



BOSTON INSURANCE BROKERAGE
 Leading Wholesale Insurance Solutions
 28 State Street, 22nd Floor, Suite 2202, Boston, MA 02109

Application
 for
Miscellaneous Professional Liability
Insurance Policy

THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY APPLIES TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD. CLAIM EXPENSES ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY.

APPLICATION

Name of Applicant's Firm: _____

Street Address: _____

City, State, Zip: _____

1. Date Established: _____ Website Address: _____

2. Company Type:
 _____ Individual _____ Partnership _____ Corporation _____ Other

3. Is the Applicant owned, controlled, associated or affiliated with any other firm or business enterprise? Yes No
If yes, please explain:

4. Please describe in detail the professional services performed by the applicant (attach additional sheet if necessary):

5. In the past 12 months has the Applicant or any of its principals engaged in any business or profession other than as described in the above question? Yes No
If yes, please explain:

6. Are there any material changes in the nature or size of the Applicant's business anticipated over the next 12 months? Have there been any such changes in the past 12 months? Yes No
 If yes, please explain:

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

Does the Applicant require evidence of errors and omissions insurance from subcontractors? Yes No

If no, please explain how the Applicant protects itself from acts or omissions arising out of services performed by its subcontractors?

8. Please provide the following:

a. The number of principals, partners, directors, officers and professional employees directly engaged in providing professional services to clients: _____

b. Please provide the number of all other non-professional and/or clerical employees: _____

9. Has the Applicant or any director, officer, employee or partner provided professional services on behalf of the Applicant been subject to disciplinary action as a result of professional activities? Yes No

If yes, please explain:

10. Financial Information:

Fiscal Year-End Date: _____ / _____ / _____

Projected Gross Revenues for Next Year: _____

Gross Revenues for Current Year: _____

Gross Revenues for Last Year: _____

11. Please indicate the Applicant's five (5) largest jobs/projects during the past fiscal year:

Client	Services Provided	Revenues from Service	% of Applicants Total Revenue

12. Does the Applicant:

a. Use a written contract with clients? Yes No

If no, please explain how the applicant limits its liability with clients:

b. Does the standard contract contain hold harmless clauses for the benefit of the Applicant?

Yes No

13. Please provide applicants prior Errors and Omissions Insurance for the past five (5) years:

Policy Period	Insurance Company	Limit of Liability	Deductible	Premium	Claims Made or Occurrence Form	Retroactive Date

Is there an Extended Reporting Period (ERP) currently in place?

Yes No

If yes, please attach a copy of the endorsement, including effective and expiration dates.

14. Has any errors and omissions or professional liability insurance ever been declined or cancelled?

Yes No

If yes, please explain: _____

15. Has the applicant been a party to any lawsuit or other legal proceeding within the past five years?

Yes No

If yes, please attach a supplemental claims questionnaire or provide a detailed description which includes the parties involved, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the applicant, including all costs incurred; including defense expenses.

16. After inquiry, have any errors or omissions claims been made during the past five years against the Applicant or any past or present principals, partners, directors, officers or professional employees?

Yes No

If yes, please complete a supplemental claims questionnaire.

17. After inquiry, does the Applicant or any principal, partner, director, officer or professional employee have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim being made against them?

Yes No

If yes, please complete a supplemental claims questionnaire.

Please provide the following additional information:

1. Latest financial statements and company literature (if there is no company website).
2. A copy of standard contracts utilized with clients.
3. Resumes of key Principals.

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company, as soon as practicable, any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and

3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

Attention - Applicants in AR, CO, DC, KY, NJ, NM, NY, OH, OK, VA:

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 insurance act, which is a crime and may also be subject to a civil penalty.

In Colorado: *Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.*

In Florida: *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 of the third degree.*

Also provide: Agent Name: _____ Agent License #: _____

In Iowa and New Hampshire:

Provide: Producer Signature _____ Date: _____

In Maryland: *Any person who, knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*

In Pennsylvania: *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 insurance act, which is a crime and subjects such person to criminal and civil penalties.*

In Washington, Maine, Louisiana and Tennessee: *It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company (including false information in an application for insurance and claim for payment of loss or benefit). Penalties include imprisonment, fines and denial of insurance benefits.*

Applicant Name: _____ Title: _____

Applicant Signature: _____ Date: _____

Agent/Broker Name: _____

This Application must be signed by the Applicant.

Signature Title Date

NOTE: This Application including any material submitted herewith shall be treated in strictest confidence.

Please submit this Application including appropriate documentation to :

