

ERRORS AND OMISSIONS INSURANCE APPLICATION

1. Name and address of Applicant: (include all legal names and DBA's):

Name(s) _____
Principal Address _____ City _____ State _____ Zip _____
Mailing Address (if different then above): _____ City _____ State _____ Zip _____
Web Site Address _____

2. a. Date established: ___/___/___ Applicant is Individual Partnership Corporation Other
b. Is the entity owned, controlled by or affiliated with any other entity? Yes No (if yes, please attach details)
c. During the past 5 years:
Has the name of the Applicant been changed? Yes No
Has the Applicant been involved in any merger, acquisition or consolidation? Yes No

3. Please describe in detail the professional services performed by the Applicant: (please attach an additional sheet if necessary)

4. a. During the past 5 years, has the Applicant been engaged in any profession or business other than as described in #3 above?
 Yes No (if yes, please attach details)
b. During the past 5 years, has any principal, partner, officer, director or professional employee of the Applicant engaged in professional services for any entity in which the Applicant has any ownership/managerial interest?
 Yes No (if yes, please attach details)
c. Are any material changes in the nature or the size of the Applicant's business anticipated over the next 12 months?
 Yes No (if yes, please attach details)

5. Please provide the following financial information:

a. Fiscal year end date: ___/___/___
b. Projected gross revenues for next year: _____
c. Gross revenues for current year: _____
d. Gross revenues for last year: _____

6. For the revenues listed in question #5b, please indicate the approximate percentage for each of the services listed in question #3.

(total percentages should equal 100%)

<u>SERVICES</u>	<u>% OF 5b</u>
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	100%

7. a. What percentage of the Applicants business involves subcontracting work to others? _____% Please describe services _____

b. Does the applicant require evidence of the errors and omissions insurance from subcontractors? Yes No (if no, please explain how the Applicant protect itself from acts or omissions arising out of services performed by its subcontractors.)

8. a. Please indicate the number of principals, partners, directors, officers and professional employees directly engaged in providing professional services to clients: _____

b. Please indicate the number of all other nonprofessional and/or clerical employees: _____

9. a. During the past 5 years, has any principal, partner, director, officer or professional employee ever been subject to disciplinary action by any regulatory agency or association? Yes No (if yes, please attach details on a separate sheet)

b. During the past 5 years, has any principal partner, director, officer or professional employee ever had his license revoked or suspended? Yes No (if yes, please attach details on a separate sheet)

10. Client Information: Please provide the following information regarding your 5 largest clients according to the amount of revenue generated from the performance of services for the past fiscal year and as a percentage of the total revenues stated in question #5b.

Client	Service provided	Revenue derived from service	% of Applicant's total revenue

11. a. Does the Applicant use a written contract with clients? Yes No (if no, please attach explanation)

b. Does an attorney review such contracts prior to use? Yes No

c. Does the standard contract contain hold harmless clauses for the benefit of the Applicant? Yes No

12. a. Does the Applicant have a procedure requiring the review or follow-up of complaints? Yes No

b. Does the Applicant have any risk management procedures in place? Yes No (if yes, please attach a copy of the procedures)

c. Does the Applicant have a formalized training program for newly hired employees? Yes No

13. Claim Information:

- a. After inquiry, have any errors and omissions claims been made during the past 5 years against the Applicant or any past or present principals, partners, directors, officers or professional employees?
 Yes No (if yes, please attach a supplemental claims questionnaire).
- b. After inquiry does the Applicant or any principal, partner, director or officer or professional employee have knowledge or information of any circumstance or any allegation or contentions of any incident which may result in any claim being made against them. Yes No (if yes, please attach a supplemental claims questionnaire).
- c. Have all matters in question 13a or 13b been reported to the Applicant's former or current insurers or to the former or current insurers of any predecessors in business? Yes No

14. Prior Errors and Omissions insurance:

Year	Insurance Company	Limit of Liability	Deductible	Premium	Claims Made or Occurrence	Policy Period	Retroactive Date (if any)
Current Year							
Previous Year 1							
Previous Year 2							
Previous Year 3							
Previous Year 4							

- a. Is any extended reporting period (ERP) currently in place? Yes No (if yes, please attach a copy of the endorsement including effective and expiration date)
- b. During the past 5 years, has any similar errors and omissions coverage been canceled, declined or nonrenewed?
 Yes No (if yes, please attach a detailed explanation)

15. a. Limit of Liability requested: _____
- b. Deductible requested: _____

Please provide the following additional information:

1. Current annual report and company literature/promotional material.
2. A copy of standard contracts utilized with clients.
3. Latest audited financial statements.
4. Resumes of key Principals.

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

Applicant's Authorized Representative: _____

Signature of Authorized Representative

Print Name of Authorized Representative

Title of Authorized Representative

Date: ____/____/____
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