

**General Applicant Information**

1. Name of Applicant: \_\_\_\_\_  
\_\_\_\_\_
2. Principal Address: \_\_\_\_\_  
\_\_\_\_\_
3. City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Phone: \_\_\_\_\_ Website Address: \_\_\_\_\_
5. Does the Applicant practice as:  Corporation  Partnership  Individual  LLC  
 Other: \_\_\_\_\_
6. Date Applicant was established: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

**Applicant Practice**

7. Please describe in detail the professional activities for which coverage is desired:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Does any member of the Applicant provide professional services other than those mentioned in question 7.? (If "yes", please provide full details)  Yes  No
9. To what professional association(s) does the Applicant belong?  
\_\_\_\_\_  
\_\_\_\_\_
10. Has any one client (including affiliated clients) account for 25% or more of the Applicant's gross revenues during the past 12 months? If "yes", please provide the name(s) of the client(s) and percentage.  Yes  No
11. List the total gross revenues for the past two years derived from those activities in Question 7. In addition, please list projected revenues for the current year (For insurance agents and brokers, please provide total gross commissions).
- | Year                       | Amount   |
|----------------------------|----------|
| a. Current Projected       | \$ _____ |
| b. Past Fiscal Year        | \$ _____ |
| c. Second Past Fiscal Year | \$ _____ |



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? If "Yes", how many \_\_\_\_\_?  Yes  No  
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? If "yes", how many \_\_\_\_\_?  Yes  No  
Please complete the **Claim Supplement** and provide currently valued company loss runs.
19. Have all matters in Question 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? (If "yes", provide full details and documentation)  
 Yes  No

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 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

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: \_\_\_\_\_

Desired Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM    DD    YY

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 dates 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