

Application for Miscellaneous Professional Liability Insurance

NOTICE: This application is for a "Claims-Made" policy. Coverage for prior acts and claims made after policy termination may be restricted.

Please read the policy carefully.

Name of Applicant's Firm _____

Street Address _____

City _____ State _____ Zip Code _____

☐ In lieu of mailing the policy, you may email the policy to the address below. I agree to receive an electronic copy of my application with the policy.

Applicant Details

1. Date established _____	Website _____
Email _____	Phone _____
2. Applicant type: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	
<input type="checkbox"/> Corporation <input type="checkbox"/> Other	
3. Indicate the total number of:	
a. full time professionals _____	
b. part time professionals _____	
c. support staff _____	
	Yes No
4. Does the applicant provide any services outside of the United States?	<input type="checkbox"/> <input type="checkbox"/>

Professional Services

5. Check all boxes below indicating the professional services performed by the applicant for which coverage is desired and the applicable percentage of total revenue derived from each professional service provided. If the applicant's professional services do not fit into one of the categories below, please indicate "Other" and provide a comprehensive description of the type(s) of professional service(s) performed attaching a separate sheet.

Accreditation _____ %	Business Office Services _____ %	Document Preparation Services _____ %	Market Research Firms _____ %
Advertising Agencies _____ %	Call Center/Telemarketing Services _____ %	Editors _____ %	Marketing Services _____ %
Alternative Dispute Resolution _____ %	Claim Adjusters _____ %	Educational Tutoring/Exam Prep _____ %	Medical Billing Services _____ %
Answering Services _____ %	Concierge Services _____ %	Executive Coach _____ %	Notary Public Services _____ %
Arbitrators & Mediators _____ %	Consultant _____ %	Executive Search Firms _____ %	Photographers _____ %
Associations _____ %	Consultant – Computer/It _____ %	Expert Witness _____ %	Printers _____ %
Auctioneers (Non Real Estate) _____ %	Consultant – Human Resources _____ %	Graphic Artist/Design _____ %	Process Servers _____ %
Authors _____ %	Consultant – Management _____ %	Interim Management _____ %	Public Relations _____ %
Beauticians _____ %	Court Reporters _____ %	Interior Decorators/Designers _____ %	Staffing Services/Temp Help _____ %

Professional Services Continued

Billing Services (Non Medical) _____ %	Credit Counseling Services _____ %	Interpreters & Translators _____ %	Bookkeeper/ Record Keeping _____ %
Dance Instructors _____ %	Libraries/Archive Services _____ %	Other (provide description) _____ %	

Additional Professional Service/Area of Practice Questions (if applicable)

This section will include any additional professional service/area of practice questions that apply to the service(s) selected above. Please see attached addendum for the specific questions.

Risk Characteristics

	Yes	No
6. Do at least 25% of all professionals hold a license, certification, accreditation or professional designation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Number of employees who participated in an accredited, continuing professional education program in the past 2 years _____		
8. What is the average number of years of industry specific experience possessed by the applicant's staff? <input type="checkbox"/> 0 - 3 years <input type="checkbox"/> 3 - 5 years <input type="checkbox"/> more than 5 years		
9. Does the applicant have written training and procedures manuals?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is any single client responsible for more than 50% of the applicant's annual revenue?	<input type="checkbox"/>	<input type="checkbox"/>

Financial Information

11. Fiscal year-end date		
Projected gross revenues for next year	\$ _____	
Gross revenues for current year	\$ _____	
Gross revenues for last year	\$ _____	
12. Does the applicant anticipate any material changes to the nature of the applicant's business in the next 12 months, including but not limited to acquisitions or divestitures of subsidiaries by the applicant, acquisition or divestiture of the applicant by another entity, substantial increase in or reduction of staffing (net change of +/- 10% or more), any change in business strategy, structure or plan, or any other material change in business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Financial Information

