



- (v) develop standards used to evaluate the quality of goods, products manufactured or services rendered:
  - i) by members? ..... [ ] Yes [ ] No
  - ii) by non-members? ..... [ ] Yes [ ] No
- (vi) engage in any form of research, development, experimentation, or testing? ..... [ ] Yes [ ] No
- (vii) act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others?..... [ ] Yes [ ] No
- (viii) take any disciplinary action or recommend disciplinary action as a result of peer review group activities?..... [ ] Yes [ ] No
- (ix) perform any other activities or services not specifically included in (i-viii)?..... [ ] Yes [ ] No
- (x) have any secondary locations?..... [ ] Yes [ ] No

PLEASE ATTACH DETAILS FOR ANY "YES" ANSWERS.

**3. REVENUES**

a. Sources and amounts of total revenue:

	<u>Source</u>	<u>Amount Last Fiscal Year</u>	<u>Amount This Fiscal Year</u>
(i)	Membership Dues	\$ _____	\$ _____
(ii)	Government Funding	\$ _____	\$ _____
(iii)	Sale of Publications	\$ _____	\$ _____
(iv)	_____	\$ _____	\$ _____
(v)	_____	\$ _____	\$ _____
	<b>TOTAL GROSS REVENUE</b>	<b>\$ _____</b>	<b>\$ _____</b>

b. Total expenditures for:	(i) Last Fiscal Year	\$ _____
	(ii) This Fiscal Year (estimate)	\$ _____

**4. APPLICANT HISTORY**

- a. Have you or any of your past or present officers, directors or employee ever been convicted of a violation of any law or ordinance?..... [ ] Yes [ ] No
- b. Has any insurance company or Lloyd's ever canceled, declined, refused to renew or accepted only on special terms your errors and omissions insurance?..... [ ] Yes [ ] No
- c. Has any claim or suit ever been brought against you or any of your past or present officers, directors or employees? ..... [ ] Yes [ ] No
- d. Are you or any of your officers, directors or employees, aware of any circumstances that may result in an errors and omissions claim or suit being made or brought against you? ..... [ ] Yes [ ] No
- e. List prior professional liability insurance carried for each of the past four years. IF NONE, STATE NONE.

<u>Insurance Company</u>	<u>Policy Number</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Inception Mo./Day/Yr.</u>	<u>Expiration Mo./Day/Yr.</u>	<u>Was this a Claims Made Policy Form?</u>	
							<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	_____	_____	_____	[ ]	[ ]
_____	_____	_____	_____	_____	_____	_____	[ ]	[ ]
_____	_____	_____	_____	_____	_____	_____	[ ]	[ ]
_____	_____	_____	_____	_____	_____	_____	[ ]	[ ]

\* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We 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, should the Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company/Underwriters.**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

## DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE AND ELECTION FORM

RE:

Risk ID. No.:

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act ("Terrorism Coverage"): The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that Terrorism Coverage required to be offered by the Act for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this Terrorism Coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

### **SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**

**PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.**

**Florida, Georgia and Oklahoma Applicants:** Please be advised that in the event a policy is purchased, the policy premium will include a 1% surcharge for Terrorism Coverage unless you elect to decline Terrorism Coverage. You need to enter an "X" below if you wish to decline Terrorism Coverage.

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy premium will include a 3% surcharge for this coverage.
	I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy will be endorsed to exclude the Terrorism Coverage required to be offered under the Act.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.