

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: _____

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: Individual/Sole Proprietor Joint Venture Partnership LLC Corporation Other
3. Indicate the total number of: a. full time professionals: _____ b. part time professionals: _____ c. support staff: _____
4. Does the applicant provide any services outside of the United States? Yes No

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	_____ %
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

6. Do at least 25% of all professionals hold a license, certification, accreditation or professional designation? Yes No
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?
 0 - 3 years 3 - 5 years more than 5 years
9. Does the applicant have written training and procedures manuals? Yes No
10. Is any single client responsible for more than 50% of the applicant's annual revenue? Yes No

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 No

Quality Control

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

Claims Experience

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?
Yes No
- 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? Yes No
- c. have any claims or cease and desist orders been made against any of the entities to be insured, or partners or directors thereof? Yes No
- 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? Yes No

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
_____	_____ to _____	_____	\$ _____	\$ _____	_____

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.

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.

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

1. Does the applicant create, develop, aggregate or publish standards or specifications? Yes No
2. Does the applicant provide accreditation/certification services in any of these industries:
Criminal Justice Health Care Legal Skilled Trade None of these

Advertising Agencies

1. Does the applicant provide services pertaining to gambling, lottery, sweepstakes, pornography, alcohol, tobacco, cannabis, biotech, pharma and/or medical devices? Yes No
2. Does the applicant perform in-house printing? Yes No

Alternative Dispute Resolution and Arbitrators & Mediators

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? Yes No
2. Does the applicant handle matters involving community disputes, divorces and/or adolescent family court? Yes No

Answering services

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? Yes No
2. Does the applicant maintain logs of calls made and logs of received and delivered messages? Yes No
3. Does the applicant disclose that calls may be recorded? Yes No

Auctioneer

1. Does the applicant only auction general merchandise (no real property)? Yes No
2. Does the applicant perform any appraisal services of items to be auctioned? Yes No
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? Yes No
4. Does the applicant provide any written guarantee relating to authenticity or condition of properties auctioned? Yes No

Authors

- 1. Type of Work: (check appropriate box): Adult Content/Pornographic Pharmaceutical/Healthcare
Religious None of these
- 2. For any work of non-fiction incorporating living persons or events, have sources of information and material facts been documented? Yes No
- 3. Are written releases obtained from persons or organizations:
 - a. appearing in photographs or artistic representations? Yes No
 - b. contributing material to the work? Yes No
 - c. quoted or paraphrased? Yes No
- 4. Does the applicant’s publisher have an in-house legal department or outside legal counsel ‘vet’ or review work prior to publication? Yes No

Billing Services

- 1. Does the applicant follow, enforce and comply with data and privacy rules with respect to Personally Identifiable Information (PII)? Yes No

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)? Yes No

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

- 1. Does the applicant function as a public adjuster? Yes No
- 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? \$ _____

Interior Decorator/Interior Designer

1. Does the applicant provide any of the following services or subcontract any of the following services?
Architectural Building contractor/build-out Engineering 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
3. When required, does the applicant have procedures in place to be compliant with the Americans with Disabilities Act (ADA) of 1990? Yes No
4. Do any of the applicant's projects have a construction value of more than \$5,000,000? Yes No

Interpreter/Translator

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

Market Research Firms

1. Identify which of the following industries for which the applicant offers services:
Environmental/Chemical/Nuclear/Hazardous Waste/Gas or Oil Financial Institutions/Investment Firms
Legal Medical Safety Security
Other: _____

Medical Billing

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? Yes No

Notary Services

1. Does the applicant provide record storage or document management services for a third party? Yes No

Printers

1. Do the applicant's activities involve the distribution and/or redemption of coupons, rebates or other promotional game tickets? Yes No
2. Do the applicant's activities involve the design of logos or trademarks? Yes No
3. Does the applicant require clients to approve proof copies before printing? Yes No
4. Do the applicant's activities involve printing of any corporate or financial material (i.e., annual reports, prospectus, stock reports)? Yes No

Public Relations

- 1. Does the applicant promote gambling, pornography, alcohol, cannabis or medical related entities? Yes No
- 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? Yes No
- 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? Yes No
- 4. Does the applicant have a process in place to screen materials for potential libel, slander or advertising injury? Yes No

Staffing Services /Temp Help

- 1. Does the applicant lease employees or provide employees on secondment to other organizations? Yes No
- 2. Does the applicant perform placement activities for any of the following industries:
Aviation Construction Correctional facilities Law enforcement Maritime
Medical (nurses, doctors, dentists, etc.) Mental health institutions Trucking None of these
- 3. Does the applicant conduct background checks prior to placement? Yes No

13. What policies or procedures have been implemented to prevent a reoccurrence or similar situation (use separate sheets if needed):

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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



GREAT AMERICAN ASSURANCE COMPANY
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.

1. Name of Applicant or Insured: _____
2. Type of Transaction: Purchase Merger
3. Effective Date of Transaction: ____/____/____
4. Name of purchased/merged firm: _____
5. Would purchased/merger firm retain same name? Yes No
 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? Yes No
 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? Yes No
 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? Yes No
 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? Yes No
 - b. Been the subject of any investigation by any state insurance department, regulatory body or professional organization? Yes No
 - c. Had similar insurance non-renewed, cancelled or rescinded? (**Notice to Missouri Residents: This question does not apply**) Yes No
 - d. Had any claim or suit brought against them? Yes No
 - e. Become aware of any fact, circumstance or situation which may result in a claim against them? Yes No

If Yes to any part of question 9, provide details:

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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: _____