

## MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

**NOTICE: THIS IS AN APPLICATION FOR A CLAIMS-MADE AND REPORTED POLICY, WHICH SUBJECT TO ITS PROVISIONS APPLIES ONLY TO CLAIMS WHICH ARE BOTH FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR AN EXTENDED REPORTING PERIOD, IF APPLICABLE. DEFENSE COSTS ARE INCLUDED WITHIN THE LIMIT OF LIABILITY. THE INFORMATION CONTAINED AND STATEMENTS MADE WITHIN THIS APPLICATION ARE INCORPORATED INTO, AND WILL FORM THE BASIS OF, ANY POLICY OF INSURANCE ISSUED BY CATLIN. THE APPLICANT AND ALL SIGNORS OF THIS APPLICATION WARRANT THAT THE INFORMATION CONVEYED IS TRUE AND CORRECT.**

Please fully answer all questions and submit requested information. Bold-faced terms are defined in the Policy and have the same meaning in the **Application**. Any information provided, whether physically attached or available on the Applicant's web site, shall be deemed incorporated into this **Application**. The **Insurer** will hold the **Application** (and all materials submitted herewith) in confidence.

**A. General Information**

1. **Named Insured:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Date of Incorporation/Formation: \_\_\_\_\_ State of Incorporation/Formation: \_\_\_\_\_  
 Privately Held: \_\_\_\_\_ Publicly Traded: \_\_\_\_\_ If Public, symbol: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_

2. **Named Insured's representative to receive notices from Insurer:**  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

3. Number of Offices: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

4. Indicate business structure of **Named Insured**:  Corporation  Limited Liability Company  
 Other: \_\_\_\_\_

5. **Limits and Retentions Requested:**

- a. Effective Date: \_\_\_\_\_
- b. Limit of Liability: \$ \_\_\_\_\_
- c. Retention: \$ \_\_\_\_\_

6. a. Description of **Professional Services** for which coverage is sought:  
 \_\_\_\_\_  
 b. Does the Applicant provide any other professional services not listed above? \_\_\_\_\_  
 If yes, please describe:

**B. Financial Information**

7. Please provide annual gross revenue:

	Year	Revenue	Percentage from Foreign Sales
Past Fiscal Year			
Current Fiscal Year			
Projected Fiscal Year			

8. Please provide breakdown of revenue by service provided:

Service	Percentage of Gross Revenue
	<b>TOTAL ADDS TO 100%</b>

9. Please list the Applicants' five largest projects over the past year:

Client	Services Performed	Annual Revenue	Length of Contract

10. What is the Applications average contract size(revenue)? \_\_\_\_\_

11. Length of average contract? \_\_\_\_\_

**C. Contracting Procedures:**

12. What percentage of engagements are entered into pursuant to a written contract? \_\_\_\_\_ %

13. Does Applicant have a standard contract? \_\_\_\_\_  Yes  No  
**If yes, please provide a copy.**

14. What percentage of engagements are pursuant to Applicants standard contract? \_\_\_\_\_ %

15. a. Who has authority to amend contract language prior to execution? \_\_\_\_\_  
 b. How often is this done? \_\_\_\_\_ %

16. a. Who has authority to amend contract language after contract is executed with client? \_\_\_\_\_  
 b. How often is this done? \_\_\_\_\_ %

17. Who has authority to execute contract on behalf of the Applicant? \_\_\_\_\_

18. a. Does the Applicant subcontract work to others?  Yes  No  
 b. If "Yes", how often \_\_\_\_\_ %  
 c. What services are subcontracted? \_\_\_\_\_  
 d. Are all subcontractors required to carry E&O insurance?  Yes  No

**D. Risk Management Procedures**

19. Does applicant have a Risk Manager? \_\_\_\_\_  
**If yes, please attach a description of risk management practices and procedures on the Supplemental Information Form (S.I.F.).**

**F. Claims Experience**

20. Have any claims arising out of the above detailed **Professional Services** ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees?  Yes  No  
**If yes, please provide details on the Supplemental Information Form (S.I.F.).**
21. Has any owner, principal, director, officer, agent or employee of the Applicant ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activities?  Yes  No  
**If yes, please provide details on the Supplemental Information Form (S.I.F.).**
22. Does any person(s) or entity(ies) applying for this insurance have knowledge or information of any fact, circumstance or any actual or alleged act, error or omission which might reasonably be expected to give rise to a claim(s) being made against them?  Yes  No  
**If yes, please provide details, including but not limited to, parties involved, duty when the situation arose, specific fact, circumstance, act, error or omission at issue on the Supplemental Information Form (S.I.F.).**

**It is understood and agreed that, without limiting any rights of the underwriter, if such knowledge or information exists, any claim arising therefrom is excluded from this proposed insurance.**

**F. Prior Insurance**

23. Does the applicant currently have professional liability coverage?  
**If not, skip the questions below and answer the warranty statement that follows.**
- a. Insurer: \_\_\_\_\_
- b. Limit of Liability: \_\_\_\_\_
- c. Deductible(s)/Retention(s): \_\_\_\_\_
- d. Policy Period: \_\_\_\_\_ From \_\_\_\_\_
- e. Expiring **Professional Services** Definition: \_\_\_\_\_
- f. Number of years of uninterrupted coverage with current insurer: \_\_\_\_\_
- g. First year of professional liability coverage: \_\_\_\_\_

24. Has any person(s) or entity(ies) applying for this coverage given written notice under the provisions of any prior or current professional liability coverage of any specific fact or circumstance which might give rise to a claim being made against any person(s) or entity(ies) applying for this coverage?  Yes  No  
**If yes, please provide details on the Supplemental Information Form (S.I.F.).**
25. Have any insurers made any loss payments on behalf of any person(s) or entity(ies) applying for this coverage under any policy identified above or any similar insurance?  Yes  No  
**If yes, please provide details on the Supplemental Information Form (S.I.F.).**
26. Has any policy or application for similar insurance on behalf of the applicant or it predecessor(s) in business ever been declined, cancelled, rescinded or refused renewal?  Yes  No  
**If yes, please provide details on the Supplemental Information Form (S.I.F.).**

**H. Warranty**

**The undersigned authorized owner, partner, director, or officer represents and warrants on behalf of the Named Insured and all persons/entities for whom insurance is being sought that to the best of his/her knowledge and belief after diligent inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this Application, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. The Insureds further agree that in the event of any material misrepresentation or omission in the Application, including materials submitted to or obtained by the underwriter, this Policy shall be void.**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this **Application** changes between the date of this **Application** and the effective date of the insurance, that he/she will immediately notify the **Insurer** of such changes, and the **Insurer** may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing this **Application** does not bind the applicant or the **Insurer** to complete the insurance, but it is agreed that this **Application** shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**Fraud Prevention – General Warning**

**NOTICE:** Any person who knowingly, or knowingly assist another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

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

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING.** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK 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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud knowingly that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA 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 fact materially false information or conceal 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.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Supplemental Information Form (S.I.F.)**

**Instructions:** Use this form to provide additional information or request descriptions or explanations necessary to provide a true and complete response to all questions, statements or requests for information contained in the **Application**. Please identify the number of each question or statement on the **Application** to which your responses relate. If necessary, make additional copies of this form. Please sign all forms and staple the completed forms to the **Application**.

[Empty rectangular box for supplemental information]

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_