	Yes	No
13. Does the applicant use written contracts with clients?	<input type="checkbox"/>	<input type="checkbox"/>
14. What percentage of transactions/services utilize written contracts? <input type="checkbox"/> 1% - 49% <input type="checkbox"/> 50% - 74% <input type="checkbox"/> 75% - 99% <input type="checkbox"/> 100%		
15. Does legal counsel review all contracts?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the standard contract contain the following:		
a. limitation of liability/disclaimers?	<input type="checkbox"/>	<input type="checkbox"/>
b. statement of work specifications?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the applicant use subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please answer the following:		
a. does the applicant always use a written contract with independent contractors/subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
b. does the applicant require independent contractors/subcontractors to carry their own professional liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
c. what percentage of professional services are contracted out to independent contractors or subcontractors? _____ %		

Claims Experience**Yes No**18. Regarding all the types of insurance to which this application form relates, **AFTER INQUIRY**:

- | | | |
|--|--------------------------|--------------------------|
| a. is the applicant aware of any loss or damage, whether insured or not, that has occurred to any of the entities to be insured (or to any existing or previous business of the partners or directors of any of the entities to be insured) within the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. is the applicant aware of any circumstances which may give rise to a claim against any of the entities to be insured or any partners or directors thereof? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. have any claims or cease and desist orders been made against any of the entities to be insured, or partners or directors thereof? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. have any partners or directors of the entities to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above is 'yes', then please complete a Claim Supplement or attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s), any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

Professional Liability Coverage

Complete the following for Professional Liability insurance coverage carried during the past year

(if no PL insurance is in effect, ☐ check here):

Insurance Company	Policy Period	Limit of Liability	Deductible	Premium	Retro Date
		\$ _____	\$ _____	\$ _____	

Fraud Warnings

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.

ARKANSAS, LOUISIANA AND WEST VIRGINIA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA FRAUD WARNING: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD WARNING: 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 benefits, and/or civil damages. In Colorado, 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.

D.C. FRAUD WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD WARNING: 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.

KANSAS FRAUD WARNING: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, which is a crime and subjects such person to criminal and civil penalties.

Fraud Warnings Continued

KENTUCKY FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE FRAUD WARNING: 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 or denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

MINNESOTA FRAUD WARNING: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

NEW MEXICO FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK FRAUD WARNING: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO FRAUD WARNING: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA APPLICANTS: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

PENNSYLVANIA FRAUD WARNING: 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.

TENNESSEE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VIRGINIA AND WASHINGTON FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.

The undersigned is authorized by, and acting on behalf of, the applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of, and becomes part of, the applicant's professional liability coverage.

Print Name _____ **Title** _____

Signature _____ **Date** _____

Agent/Broker name _____

Florida, Iowa and New Hampshire Agents Only, please provide the following: **License #** _____

Agent or producer name _____ **Signature** _____

Miscellaneous Professional Liability Professional Service/Area of Practice Addendum

Name of applicant's firm _____

Please complete only the sections that apply to services performed by the applicant or insured

Accreditation

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. Does the applicant create, develop, aggregate or publish standards or specifications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the applicant provide accreditation/certification services in any of these industries: | | |
| <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Health Care <input type="checkbox"/> Legal <input type="checkbox"/> Skilled Trade <input type="checkbox"/> None of these | | |

Advertising Agencies

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. Does the applicant provide services pertaining to gambling, lottery, sweepstakes, pornography, alcohol, tobacco, cannabis, biotech, pharma and/or medical devices? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the applicant perform in-house printing? | <input type="checkbox"/> | <input type="checkbox"/> |

Alternative Dispute Resolution and Arbitrators & Mediators

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. Has any applicant served as a fiduciary, director, officer, partner or trustee for any client or owned an equity or financial interest in any client? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the applicant handle matters involving community disputes, divorces and/or adolescent family court? | <input type="checkbox"/> | <input type="checkbox"/> |

Answering services

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. Does the applicant comply with applicable federal, state, and local laws and regulations relating to telemarketing and tele-sales including "Do Not Call" laws and regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the applicant maintain logs of calls made and logs of received and delivered messages? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the applicant disclose that calls may be recorded? | <input type="checkbox"/> | <input type="checkbox"/> |

Auctioneer

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. Does the applicant only auction general merchandise (<i>no real property</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the applicant perform any appraisal services of items to be auctioned? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the applicant auction merchandise owned by the applicant or any principal or any other entity in which the applicant or principal has controlling financial interest? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the applicant provide any written guarantee relating to authenticity or condition of properties auctioned? | <input type="checkbox"/> | <input type="checkbox"/> |

