Applicant's standard contract or agreement

General Applicant Information

1. Name of Applicant: _____
2. Principal Address: _____
3. City: _____ County: _____ State: _____ Zip Code: _____
4. Contact Name: _____
5. Phone Number: _____ Fax Number: _____ email address _____
6. Applicants Website: _____
7. Does the Applicant practice from additional offices? Yes No
 - a. If "yes", please advise the address(s) of the additional locations, including all states.
 - b. Does responsibility for the Applicant's other offices rest with the management at your principal location? Yes No
8. Applicant is: Corporation Partnership Individual LLC Other _____
9. Date Applicant was established: _____ / _____ / _____
MM DD YR
10. Please list the names of all predecessor firms of the Applicant (Name only those firms where the applicant is a successor to the former firm's assets and liabilities)

Name of Former Firm	Year Established	Number of Partners / Officers

REQUESTED COVERAGE

11. Desired Effective Date _____ / _____ / _____
 MM DD YR

POLICY OPTIONS

Professional Liability (Errors & Omissions) Coverage

- \$250,000/\$250,000 \$500,000/\$1,000,000 other _____
 \$250,000/\$500,000 \$1,000,000/\$1,000,000
 \$500,000/\$500,000 \$1,000,000/\$2,000,000

DEDUCTIBLE OPTIONS

- \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 OTHER _____
 Employment Practices Liability **General Liability** **Excess Coverage** **Property (please attach acord application)**
 \$250,000/\$250,000 \$250,000/\$250,000 \$1,000,000/\$1,000,000 building limit \$ _____
 \$250,000/\$500,000 \$250,000/\$500,000 \$2,000,000/\$2,000,000 personal property \$ _____
 \$500,000/\$500,000 \$500,000/\$500,000 \$3,000,000/\$3,000,000 business interruption \$ _____
 \$500,000/\$1,000,000 \$500,000/\$1,000,000 \$4,000,000/\$4,000,000
 \$1,000,000/\$1,000,000 \$1,000,000/\$1,000,000 \$5,000,000/\$5,000,000
 other _____ other _____ other _____

Applicant's Practice

12. Please describe in detail the professional activities for which coverage is desired:

13. Has any one client (includes affiliated clients) account for 25% or more of the Applicant's gross revenues during the past 12 months? *If "yes"; please provide the name(s) of the client(s) and percentage of billings.* Yes No

14. During the past 12 month, what approximate percentage of the Applicant's clients (by total number of your clients) were new, first time clients to the Applicant:
 _____ %

15. Does any member of the Applicant provide professional services other than those mentioned in question 12? *(If "yes", please provide full details)* Yes No

16. List the total gross revenues for the past two years derived from those activities in Question #12. In addition, please list projected revenues for the current year (For insurance agents and brokers, please provide total gross commissions).

Year	Amount
a. Current Projected	\$ _____
b. _____	\$ _____
c. _____	\$ _____

17. For the revenue listed in question 16, please provide the approximate percentage derived from each of the activities listed under Question 12 (Do Not Complete for Accountants).

Activity	% of quest # Revenues
_____	_____ %
_____	_____ %
_____	_____ %

18. To what professional association(s) does the Applicant belong? _____

19. Please include a list of the Applicant's five largest jobs or projects during the past three (3) years (Do not complete for Insurance Agents & Brokers).

Project/Client Name	Services Performed for Client	Revenue from those Services	Date Service Began	Former Employer of Applicant (Yes or No)	Pct. Of gross revenue

Staff Information

20. Please provide the following: **(Please include all principal and key employee resumes)**

Name of all Principals, Partners, Owners and Key Employees	Professional Qualifications	Years with Applicant Firm	Years in Practice	Continuing Education (Yes or No)	Position with Firm

21. Provide information on the Applicant's Staff:

Full Time

Part Time

a. Total Number: _____

b. Number hired within the past 12 months: _____

c. Number terminated, retired, or resigned within the past 12 months: _____

IF YOU WOULD LIKE AN EMPLOYMENT PRACTICES QUOTE, PLEASE ANSWER 22 and 23

22. Do you anticipate layoffs within the next 12 months?

Yes No

a. Have you had any layoffs in the last 12 months?

Yes No

If yes, please provide details on a separate sheet of paper. Please include: date of layoff, # of employees, job category, manner in which layoffs were/will be conducted and terms of severance.

23. Have you formally adopted and implemented

a. Anti-Sexual Harassment Policy

Yes No

b. Anti-Discrimination Policy

Yes No

c. Family Medical Leave Act Policy

Yes No

d. Americans with Disabilities Act Policy

Yes No

e. Complaint reporting procedures

Yes No

Risk Management

24. Is the Applicant controlled, owned or associated with any other firm, corporation or company, or do you have any wholly or partially owned subsidiaries? *(If "yes", attach an explanation)*

Yes No

25. Are any activities listed in Question 12 provided to such business enterprises listed in Question above? *(If "yes", attach an explanation)*

Yes No

26. Does any current member of the Applicant provide any professional services to any clients in which any Applicant member or SPOUSE serves as a director, officer or partner or own any equity or financial interest? *(If "yes", please complete the **Outside Interest Supplement**)*

Yes No

27. Does the Applicant have a procedure for maintaining clients lists and identifying any actual or potential conflicts of interest?

Yes No

28. a. How many suits for fees have been filed in the last 2 years? _____

b. How many have been successfully resolved? _____

c. What steps have been taken to reduce the number of suits for fees in the future? _____

29. a. Does the Applicant have a written procedures manual for employees to follow?

Yes No

b. Does the Applicant have a training program for new employees?

Yes No

30. Does the Applicant use a written contract or agreement with clients?

_____ In all cases _____ Sometimes _____ Never

31. What percentage of the Applicant's business involves subcontracting of work to others? _____ %

a. What kind(s) of work has the Applicant's subcontracted in the past twelve months?

b. Does the Applicant require and receive in hand certificates of insurance evidencing in force professional liability coverage before you authorizing any subcontractor to begin performing work on the Applicant's behalf?

Yes No

- Certificate of E&O Insurance? _____

8. Carriers Represented- List all title insurers in which business is or has been placed in the past five years. All information must be complete. _____

Please include any bar-related title insurer or fund.

9. Has the Applicant's agency appointment with any title insurance carrier ever been discontinued in the last five years? _____

If yes, please provide full details: _____

Complete this section if the applicant performs Escrow Agent, Closing Agent, or Witness Closer Services

Does the applicant:

- a. Document and obtain signatures from all parties when making changes or deviating from the original escrow contract? _____
- b. Ever conduct a closing without title insurance, title insurance commitment, or a title opinion? _____
Title Escrow Agents Written Disclaimer _____
- c. Hold escrow funds for more than one year? _____
- d. Require a written contract or instructions for each closing? _____
- e. Require a cashier's check or "good funds" at closing? _____
- f. Require each person's work to be checked by a peer or supervisor? _____
- g. Require signatures on all changes to standard instructions? _____
- h. Use a standardized closing/escrow checklist? _____

Notice _____

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions.

Must be signed and dated by Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal

Title

DATE