

Please complete the following application for Miscellaneous Professional Liability.

Applicant's Name: _____

Address: _____
(STREET)

(CITY) _____ (STATE) _____ (ZIP) _____

Primary Contact: _____

Phone: _____ Ext. _____ Email: _____ Website Address: _____

1. What Year was the company established? _____
2. What is the total number of staff in your firm? _____
3. Is the company owned, controlled, associated or affiliated with any other firm or business enterprise? ☐ Yes ☐ No
4. What were the company's gross annual billings?
 - a. Last Year: _____
 - b. Two Years Ago: _____
 - c. Three Years Ago: _____
5. What are the company's gross annual billings for the next twelve (12) months? _____
6. In what states does the company conduct services? _____

7. Describe in detail the professional services provided by your company: _____

8. Provide details regarding the company's five largest jobs/projects in the past year:

Client	Services	Revenues

9. What percentage of the company's gross annual billings is paid to subconsultants? _____%
Specify the types of services provided by subconsultants: _____

10. Does the company always use written contracts with subconsultants? ☐ Yes ☐ No
If no, please provide details: _____

11. Does the company always require subconsultants to maintain their own professional liability insurance? ☐ Yes ☐ No

If no, please provide details: _____

12. What percentage of gross annual billings come from the company's largest client? _____%

13. What percentage of the company's gross annual billings is derived from projects located outside the United States and its territories? _____%

14. Please provide information about your Professional Liability insurance for the past five years:

Carrier	Limit of Liability	Deductible	Policy Term

Current Retroactive Date: _____

15. In the past five years:

a. has the name of the company changed? ☐ Yes ☐ No

b. has the company purchased or merged with any other entities? ☐ Yes ☐ No

c. If Yes, please provide details: _____

16. Does the company use written contracts on every project? ☐ Yes ☐ No

If no, please provide details: _____

17. Have any claims involving professional services been made against the company or any predecessor company in the last five (5) years?

☐ Yes ☐ No

If yes, provide complete details (attach additional information as necessary) _____

18. Has the company or any predecessor company reported a potential claim to a professional liability carrier in the last five (5) years? ☐ Yes ☐ No

If yes, provide complete details (attach additional information as necessary) _____

19. Is any principal, partner, member, officer, director or shareholder of the company aware of any circumstance that could possibly result in professional liability claim(s) being made against the company? ☐ Yes ☐ No

If yes, provide complete details (attach additional information as necessary) _____

20. Has any principal, partner, member, officer, director or shareholder of the company ever been the subject of a complaint to authorities or disciplinary action as a result of the company's professional services? ☐ Yes ☐ No

If yes, provide complete details (attach additional information as necessary) _____

FRAUD STATEMENTS / SIGNATURE

The following is part of the Application:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.A

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER