

APPLICATION
GENERAL ERRORS & OMISSIONS INSURANCE
CLAIMS MADE POLICY

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE ARE ANY QUESTIONS, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

QUESTIONS	ANSWERS																
1. Full name and address of Applicant.	1.																
2. Address(es) of Branch Office(s).	2.																
3. Date Established.	3.																
4. The Applicant is:	4. <input type="checkbox"/> Individual; <input type="checkbox"/> Partnership; <input type="checkbox"/> Corporation; <input type="checkbox"/> _____.																
5. Furnish the number of Partners and Staff: a) Principals/Partners; b) Professional Staff; c) Other Employees.	5. <u>Full Time</u> <u>Part Time</u> a) _____ _____ b) _____ _____ c) _____ _____																
6. a) Furnish the following information on all principals and key employees:																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;"><u>Full Name</u></th> <th style="width: 15%;"><u>No. Years Experience</u></th> <th style="width: 30%;"><u>Professional Qualifications</u></th> <th style="width: 20%;"><u>How Long a Principal</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		<u>Full Name</u>	<u>No. Years Experience</u>	<u>Professional Qualifications</u>	<u>How Long a Principal</u>	_____				_____				_____			
<u>Full Name</u>	<u>No. Years Experience</u>	<u>Professional Qualifications</u>	<u>How Long a Principal</u>														

b) If business is not more than TWO years old, attach resumes of the principals and key employees.																	
7. a) Furnish estimated gross receipts for the NEXT fiscal year;	7. a) \$ _____																
b) Furnish gross receipts for the current year and the past TWO years.	b) 19__ \$ _____ 19__ \$ _____ 19__ \$ _____																

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<p>8. Describe in detail the professional activities for which coverage is desired and indicate the percentage of gross receipts derived from each.</p>	<p>8. <u>Professional Activity</u> <u>%</u></p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p style="text-align: right;">Total 100%</p>																	
<p>9. Furnish the details of the FOUR largest contracts undertaken during the last THREE years and the gross receipts derived from them.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"><u>Client</u></th> <th style="width: 50%;"><u>Details</u></th> <th style="width: 25%;"><u>Gross Receipts</u></th> </tr> </thead> <tbody> <tr> <td>a) _____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>b) _____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>c) _____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>d) _____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>				<u>Client</u>	<u>Details</u>	<u>Gross Receipts</u>	a) _____	_____	\$ _____	b) _____	_____	\$ _____	c) _____	_____	\$ _____	d) _____	_____	\$ _____
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<p>10. a) Is the Applicant a member of any Professional Organizations, Associations, or Societies?</p> <p>b) If "Yes," furnish full details.</p>	<p>10. a) YES/NO</p> <p>b)</p>																	
<p>11. Furnish the following:</p> <p>a) Copies of brochures and descriptive literature;</p> <p>b) A sample contract or letter of engagement between the Applicant and clients outlining services to be rendered;</p> <p>c) Sample report forms issued to a client;</p> <p>d) A narrative describing the operation in detail, if you feel this will enable the Company to better understand the operation.</p>	<p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p>																	

