



PROFESSIONAL COVERAGE MANAGERS

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PROFESSIONAL LIABILITY FOR MISCELLANEOUS PROFESSIONS APPLICATION FOR CLAIMS-MADE INSURANCE

NOTICE: This is an application for **CLAIMS-MADE INSURANCE**. Such insurance applies only to claims that are first made against you and reported to the Company in writing during the policy period and may additionally limit coverage applicable to acts, errors, omissions or offenses made prior to the inception of the policy period. The limits of liability will be reduced by amounts paid for legal defense and such payments for legal defense will also be applied against the deductible amount.

Please answer **ALL** the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to such evaluation. If a question is not applicable, state "not applicable" not "N/A". If more space is required to answer a question, continue on applicant's letterhead. The application and its supplement(s) must be signed and dated by a principal, partner, officer of the prospective insured's organization.

1. Applicant's Name: _____

2. Home office address: _____
Tel# _____
Zip _____ Fax# _____

3. Date established: _____

4. Is the applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company?
 Yes No If Yes, please provide an explanation. _____

5. Please list addresses of all branch offices and/or subsidiaries. Include a brief description of their operations and indicate if coverage is desired for these offices.

6. During the past 5 years has the name of the firm been changed or has any other business been acquired, merged into or consolidated with the applicant firm? Yes No

7. Describe your firm's nature of business and the types of services rendered. _____

Staffing – Provide a breakdown of your staff in the following categories:

(a) principals, partners or officers _____ (c) support staff (including part-time) _____
(b) professionals (not included in (a)) _____ (d) part-time professionals (less than 20 hours/week) _____
TOTAL a-d: _____

9. Are any staff members considered "Licensed Professionals" or do any staff members hold any Professional Designations or belong to any Professional Societies/Associations? Yes No If yes, provide individual's name and designation/affiliation:

Note: Questions 10 through 14 refer to total gross revenue for a 12 month period, whether or not collected.

Such revenue figures should include sub-contracted revenue.

10. Dates of applicant firm's current fiscal period: From: _____, 20____ To: _____, 20____

11.	<u>PAST FISCAL</u>	<u>CURRENT FISCAL</u>	<u>ESTIMATE FOR NEXT</u>
Total Gross Revenue:	\$ _____	\$ _____	\$ _____
Less Direct Recovery Expenses (travel, per diem, copies, etc.): (-)	\$ _____	\$ _____	\$ _____
TOTAL NET BILLINGS	\$ _____	\$ _____	\$ _____

12. Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

1. Federal government	%	5. Manufacturing	%
2. State, county or local government and agency thereof	%	6. Other _____	%
3. Institutional (schools, hospitals, etc)	%	7. Other _____	%
4. Lending institutions	%	TOTAL 1-7	100%

13. Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client? Yes No
If Yes, please provide: a) Client Name; b) Applicant's relationship with client; and c) Approximate Annual revenue generated from client.

14. Were more than 50% of your total gross billings for any one year derived from a single client or contract?
 Yes No If yes, please specify: a) Client b) Services Rendered; and c) How long you expect this relationship to continue.

15. Describe your firm's five (5) largest jobs or projects during the past three (3) years:

<u>CLIENT NAME</u>	<u>SERVICES PROVIDED</u>	<u>TOTAL GROSS BILLINGS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. a) Do you utilize the services of independent contractors or sub-consultants? Yes No
b) Approximate percentage of billings attributable to sub-contractors/consultants: _____%

17. Do you ever enter into contracts where your fees for services provided are contingent upon the client achieving cost reductions or improved operating results? Yes No If Yes, attach a detailed description of such arrangements.

18. a) Does your firm secure a written contract or agreement for every project? Yes No

b) Provide the percentage of your revenue where a written contract is secured: _____%

c) Do your contracts contain any of the following: **(check all that apply)**

Hold harmless or indemnification clauses in your favor? A specific description of the services

Hold harmless or indemnification clauses in your client's favor? you will provide?

Guarantees or warranties? Payment terms?

19. Describe steps taken to minimize/manage business risks: _____

