



**TUDOR
INSURANCE COMPANY**
A Member of the Western World Insurance Group

Sydney H. **UNDERWRITERS INC.**
P.O. Box 176
East Montpelier, VT 05651
Phone: 802-229-5660 Fax: 802-229-5669

**SUPPLEMENT
BUSINESS ERRORS AND OMISSIONS APPLICATION
Employment Agents**

1. Is the Applicant a member of any State or National Association of Employment Agencies? Yes No
If "Yes," furnish the name(s) of such Association(s). _____

2. a. Has any complaint ever been made against the Applicant to any investigative committee of any Employment Association or similar organizations? Yes No
If "Yes," furnish full details. _____

 b. Has the Applicant ever been convicted of a violation of any statute applying to Employment Agencies? Yes No
If "Yes," furnish full details. _____

3. State if Employment Agency is the Applicant's full time occupation. Yes No
If "No," please state other professions, occupations or employment. _____

4. What is the percentage of income derived from temporary placements and permanent placements?
Temporary % _____ Permanent % _____

5. Does the Applicant engage employees, on behalf of their parent, subsidiary or Associate Company? Yes No
If "Yes," furnish full details. _____

6. Please advise in what particular professions, trades or occupations the Applicants are being placed in: _____

7. Is the Applicant required to undertake tests of the Applicants ability? Yes No

8. Is the Applicant required to check the qualifications/references of Applicants before employment by the client/employer? Yes No

9. Is the applicant engaged in employee leasing services? Yes No

This supplement is part of Tudor's Business Errors and Omissions application which will be made a part of the policy.

Date

Authorized Representative



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APPLICATION
ERRORS AND OMISSIONS LIABILITY

NOTICE: This application is for a CLAIMS MADE POLICY. Except as may be otherwise provided herein, this coverage is limited to liability for only those claims which are first made against the insured and reported to the Company during the policy period.

1. Name of Firm _____
 Street Address _____
 City _____ State _____ Zip _____
 Website Address _____
2. Date Established _____
3. Is applicant firm a Corporation _____ LLC _____ Partnership _____ Sole Proprietorship _____
4. Is the firm owned by, associated with or controlled by any other business? Yes No
 If Yes, give details. _____
5. Describe in detail the nature of the professional or business activities for which insurance is desired.

6. How long have you been engaged in your current occupation or business? _____ Years
7. Are you engaged in any other profession or business? Yes No
 If Yes, explain. _____
8. Provide the number of your staff.
 Partners or Officers _____ Professional/Technical Personnel _____ Support _____
9. List the qualifications of professional staff. If in business five years or less, attach resumes.

10. List membership in professional and/or trade organizations.

11. Gross Revenue estimated for next year. Indicate year in spaces provided. _____ \$ _____
 Current Year _____ \$ _____ Previous Year _____ \$ _____

12. Are any changes in the nature or size of the applicant's business anticipated over the next 24 months? Yes No

If Yes, explain. _____

13. Does the applicant use independent contractors? Yes No

If Yes, state how many and explain what types of services and what percent of your total receipts are subcontracted.

Is evidence of professional liability insurance required from independent contractors? Yes No

What is the limit required? _____

14. Does your firm use a written contract or agreement describing the services to be provided? Yes No

15. Have your contracts and procedures been reviewed by a law firm? Yes No

16. Does your firm assume liability for others under contracts utilized? Yes No

17. List your three largest clients during the past year and indicate services performed and approximate revenue from each.

Name	Services	Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Provide details of General Liability Insurance in force.

Company	Limit	Deductible	Policy Term
_____	_____	_____	_____

Does the policy detailed above include coverage for Products/Completed Operations Hazard? Yes No

19. Please provide details of Errors and Omissions insurance carried during the last three years.

Company	Limit	Deductible	Premium	Policy Term
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is your expiring policy a CLAIMS MADE POLICY? Yes No

If Yes, advise Retroactive Date. _____

20. Give an example of a claim that you intend to have insured under this policy.

21. Has any application for Errors & Omissions or similar insurance made on behalf of you and your firm, or present partners, owners, officers or employees ever been declined, or has any such insurance ever been canceled or refused renewal? Yes No

If Yes, give details below or attach an information sheet.

22. Have any claims, suits or proceedings been made during the past five years against any of you or your firm, your predecessors in business or against any present partners, owners, officers or employees? Yes No

If Yes, give details below or attach an information sheet.

23. Are any of you aware of any alleged act, circumstance, situation, error or omission which may result in a claim being made against you or any of the persons or firm described? Yes No

If Yes, give details below or attach an information sheet.

24. Limit of Liability requested _____ Deductible _____

25. Please include with this application the following items:

- A. Current brochure or similar item describing activities or services.
- B. Most recent financial statement or annual report.
- C. Copies of standard contracts for professional or business activities.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I/WE HEREBY DECLARE that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the sole basis of any subsequent contract or insurance with the company. Signature of the application does not bind the Firm or Company to complete the insurance.

Application must be signed and dated by principal, partner, officer or director of the firm.

Date	Signature of Applicant	Title
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PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE POLICY. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.