

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

NOTICE: THE POLICY FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD ARE COVERED SUBJECT TO THE POLICY PROVISIONS.

THE LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED, AND MAY BE EXHAUSTED, BY CLAIMS EXPENSES. CLAIMS EXPENSES ARE ALSO APPLIED AGAINST YOUR RETENTION, IF ANY. IF YOU HAVE ANY QUESTIONS ABOUT COVERAGE, CONTACT NOTARY ROTARY.

INSTRUCTIONS:

PLEASE TYPE OR PRINT ALL ANSWERS CLEARLY. ANSWER ALL QUESTIONS COMPLETELY, LEAVING NO BLANKS. IF THERE IS INSUFFICIENT SPACE TO COMPLETE AN ANSWER, PLEASE CONTINUE ON A SEPARATE SHEET INDICATING THE QUESTION NUMBER. IF ANY QUESTIONS, OR ANY PART THEREOF, DO NOT APPLY, PRINT N/A IN THE SPACE. INSERT CHECKS IN YES OR NO ANSWER BOXES, IF ANY. THIS APPLICATION MUST BE COMPLETED, SIGNED, AND DATED BY AN AUTHORIZED OFFICER OF YOUR FIRM. UNDERWRITERS WILL RELY ON ALL STATEMENTS MADE IN THIS APPLICATION.

THE INFORMATION REQUESTED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE COMPANY UNDER ANY POLICY OF A CLAIM OR POTENTIAL CLAIM. ALL SUCH NOTICES MUST BE SUBMITTED TO THE COMPANY PURSUANT TO THE TERMS OF THE POLICY, IF AND WHEN ISSUED.

SECTION I: BACKGROUND INFORMATION

1. Name of applicant: _____
2. Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Website Address: _____
E-mail Address: _____
3. Date Established: _____

(If business has been in operation less than 3 years, please provide the resume of a principal, partner or key employee.)

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

If Yes, please provide name(s) and relationship(s):

5. Does the applicant have any subsidiaries?

Yes No

If yes, please list below and advise if coverage is to apply to them.

6. Applicant is a:

Corporation Partnership Individual LLC Non-Profit

SECTION II: ORGANIZATION OPERATIONS DETAILS

7. Please describe in detail the professional services for which coverage is desired:

8. (a) List total gross receipts derived from activities in Question #7 (start-ups please provide best estimates):

Gross Receipts

Last Year: _____

Current Year (based on 12 months): _____

Forecast for Next Year: _____

(b) Please indicate the percent of receipts listed in 8a from foreign operations (i.e. outside of the U.S. and its territories)

Foreign Receipts: _____

9. Describe the 3 largest jobs or projects during the past 3 years

Name of Client	Services Provided	Gross Billings
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

10. Is the Applicant a licensed Professional (i.e. Lawyer, Accountant...)?

Yes No

If Yes, advise type of licensed Professional: _____

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

(b) Number of independent/subcontractors: _____

12. Please answer the following questions regarding the use of independent contractors:

(a) The total percentage of work done by independent/subcontractors: _____ %

(b) Do the independent/subcontractors work exclusively for the Applicant? Yes No

(c) Do the independent/subcontractors provide the same services as the applicant? Yes No

If No, please explain:

(d) Are all independent/subcontractors required to carry errors and omissions insurance?
 Yes No

(e) Does the Applicant desire to provide coverage for independent/subcontractors (including them as named insured(s) on the policy) while working on the Applicant's behalf? Yes No

13. Please provide the following:

	Name of Partners/ Key Employees and Independent/ Subcontractors	Professional Qualifications/ Designations	# of Years in Practice
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

14. Does any director, officer, employee, partner, or independent/subcontractor of the Applicant serve as an officer or on the Board of Directors of any client or own any financial or equity interest in a client of the Applicant? Yes No

If Yes, please explain:

15. What do you see as your potential exposure to a professional liability claim?

16. Does the Applicant use a written contract or letter of engagement with clients?

In all cases Sometimes Never

17. Additional Insured(s) to be included for Errors and Omissions (list name, address and relationship to Applicant):

18. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in any way or been the subject of any investigation by any regulating body related to their profession?

Yes No

If yes, please explain:

SECTION III: CLAIMS INFORMATION

Do not complete this section if this is an application for a renewal policy at the same limit of liability with one of the USLI companies.

19. Have you initiated litigation against any of your clients in the past 5 years?

Yes No

If Yes, please advise how many times you have initiated litigation in the past 5 years along with details for each:

20. During the past 5 years, has any claim been made or suit brought against the Applicant, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors? Yes No

If Yes, please provide details:

21. Is any owner, partner, officer, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the Applicant, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees or independent contractors? Yes No

If Yes, please provide details:

SECTION IV: CLAIMS INFORMATION

22. Has any Policy or Application for professional liability insurance on your behalf or on the behalf of any of your principals, officers, employees, independent contractors, or on behalf of any predecessor(s) in business ever been declined, cancelled or renewal refused? (Not applicable in Missouri.)

Yes No N/A

If Yes, please provide details:

23. Is similar professional liability insurance currently in force? Yes No

If Yes, please complete:

Name of Carrier: _____

Limit: _____

Retroactive Date (if any): _____

Deductible: _____

Premium: _____

Policy Effective Date: _____

Policy Expiration Date: _____

Length of time coverage has been continually in force: _____

NOTICE: IN NEW YORK, 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 AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

BY SIGNING THIS APPLICATION, THE APPLICANT REPRESENTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION, SUPPRESSED OR CONCEALED. THE UNDERSIGNED AGREES THAT IF AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION, ANY OCCURRENCE, EVENT, OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE UNDERSIGNED SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE, OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

Applicant Signature _____

Date _____ / _____ / _____
MM DD YY

(Must be signed by an Owner, Partner, Director or Officer of the Named Insured.
It is agreed the signer has authority to act on behalf of all insureds.)

Print Name _____

Print Title _____