
MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

THIS PROPOSAL FORM IS FOR A POLICY THAT IS LIMITED GENERALLY TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

1. Name of Applicant: _____
2. Address of the Head Office: _____

3. Phone Number (_____) _____ Fax Number (_____) _____
Email Address _____
Mailing Address _____
4. When was the firm established: _____
5. Application is: corporation partnership individual If individual, is this a full time activity? Yes No
6. Please describe in detail the professional activity for which coverage is desired: _____

7. Is the firm now, or has it been in the past, controlled, owner or associated with any other firm, corporation or company other than stated above? Yes No
If yes, please give full details:

8. List the total gross revenues for the past year, current year and projection for the coming year derived from those activities described in Question 6:
Past year _____ Current year _____ Projection for coming year _____

9. Please provide the following:

Name in full of all principal partners/
key employees:

Professional
Qualifications:

How long
with firm:

10. Total Staff:

Principals/Partners: _____ Key Employees: _____ Non-Professional Employees: _____

11. Does the applicant use a written contract with clients?
Please attach a copy of your standard contract.

Yes No

12. To what professional organizations does the Applicant belong?:

13. Please include a list of your 5 largest clients during the past 3 years. Please include client/project name, the nature of the services performed and the revenue obtained from those services:

14. What percentage of your business involves subcontracting work to others?: _____

15. Do you provide professional services to business entities in which you retain an ownership interest?
If yes, please explain:

Yes No

16. Does any one client represent more than 10% of your income? Yes No
If yes, give full details:

17. Is similar insurance in force? Yes No
If yes, please provide:

Policy Number	Carrier	Limits of Liability	Deductible	Premium

Date uninterrupted coverage began: _____

18. Has any proposal for similar insurance made on behalf of the firm, any predecessors in business or present partners even been declined or has any similar insurance ever been cancelled or refused? Yes No
If yes, please give full details

19. Have any of the individuals listed in Question 9 ever been subject of disciplinary action by authorities as a result of their professional activities? Yes No
If yes, please explain:

20. Has any claim ever been made against the applicant or any entity named in Question 1 or against their predecessors in business or against any past or present principal, partner, director, officer or employee of any entity named in Question 1? Yes No

If yes, state briefly the cause and nature of the claim including the amount involved, the date when the claim was made, the date the act giving rise to the claim was committed and the final dispositions:

21. Is the applicant aware of any circumstances that may result in a claim against him/her or against any entity named in Question 1, or against their predecessors in business, or against any past or present principal partner, director, officer or employee of any entity named in Question 1? Yes No
If yes, please give full details:

22. Please attach a copy of your resume and brochure or any promotional material used.

23. Coverage requested:

Limit of Liability: \$ _____

This limit shall include loss payments, if any, as well as adjustment, investigative and legal fees, costs, charges and expenses

Deductible: \$ _____

This deductible includes loss payments, and adjusting, investigative and legal fees, costs and expenses, whether or not loss payment is involved unless otherwise stated.

I/We (applicant) declare that the above statements and particulars are true and that no facts have been suppressed or mis-stated and agree that this proposal form shall be the basis of any policy of insurance which may be issued by underwriters and shall be deemed a part thereof. In addition, Proposer agrees and acknowledges that if Proposer, subsequent to the completion of this proposal, becomes aware of any changes in the statements and particulars contained herein, that Proposer shall immediately advise underwriters of such changes. It is further understood and agreed that upon receipt of such supplemental advices, underwriters may alter or withdraw any quotation previously offered, or amend the terms of or void any policy which has been issued based upon the statements and particulars contained herein.

Signature of Applicant: _____

Dated: _____

Title: _____

It is agreed that the signature to the form does not bind the Underwriters nor the Proposer to complete this insurance.