

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION (CLAIMS MADE AND REPORTED COVERAGE)

SECTION I – GENERAL INFORMATION

1) Full Name of Applicant:

2) Mailing Address:

a. Other entities to be considered as Insured? Yes No
If yes, provide name, relationship to applicant, description of operations and revenue below:

b. Other locations? Yes No
If yes, provide addresses below:

3) Website:

4) Applicant is:

Individual Partnership Corporation LLC
Non-Profit Organization Other Specify):

5) Date Firm Established (mm/dd/yy):

6) Has the name of the firm ever changed? Yes No

7) Have there ever been any acquisitions, consolidations, dissolution or mergers? Yes No
If yes, provide details:

8) Is the firm engaged in, owned by, associated with or controlled by any other business? Yes No
If yes, provide details:

SECTION II – PROFESSIONAL SERVICES AND SPECIALTY

- 9) a. Describe in detail your professional services and indicate the percentage of gross receipts/revenues derived from each activity:

| Description of Professional Services | Percentage of Revenue |
|--------------------------------------|-----------------------|
| | % |
| | % |
| | % |
| | % |

- b. Gross Annual Receipts/Revenues:

| | | |
|----------------|----|-----------|
| Last 12 Months | \$ | % Foreign |
| Next 12 Months | \$ | % Foreign |

If Foreign Revenue is involved, list the countries:

- c. Describe applicants five largest jobs in the last three years:

| Client Name | Professional Services | Gross Revenue |
|-------------|-----------------------|---------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

- d. Were more than 50% of the applicant's gross revenues for any of the last three years derived from any one client?

Yes No

If yes, specify client, professional services and duration of contract:

- 10) a. Total number of employees:
- | | | |
|------------------------|-------------------------|-----------|
| Partners/Officers | Full-Time | Part-Time |
| Professional/Technical | Administrative/Clerical | |
| | Other: | |

- b. Do you have any licensed professionals on staff?
If yes, provide details:

Yes No

- 11) Does the applicant utilize the services of independent contractors?

Yes No

- a. If yes, do you require independent contractors to carry Professional Liability Insurance?
- b. If yes, do you require independent contractors to carry Commercial General Liability Insurance?

Yes No

Yes No

12) Is the applicant engaged in any business/profession other than as stated in question 9a?
If yes, provide details: Yes No

13) Does the applicant contemplate any change in services or emphasis planned for the next 12 months?
If yes, provide details: Yes No

14) Is the applicant a member of any professional associations or organizations?
If yes, list: Yes No

SECTION III – CLAIMS / HISTORY

15) Professional Liability Coverage for the last 5 years. If NONE check here:

| Company | Limit | Deductible | Premium | Policy Term | Retro Date |
|---------|-------|------------|---------|-------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

16) What is the retroactive date of your current Professional Liability policy (mm/dd/yy)?

17) Is the applicant insured under a Commercial General Liability policy?
If yes, attach a copy of the Declarations Page. Yes No

18) Has any insurer cancelled/refused to renew any similar coverage during the past 5 years?
If yes, provide details below: Yes No

19) Has any professional liability claim or suit been made against the applicant, any predecessor in business or against any past or present employee/partner/officer(s)?
If yes, complete the [Supplemental Claim Information Form](#) for each and every claim.
Also, attach five years currently valued loss runs. Yes No

20) Is the applicant aware of any circumstance or incident which may result in any claim against them or any predecessor in business or any past or present employee/partner/officer(s)?
If yes, provide full details on each incident including name of parties involved, date of treatment and current status on a separate attachment. Yes No

SECTION IV – CYBER / TECHNOLOGY

21) Does the applicant currently have or has the applicant ever had insurance coverage for Cyber/Technology Errors & Omissions? Yes No

22) Describe your security measures utilized to protect your computer network and systems:

- | | | | |
|--------|--|-----|----|
| 23) a. | Do you utilize encryption for electronic data at rest? | Yes | No |
| b. | Do you utilize encryption for data transmitted via wireless? | Yes | No |

24) Please describe security measures and procedures used to protect sensitive data in your care, custody and control:

25) Describe security measures and procedures used to secure, protect, monitor and track mobile hardware (laptops, communication devices, etc.):

- | | | | |
|-----|---|-----|----|
| 26) | Have you experienced any security breaches or data loss events? | Yes | No |
| | If yes, explain the specifics and any action taken to prevent recurrence: | | |

Please attach the following information:

- Five largest clients and description of services performed and revenue for each
- Resumes of all professionals
- Copies of Association Memberships, Licenses or Certifications, Brochures/Advertisements
- Sample contract between applicant and their client(s)
- Most current Financial Data (Annual Report or Balance Sheet)

Fraud Notices

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.

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.

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.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.