



Application for Professional Liability Insurance

Claims Made Coverage

Applicant's Instructions

This application can be found on our website at www.mxmsig.com.

Maxum Indemnity Company recognizes that our customers must have effective quality and risk management practices to compete in their industry. A sterling reputation is built from sound management and business practices which will consistently provide the quality service and value required by their customers.

This application will allow us to make the right decision regarding your insurance and assist you in analyzing your potential exposures to loss.

IMPORTANT: Please attach the following information about your services and company:

1. Complete narrative of your professional services provided. Attach literature, brochures, and other information which would best describe your work.
2. Resumes of all principals or partners.
3. Current complete financial information.
4. Your standard sales, service, or license contracts.
5. If requesting a prior retroactive date, a copy of the current policy.
6. Currently valued hard copy loss runs.

Applicant Information

1. Name of Applicant: _____
2. Principal Business Address: _____
 _____ (Street) _____ (County)
 _____ (City) _____ (State) _____ (Zip)
3. Address(es) of Branch Office(s): _____
4. Website Address(es): _____
5. Phone Number: () _____ Fax Number: () _____
6. Date organized: ____ / ____ / ____
7. Number of Employees: Full Time: _____ Part-Time: _____ Seasonal: _____ Total: _____
8. Business is a: Corporation Partnership Individual Other
9. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization?..... Yes No
 If yes, are any services provided to such organization(s)? Yes No
 If yes, to either of the above, provide details: _____

Applicant Information continued

10. During the past five years, has the Applicant been involved in, or presently contemplating:
- (a) Any merger, consolidation or acquisition? Yes No
 If yes, please provide details: _____
- (b) A change in the nature of business operations? Yes No
 If yes, please provide details: _____
11. During the past five years, has the name of the Applicant been changed? Yes No
 If yes, please provide details: _____
12. Coverage Requested: Limits: _____ Deductible: _____

Applicant's Operations

1. Describe in detail the professional activities for which coverage is desired: _____

2. Is the Applicant engaged in any professional activity other than as described above? Yes No
 If yes, please describe: _____

3. Are any of the Applicant's services provided by an affiliated or associated entity? Yes No
4. Applicant's total gross revenues projected for:
- | | | |
|---------------|------|----------|
| Coming Year | 20__ | \$ _____ |
| Past Year | 20__ | \$ _____ |
| Previous Year | 20__ | \$ _____ |
| Previous Year | 20__ | \$ _____ |
| Previous Year | 20__ | \$ _____ |

5. For the revenues listed above, please provide the activity from which the revenues were derived and the approximate percentage from each.

Activity	Percent of Revenue
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

6. Please provide a list of the Applicant's five largest jobs, projects or clients during the past three (3) years.

Project/Client	Services Performed	Revenue	Date of Service
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Operations continued

7. Does the Applicant utilize the services of independent contractors or sub-consultants? Yes No

If yes, indicate percentage of billings and whether a certificate of professional liability insurance is required of each.

8. Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture or fabricate anything? Yes No

If yes, please describe.

9. Does the Applicant, any of its subsidiaries and/or affiliates sell any product other than computer software? Yes No

If yes, please describe.

10. Is any partner, owner, officer, director or employee of the Applicant a certified public accountant, an attorney or lawyer, an architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services? Yes No

If yes, advise of the name of the individual(s), their position(s) with the Applicant and the nature of services they perform for clients of the Applicant.

Applicant's Staff

1. Total Personnel:

(a) Number of Principals _____

(b) Number of Technical / Professional employees: _____

(c) Number of clerical and administrative employees: _____

2. Does the Applicant have three years experience in the type of work for which coverage is sought? Yes No

If no, please explain: _____

Applicant's Insurance History

1. Please detail the Applicant's Professional Liability Insurance during past three (3) years. Show current and prior two years policy information.

Insurance Company	Policy Number	Limits	Deductible	Policy Period
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Does the current policy have a prior acts or retroactive date? (The date in which the Applicant first purchased claims made coverage that has been continuously renewed.) Yes No

Applicant's Insurance History continued

3. Is the Applicant currently insured under a General Liability Policy including Products Completed Ops?
..... Yes No

If yes, please give details:

Insurance Company	Limits	Policy Period	Material Exclusions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Has any claim ever been made against the Applicant or any of its principals in the last five (5) years?
..... Yes No

If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

5. Is the Applicant, principal, owner, partner or employee aware of any circumstances which may result in any claim against him, the firm, his predecessors in business or any of the present or past partners or officers?
..... Yes No

If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

6. In the past five (5) years, has any application for Professional Liability Insurance or similar insurance made by the Applicant ever been declined or has the insurance ever cancelled or renewal refused? Yes No

If yes, please give details: _____

Supplement Applications Required:

- Answering Service / Alarm Monitoring
- Appraisers
- Claim Adjusters
- Collection Agency Credit Bureau
- Computer Consultants
- Employment Agency / Executive Recruiters
- Home Inspectors
- Insurance Agents and Brokers
- Interior Design Decorating
- Land Surveyors
- Management Consultant
- Marketing Research
- Mortgage Brokers
- Real Estate Appraisers
- Real Estate Firm / Brokers
- Real Estate Property Management
- Title Abstractors / Title Insurance Agents, Settlement, Escrow and Closing Agents

Notice to Applicant

The undersigned is an authorized employee of the prospective Named Insured and certifies that reasonable inquiry has been made to obtain answers to these questions. The answers are true, correct, and complete to his/her best knowledge and belief.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject civil penalties or criminal punishment.

Any changes in your operation must be reported to your agent.

Claims Made Coverage - Notice to Applicant

The coverage applied for is solely as stated in the policy. The policy provides coverage on a claims made basis for those claims that are first made against the insured during the policy period and after the retroactive date, unless the extended reporting period option is purchased in accordance with the terms of the policy.

WARRANTY: I warrant to the insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein.

Signing this application shall not obligate the insurer to bind coverage. It is agreed this application shall be the basis upon which a policy may be issued if the insurer accepts and provides evidence of coverage.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date