Authors

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. Type of Work: (<i>check appropriate box</i>) | | |
| <input type="checkbox"/> Adult Content/Pornographic <input type="checkbox"/> Pharmaceutical/Healthcare <input type="checkbox"/> Religious <input type="checkbox"/> None of these | | |
| 2. For any work of non-fiction incorporating living persons or events, have sources of information and material facts been documented? | <input type="checkbox"/> | <input type="checkbox"/> |

Authors Continued**Yes****No**

3. Are written releases obtained from persons or organizations:

a. appearing in photographs or artistic representations?

☐☐

b. contributing material to the work?

☐☐

c. quoted or paraphrased?

☐☐

4. Does the applicant's publisher have an in-house legal department or outside legal counsel 'vet' or review work prior to publication?

☐☐**Billing Services****Yes****No**

1. Does the applicant follow, enforce and comply with data and privacy rules with respect to Personally Identifiable Information (PII)?

☐☐**Bookkeeper/Record Keeping**

1. Does the applicant provide any of the following services?

☐ Certify financial statements☐ Investment advice☐ Legal advice, opinions or law interpretation☐ Prepare compilations, reviews, audits or financial statements☐ Receive or disburse funds☐ None of these

2. Does the applicant always use engagement letters, service agreements or some other written documentation of the services which are to be provided to the customer/client?

Yes**No**☐☐

3. During the past three (3) years, has the applicant provided services to any publicly held client or high-net-worth individuals (>\$10M in total assets)?

☐☐**Call Center/Telemarketing**

1. Does the applicant provide services to any of the following:

☐ 911 Call Centers☐ Alarm monitoring☐ Crisis Centers☐ Emergency medical answering services☐ Give advice regarding areas under construction and proximity to utility lines☐ None of these**Claims Adjusting****Yes****No**

1. Does the applicant function as a public adjuster?

☐☐

2. What type(s) of claims does the applicant primarily adjust?

☐ Aviation☐ Environmental☐ Life insurance☐ Marine☐ Medical☐ Personal lines (*other than life insurance*)☐ Other; please explain _____

3. What is the estimated number of claims the applicant will handle during the next 12 months? _____

4. What is the estimated average value of each claim the applicant will handle during the next 12 months? \$ _____

Concierge Services

1. Does the applicant provide either of the following?

☐ Healthcare or related services☐ Financial or investment advice☐ None of these

Consultant

1. Does the applicant provide any of the following services?

- | | |
|---|--|
| <input type="checkbox"/> Actuarial advice | <input type="checkbox"/> Architectural, engineering or construction <i>(including construction management)</i> |
| <input type="checkbox"/> Credit counseling | <input type="checkbox"/> Financing or financial auditing |
| <input type="checkbox"/> Insurance placement or advice | <input type="checkbox"/> Intellectual property |
| <input type="checkbox"/> Legal advice | <input type="checkbox"/> Medical advice |
| <input type="checkbox"/> Real Estate or Property Management | <input type="checkbox"/> None of these |
- ☐ Investment or tax advice
☐ Law enforcement training
☐ Mergers/acquisitions or business valuations

Consultant – Computer/IT

Yes **No**

- | | | |
|--|--------------------------|--------------------------|
| 1. Does the applicant or any subsidiary provide computer consulting services, including software, hardware, systems, telecommunication analysis or systems integration services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the applicant manufacture, design, or assist in the design of any hardware or components? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the applicant create, support, or work on software that executes securities transactions, makes medical diagnoses, or is involved in manufacturing or process control? | <input type="checkbox"/> | <input type="checkbox"/> |

Consultant – Management/Risk Management

1. What type of consulting services does the applicant primarily provide?

- | | |
|--|--|
| <input type="checkbox"/> Business continuity planning/disaster recovery | <input type="checkbox"/> Ecological/"green" consulting |
| <input type="checkbox"/> General business operations and strategy | <input type="checkbox"/> Intellectual property |
| <input type="checkbox"/> Logistics management | <input type="checkbox"/> Organizational structure |
| <input type="checkbox"/> Project management | <input type="checkbox"/> Sarbanes-Oxley compliance |
| <input type="checkbox"/> Other <i>(please explain the type of consulting services the applicant provides and the applicant's website address, if they have one):</i> | |

