

## 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



**Fraud Warnings**

**NOTICE TO APPLICANTS:** 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

\_\_\_\_\_  
Signature of Owner, Partner or Principal of Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insureds Agent or Broker

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**IF A POLICY IS ISSUED THE APPLICATION IS ATTACHED TO AND MADE PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.**

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.**

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 Company shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability of this policy.

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

\_\_\_\_\_  
Signature of Owner, Partner or Principal of Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insureds Agent or Broker

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



## TITLE / ABTRACTOR AND ESCROW AGENTS SUPPLEMENTAL

1. Applicant Company Name: \_\_\_\_\_

2. The Applicant is:

- a. Licensed Abstractor Searcher? \_\_\_\_\_
- b. Licensed Title Insurance Agent? \_\_\_\_\_
- c. Escrow Agent? \_\_\_\_\_

3. Does the Applicant compile data:

- a. Direct From Court House Record? \_\_\_\_\_
- b. From an independent set of abstract books and tract indexes? \_\_\_\_\_
- c. Another Source? \_\_\_\_\_  
Provide details if from other source: \_\_\_\_\_
- d. Does the search go back a minimum of 25 years? \_\_\_\_\_

4. Please indicate by percentage of revenue derived from or associated with the following:

Title Agent	_____%	Energy/Oil & Gas	_____%
Closing Escrow Agent	_____%	Precious Metals/Minerals	_____%
Title Abstractor/Searcher	_____%	Other	_____%
		If Other please describe:	

5. Please indicate by percentage of revenue derived from or associated with the following:

Residential:	_____%	Precious Metals	_____%
Commercial	_____%	Other	_____%
Energy Oil Gas	_____%	If Other, please describe:	

6. a. Does the applicant have standard, written procedures for all professional staff to follow? \_\_\_\_\_
- b. Do these written procedures include a check list? \_\_\_\_\_

7. Who performs your title searches?                                      Applicant firm? \_\_\_\_\_%

Independent Contractor? \_\_\_\_\_%

If an outside source performs searches, do you require:

- Minimum number of years in abstracting or searching field? \_\_\_\_\_

- 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