MISCELLANEOUS PROFESSIONAL LIABILITY (SHORT FORM) APPLICATION

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE EXPENSES, AND THAT DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Name of Applicant:_____

   Address:_____

   _____

   Phone:_____ Fax:_____

   Web-Site Address:_____

2. Limits of Liability Desired: $_____ each Claim/Annual Aggregate

3. Deductible Desired: ☐$2,500 ☐ $5,000 ☐ $10,000 ☐$25,000 ☐ Other

4a. Please describe in detail the professional services for which coverage is desired:

   _____

   _____

4b. Has there been, or are there any material changes to the applicants business; Including but not limited to professional services, client contracts (and the wording thereof) or the ownership.

   ☐ Yes ☐ No

   If yes, please attach an explanation:

5. Please indicate the total annual gross revenues derived from the services described in Question 4a. for the past three years and the projected revenues for the current year:

YEAR	REVENUE
a) Projected	$_____
b) _____	$_____
c) _____	$_____
d) _____	$_____

6. I) Did the Applicant have a positive Net Income in the past 12 Months

   ☐ Yes ☐ No

If No, Please advise steps being taken to correct the Negative Income.

II) What is the Applicants Overall Net Equity?

☐ Positive ☐ Negative.

If Negative, Please advise Net Equity and steps being taken to correct Negative Equity

III) If Applicant is trading as a Corporation please attach a copy of the latest available financial report.

7. Details of current Professional Liability policies:

Company	**Expiration Date**	**Limits**	**Premium**
_____	_____	_____	_____

RETROACTIVE DATE OF CURRENT POLICY: _____

8. Does any director, officer, employee or partner of the applicant have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim?
☐ Yes ☐ No [If yes, please attach an explanation:

9. Has the Applicant or any director, officer, employee or partner of the Applicant ever been the subject of disciplinary action as a result of professional activities?

☐ Yes ☐ No [If yes, please attach an explanation.

10. During the past five years has the applicant been named as a Defendant or Plaintiff in a lawsuit
☐ Yes ☐ No [If yes, please supply full details.

This insurance application, duly completed, together with any supplementary information, must be signed, in ink, by the Applicant. One signed copy will be attached and form a part of any policy issued. Completion of this insurance application does not bind or obligate the Company to offer this insurance.

Signing this form, and tendering any payment, does not bind the Insurers or the applicant to complete the insurance. The insurance application must be signed to be considered for an indication. By signing below you certify that all information you have provided is correct. You herewith authorize Insurers or their representatives to gather any additional information they may deem necessary in order to process this application for quotation or to issue a policy. Your signature below authorizes, but does not obligate Insurers to obtain additional information or to verify the information provided from any regulatory agency, provider of services to you or your business, and any financial institution or credit rating company relating to information about you or your business. By your signature, you herewith authorize the release of information regarding your losses, any financial information, or any regulatory compliance matters to Insurers.

NOTICE: IN NEW YORK, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND 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.

The Applicant hereby acknowledges that the persons or entities proposed for insurance are aware that the limits of liability contained in the policy applied for shall be reduced, and may be completely exhausted, by Defense Expenses and, in such event, Insurers shall not be responsible for the continued defense of any Claim or liable for Defense Expenses or for the amount of any judgment or settlement to the extent that any of the foregoing exceed the limits of liability of such policy

The applicant hereby further acknowledges full awareness of the professional liability insurance policy, its terms and conditions (especially the policy exclusions) including any endorsements and/or agreed amendments.

Note: If the applicant does not understand any part of the Professional Liability coverage then the applicant should contact their relevant Insurance Broker / Advisor and not sign the application.

The applicant hereby further acknowledges that the persons or entities proposed for insurance are aware that Defense Expenses that are incurred shall be applied against the deductible amount.

The undersigned authorized by, and acting on behalf of the applicant and all persons concerned seeking professional liability insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate.

APPLICANT:_____

BY:_____

TITLE:_____

DATE:_____

The following to be completed by the Insurance Agent **not the Applicant**

Name of Surplus
Lines License Holder_____

Address:_____

_____

_____

SL License Number:_____

State in which the License
Holder is making the filing:_____

SUPPLEMENTAL CLAIM INFORMATION FORM

APPLICANTS INSTRUCTIONS:

This form is to be completed by Applicant who has been involved in any claim or suit or is aware of any facts, circumstances, acts, errors or omissions which may give rise to a professional liability claim. COMPLETE ONE FORM FOR EACH SUCH CLAIM OR CIRCUMSTANCE.

If space is insufficient to answer any question fully, attach separate sheet.

Answer all questions completely.

(PLEASE TYPE OR PRINT)

1. Full name of Applicant:_____

2. Full name of individual(s) or firm involved in claim:_____

3. Full name of Claimant:_____

4. Indicate whether: Claim/Suit ( ) or Incident ( )

5. Date of alleged error:_____

6. Date of claim:_____

7. (a) Description of claim: (Provide enough information to allow evaluation and use a separate exhibit if additional space is required and include a copy of the complaint):_____
   _____
   _____
   _____

   (b) Description of case and events:_____
   _____
   _____

8. Additional defendants:_____

9. IF CLOSED:

   Total loss Paid including Deductible: $_____

   Indicate whether: Court judgment ( ) or Out-of-court settlement ( )

10. IF PENDING

Claimant's settlement demand	$_____
Defendant's offer for settlement	$_____
Insurer's loss reserve	$_____
Deductible	$_____

Is claim in Suit? Yes No

If yes, Amount asked in complaint $_____

11. Name of insurer:_____

I understand that the information submitted herein become a part of my professional liability application and is subject to the same certifications, warranties and conditions.

Applicant's Full Name:_____

By:_____Date:_____