Consultant – Human Resources

1. What type of HR consulting services does the applicant primarily provide?

- | | |
|---|--|
| <input type="checkbox"/> Employee compensation programs/payroll | <input type="checkbox"/> Employee training and development |
| <input type="checkbox"/> Legal compliance <i>(including employment practices)</i> | |
| <input type="checkbox"/> Other <i>(please explain and provide the applicant's website):</i> | |

Court Reporters

Yes **No**

- | | | |
|--|--------------------------|--------------------------|
| 1. Does the applicant have a process to maintain backup copies of recorded information? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the applicant performs stenographic and/or voice writing transcriptions, has the applicant created and maintained a customized computer dictionary for keystroke code and/or voice file translation? | <input type="checkbox"/> | <input type="checkbox"/> |

Credit Counseling Services

Yes **No**

- | | | |
|--|--------------------------|--------------------------|
| 1. Is the applicant operating a collection agency or affiliated with one? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the applicant provide legal advice, render opinions or otherwise interpret tax laws or rulings or accounting rules, standards or principles? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the applicant consult on means or methods of obtaining funds? | <input type="checkbox"/> | <input type="checkbox"/> |

Document Preparation Services

1. Does the applicant conduct any of the following activities?

- | | | |
|--|---|---|
| <input type="checkbox"/> Appraisals | <input type="checkbox"/> Background checks | <input type="checkbox"/> Investment or tax advice |
| <input type="checkbox"/> Mergers and acquisitions or business valuations | <input type="checkbox"/> Private investigations | <input type="checkbox"/> None of these |

Executive Coach

1. Does the applicant provide documents that support or provide any of the following services?

- | | |
|---|--|
| <input type="checkbox"/> Mental health counseling | <input type="checkbox"/> Medical counseling (<i>in-patient or out-patient</i>) |
| <input type="checkbox"/> Substance abuse counseling | <input type="checkbox"/> Social work Family/marriage counseling |
| <input type="checkbox"/> None of these | |

2. Does the applicant maintain current and valid professional certifications or designations as required or recognized by industry standards?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Executive Search Firms

Yes	No
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1. Does the applicant conduct a prior employment check on all candidates?

<input type="checkbox"/>	<input type="checkbox"/>
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2. Does the applicant conduct criminal background checks on all candidates?

<input type="checkbox"/>	<input type="checkbox"/>
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Expert Witness

Yes	No
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1. Do any of the applicant's employees testify at judicial, administrative, arbitration or other proceedings?

<input type="checkbox"/>	<input type="checkbox"/>
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Graphic Artist/Design

Yes	No
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1. Does the applicant own, host or run any website:

- | | | |
|---|--------------------------|--------------------------|
| a. that contains any pornographic material? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. that contains user generated content? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. that is a social networking website? | <input type="checkbox"/> | <input type="checkbox"/> |

2. Does the applicant require clients to sign a final acceptance?

<input type="checkbox"/>	<input type="checkbox"/>
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3. Does the applicant have a process in place to screen materials for any potential violations of another party's copyrights, trademarks or other intellectual property rights?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Interim Management

1. Identify which of the following industries for which the applicant offers management services:

- | | |
|--|---|
| <input type="checkbox"/> Architects/Construction/Engineers | <input type="checkbox"/> Environmental/Chemical/Nuclear/Hazardous |
| <input type="checkbox"/> Waste/Gas or Oil | <input type="checkbox"/> Farm/Crop Management |
| <input type="checkbox"/> Legal Medical Safety Security | <input type="checkbox"/> Financial Institutions/Investment Firms |
| <input type="checkbox"/> None of these | |

Interior Decorator/Interior Designer

1. Does the applicant provide any of the following services or subcontract any of the following services?

- | | | | |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Building contractor/build-out | <input type="checkbox"/> Engineering | <input type="checkbox"/> None of these |
|--|--|--------------------------------------|--|

