

12. For the revenue listed in question 11, please provide the approximate percentage derived from each of the activities listed under Question 7.

Activity	% of 11a Revenues
_____	_____ %
_____	_____ %
_____	_____ %

13. 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

14. 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

15. 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:	_____	_____

16. 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? Yes No
 (If "yes", please provide full details)

Claim History

17. In the past (5) five years, has any professional liability claim or suit ever been made against the Applicant or any of its predecessor firms if any? Yes No
(If "yes", please complete the Claim Supplement and provide currently valued company loss runs)
18. Does any principal, owner, partner or employee know of any incident, act, error or omission that could result in a claim or suit against the Applicant or any predecessor firms? Yes No
If "yes", please complete the Claim Supplement and provide currently valued company loss run)
19. Have all matters in Questions 17 and 18 been reported to the Applicant's former or current insurer(s) or to the former insurer of any predecessor firm or former insurer of a current member of the Firm? Yes No
20. Has any principal, owner, partner or employee for whom coverage is sought been the subject of a disciplinary complaint made to any court, administrative agency or regulatory body? Yes No
(If "yes", please provide full details and documentation)

Insurance History

21. Please list the Applicant's Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Deductible/ Retention	Premium

22. Does the current policy have a prior acts limitation or retroactive date? *(This date should be the date which the Applicant first purchased claims made coverage that has been continuously renewed).* If "Yes," please indicate date : / /
MM DD YY Yes No
23. Has the Applicant ever purchased an extended reporting endorsement? Yes No
(If "yes", please provide date purchased and term of endorsement)
24. In the past five (5) years, has the Applicant or any of its members ever had professional liability insurance or similar insurance declined, cancelled or non-renewed *(If "yes", please provide full details)* Yes No

Limits Desired: _____

Deductible Desired: _____

Please include:

Desired Effective Date: / /
MM DD YY

- A. Any brochures or promotional materials.
- B. Resumes of the Applicant's principals or key employees.
- C. A copy of the Applicant's standard client contract or agreement.

Representations

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signature of the Insured, Owner, Partner or Principal _____ Title _____ Date _____