<p>12. a) Does the Applicant use subcontractors to perform professional services?</p> <p>b) If "Yes," furnish the following:</p> <p>1) The number of subcontractors hired in the last year;</p>	<p>12. a) YES/NO</p> <p>b)</p> <p>1) _____</p>
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QUESTIONS	ANSWERS												
<p>12.</p> <p>2) Percentage of gross receipts derived from the subcontractors' work;</p> <p>3) Type of work done by the subcontractors;</p> <p>4) Furnish the qualifications required of a subcontractor by the applicant. Is there a minimum experience requirement;</p> <p>5) a. In what geographic areas are subcontractors used;</p> <p>b. Are any used outside the U.S.A.? If "Yes," please advise areas of the world;</p> <p>6) How is the work of the subcontractors supervised by the Applicant;</p> <p>7) Are the subcontractors required to have their own Errors & Omission Insurance.</p>	<p>2) _____ %</p> <p>3)</p> <p>4)</p> <p>5) a.</p> <p>b. YES/NO</p> <p>6)</p> <p>7) YES/NO</p>												
<p>13.</p> <p>a) Furnish the following information about other insurance carried by the Applicant:</p> <p>1) General Liability;</p> <p>2) Fidelity.</p> <p>b) Does the general liability insurance include personal injury coverage?</p> <p>c) Does the general liability insurance include products/completed operations coverage?</p>	<p>13.</p> <table border="0"> <tr> <td>a)</td> <td><u>Insurance Co.</u></td> <td><u>Policy Limit</u></td> <td><u>Expiration Date</u></td> </tr> <tr> <td></td> <td>1) _____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td></td> <td>2) _____</td> <td>\$ _____</td> <td>_____</td> </tr> </table> <p>b) YES/NO</p> <p>c) YES/NO</p>	a)	<u>Insurance Co.</u>	<u>Policy Limit</u>	<u>Expiration Date</u>		1) _____	\$ _____	_____		2) _____	\$ _____	_____
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	1) _____	\$ _____	_____										
	2) _____	\$ _____	_____										
<p>14. a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?</p> <p>b) If "Yes," furnish full details.</p>	<p>14. a) YES/NO</p> <p>b)</p>												

<p>15. a) During the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant?</p> <p>b) If "Yes," furnish full details.</p>	<p>15. a) YES/NO</p> <p>b)</p>																									
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<p>16. a) Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business?</p> <p>b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.</p> <table border="0" data-bbox="117 721 1408 880"> <thead> <tr> <th style="text-align: left;"><u>Insurer</u></th> <th style="text-align: left;"><u>Policy No.</u></th> <th style="text-align: left;"><u>Limits of Liability</u></th> <th style="text-align: left;"><u>Deductible</u></th> <th style="text-align: left;"><u>Premium</u></th> <th style="text-align: left;"><u>Expiration Mo./Day/Yr.</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table> <p>c) Is the Applicant's expiring policy a CLAIMS MADE policy?</p> <p>d) If Yes," furnish the retroactive date and attach a copy of the expiring policy.</p>		<u>Insurer</u>	<u>Policy No.</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Mo./Day/Yr.</u>	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____	<p>a) YES/NO</p> <p>c) YES/NO</p> <p>d) _____</p>
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<p>17. a) Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed?</p> <p>b) If "Yes," furnish full details.</p>	<p>17. a) YES/NO</p> <p>b)</p>																									

<p>18. a) Has any Claim been made during the last FIVE years against the Applicant, any of their past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Claim was made; 2) Name of the Claimant; 3) Value of the Claim; 4) If the Claim is settled or outstanding; 5) Amount of the settlement; 6) Brief description. 	<p>18. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____
<p>19. a) Is the Applicant aware of any circumstances, or any allegation or contentions, as to any incident which may result in a Claim being made against the Applicant or any past or present owners, partners, officers, employees, or predecessors in business?</p>	<p>19. a) YES/NO</p>
<p>QUESTIONS</p>	<p>ANSWERS</p>
<p>19. b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Applicant first became aware of any such alleged negligent act, error or omission; 2) Name of the potential Claimant; 3) Estimated value; 4) Brief description. 	<p>19. b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____
<p>20. a) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application?</p> <p>b) If "Yes," furnish full details.</p>	<p>20. a) YES/NO</p> <p>b)</p>
<p>21. Does the Applicant agree that this Application is for a CLAIMS MADE policy?</p>	<p>21. YES/NO</p>
<p>22. a) Limit of Liability required?</p> <p>b) Amount of deductible required?</p>	<p>22. a) \$ _____ (Each Claim/Aggregate)</p> <p>b) \$ _____</p>

I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any

material facts and I/we agree that this declaration shall be the basis of the contract between me/us and the Company and that this Application will form a part of the policy.

*Name of Firm: _____
By: _____
(Owner, Partner, or Senior Officer)
Title: _____
Date: _____ 19 _____

** Signing this form does not bind the Applicant or the Company to complete the insurance.*