2. Are 100% of the applicant's services considered non-structural (*i.e. the applicant does not, directly or indirectly: advise, recommend, direct, organize, manage, execute or make structural, construction or architectural design changes to any real property*)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

3. When required, does the applicant have procedures in place to be compliant with the Americans with Disabilities Act (ADA) of 1990?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

4. Do any of the applicant's projects have a construction value of more than \$5,000,000?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Interpreter/Translator

- | | | | | | |
|---|--|---------------------------------------|---|--------------------------------------|--|
| 1. Does the applicant have clients that work in any of the following industries? | <input type="checkbox"/> Engineering Financial | <input type="checkbox"/> Legal | <input type="checkbox"/> Medical advice | <input type="checkbox"/> Real Estate | <input type="checkbox"/> None of these |
| 2. Does the applicant maintain current and valid professional certifications or designations as required or recognized by industry standards? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | | | |

Market Research Firms

- | | | |
|--|--|--|
| 1. Identify which of the following industries for which the applicant offers services: | <input type="checkbox"/> Environmental/Chemical/Nuclear/Hazardous Waste/Gas or Oil | <input type="checkbox"/> Financial Institutions/Investment Firms |
| | <input type="checkbox"/> Legal | <input type="checkbox"/> Medical <input type="checkbox"/> Safety <input type="checkbox"/> Security |
| | <input type="checkbox"/> Other _____ | |

Medical Billing**Yes No**

- | | | |
|--|--------------------------|--------------------------|
| 1. Does the applicant follow and enforce data and privacy rules with respect to Personally Identifiable Information (PII) and Protected Health Information (PHI) as set forth in the Health Insurance Portability and Accountability Act (HIPAA) and other related state and local laws and regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Notary Services**Yes No**

- | | | |
|---|--------------------------|--------------------------|
| 1. Does the applicant provide record storage or document management services for a third party? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Printers**Yes No**

- | | | |
|--|--------------------------|--------------------------|
| 1. Do the applicant's activities involve the distribution and/or redemption of coupons, rebates or other promotional game tickets? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do the applicant's activities involve the design of logos or trademarks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the applicant require clients to approve proof copies before printing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do the applicant's activities involve printing of any corporate or financial material (<i>i.e., annual reports, prospectus, stock reports</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |

Public Relations**Yes No**

- | | | |
|---|--------------------------|--------------------------|
| 1. Does the applicant promote gambling, pornography, alcohol, cannabis or medical related entities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do the applicant's contracts clearly state the ownership rights, licensing, and use of any materials or intellectual property created for or during an engagement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do the applicant's contracts state that to the best of your knowledge any materials or intellectual property created are original and do not infringe upon the intellectual property rights of others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the applicant have a process in place to screen materials for potential libel, slander or advertising injury? | <input type="checkbox"/> | <input type="checkbox"/> |

Staffing Services/Temp Help**Yes No**

- | | | |
|--|-----------------------------------|---|
| 1. Does the applicant lease employees or provide employees on secondment to other organizations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the applicant perform placement activities for any of the following industries: | | |
| | <input type="checkbox"/> Aviation | <input type="checkbox"/> Construction <input type="checkbox"/> Correctional facilities <input type="checkbox"/> Law enforcement |
| | <input type="checkbox"/> Maritime | <input type="checkbox"/> Medical (<i>nurses, doctors, dentists, etc.</i>) <input type="checkbox"/> Mental health institutions |
| | <input type="checkbox"/> Trucking | <input type="checkbox"/> None of these |
| 3. Does the applicant conduct background checks prior to placement? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous Professional Liability Insurance Claim/Complaint/Disciplinary Action Supplement

This form must be completed for each claim, suit, incident, disciplinary action or investigation.

All questions must be answered completely.

Applicant or Insured Information

1. Name of Applicant or Insured _____			
2. Name of individual(s) involved <i>(if different than above)</i> _____			
3. Additional defendants <i>(if any)</i> _____			
4. Name of complainant _____			
5. Date service was performed _____		Type of professional service _____	
6. Date you became aware of the alleged error or investigation _____			
7. Date reported to your insurance carrier _____			
Name of insurance company _____			
8. Indicate whether:			
<input type="checkbox"/> Incident/Circumstance <i>(please answer questions 12 and 13 below)</i>			
<input type="checkbox"/> Claim/Suit <i>(please answer questions 9 thru 13 below)</i>			
<input type="checkbox"/> Disciplinary Action/Investigation <i>(please answer question 12 below and provide a copy of the complaint made against)</i>			
9. Status: <input type="checkbox"/> Closed <input type="checkbox"/> Open/Pending <input type="checkbox"/> Dismissed			
10. If Closed: Indicate date closed _____		Total amount paid \$ _____	
Your deductible \$ _____			
<i>Please attach a copy of the settlement agreement and current loss run.</i>			
11. If Open /Pending: Please send a copy of the suit papers or complaint filed and answer all questions below.			
Policy Limits of Liability	\$ _____	Deductible	\$ _____
Claimant's settlement demand	\$ _____	Defendant's offer for settlement	\$ _____
Insurer's loss reserve	\$ _____		
Is claim in suit?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
If yes, amount asked in summons	\$ _____		
12. Provide a brief description of the claim or incident; indicate the alleged error, description of events leading to the complaint and type and extent of injury or damage alleged <i>(use separate sheets if needed)</i> :			
13. What policies or procedures have been implemented to prevent a reoccurrence or similar situation <i>(use separate sheets if needed)</i> :			

Fraud Warnings

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.

Florida: 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.

Maine: 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 or denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I understand that the information submitted in this supplement becomes a part of my Miscellaneous Professional Liability Insurance application and is subject to the same representations and conditions.

Print Name _____

Title _____

Signature _____

Date _____

Miscellaneous Professional Liability Insurance Purchase/Merger Supplement

Applicant's Instructions: A separate supplement should be completed for each purchase or merger. Complete the general Application and other applicable supplements as they apply to the agency being purchased or merged with just prior to the merger/acquisition or send a copy of the latest application completed for this agency. If the space allotted is not adequate, provide details as a separate attachment. Complete, sign and date the supplement in ink.

Applicant or Insured Information

1. Name of Applicant or Insured _____		
2. Type of Transaction: <input type="checkbox"/> Purchase <input type="checkbox"/> Merger		
3. Effective Date of Transaction _____		
4. Name of purchased/merged firm _____		
	Yes	No
5. Would purchased/merger firm retain same name?	<input type="checkbox"/>	<input type="checkbox"/>
If no , under what name would they provide future services? _____		
6. Did the acquired or merged firm purchase an extended reporting period (ERP) from their previous E&O insurance carrier?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , for what period of time was the ERP purchased? _____		
Please provide copy of current E&O policy.		
7. Did the Applicant assume liability for prior acts of the purchased or merged entity?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach a copy of the agreement or separate attachment describing details of assumed liability.		
8. Is there a written purchase, buy/sell or merger agreement between the parties?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach a copy of the agreement.		
If no , include a separate attachment describing each party's legal responsibilities for prior errors and omissions.		
9. During the past 5 years has the purchased or merged firm, any predecessors in business, past or present directors, officers, partners or principals, employees or independent contractors:		
a. Had their professional license revoked, suspended, fined or disciplined?	<input type="checkbox"/>	<input type="checkbox"/>
b. Been the subject of any investigation by any state insurance department, regulatory body or professional organization?	<input type="checkbox"/>	<input type="checkbox"/>
c. Had similar insurance non-renewed, cancelled or rescinded?	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Notice to Missouri Residents: This question does not apply)</i>		
d. Had any claim or suit brought against them?	<input type="checkbox"/>	<input type="checkbox"/>
e. Become aware of any fact, circumstance or situation which may result in a claim against them?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any part of question 9 , provide details:		

Fraud Warnings

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.

Florida: 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.

Maine: 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 or denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I understand that the information submitted in this supplement becomes a part of my Miscellaneous Professional Liability Insurance application and is subject to the same representations and conditions.

Print Name _____ **Title** _____

Signature _____ **Date** _____

Florida, Iowa and New Hampshire Agents Only, please provide the following: License # _____

Agent or producer name _____ **Signature** _____