

## APPLICATION - ERRORS AND OMISSIONS COVERAGE

**Notice: This is an application for a claims-made policy. If a policy is issued, this application will become attached to and form a part of the policy. If a policy is issued, please review the policy carefully and discuss the coverage with your agent or broker.**

THE FOLLOWING INFORMATION MUST ACCOMPANY THIS APPLICATION:

1. Copies of advertisements, brochures, or descriptive literature.
2. Copies of sample contracts between you and your clients.
3. Your latest financial statement, 10K and/or annual report, if available.
4. Resumes of all principals in the firm.

### DESIRED TERMS AND CONDITIONS

- Limit of liability desired:     \$100,000/\$200,000     \$300,000/\$600,000     \$1,000,000/\$2,000,000  
     \$250,000/\$500,000     \$500,000/\$1,000,000     Other \_\_\_\_\_
- Deductible desired:         \$1,000 (*minimum*)     \$5,000     Other \_\_\_\_\_  
     \$2,500                                     \$10,000

Proposed effective date: \_\_\_\_\_ Proposed retroactive date: \_\_\_\_\_  
*(The policy term will be one year unless otherwise specified.)*

### APPLICANT INFORMATION

1. Name of applicant \_\_\_\_\_
2. Principle business address \_\_\_\_\_  
 \_\_\_\_\_
3. Location of branch office(s) \_\_\_\_\_  
 \_\_\_\_\_
4. Applicant is a(n)     Individual     Partnership     Corporation     Other \_\_\_\_\_
5. Date business was established \_\_\_\_\_
6. Describe in detail all professional or business activities that you provide and indicate percentage of gross receipts derived from each activity.

**NOTE: The descriptions used here will become part of your policy and will be used to describe the types of professional services that are insured.**

Activity	% of Receipts
_____	_____
_____	_____
_____	_____
_____	_____

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 7. Is the applicant controlled, owned, or managed by any other firm, corporation, or company? | Yes                      | No                       |
| If yes, explain. _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the applicant control, own, or manage any other firm, corporation, or company?           | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain. _____  |                          |                          |
| Does the applicant provide any services to such firm, corporation, or company?                | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain services provided. _____  |                          |                          |



- |                               |   |                          |                          |
|-------------------------------|---|--------------------------|--------------------------|
|                               |   | <b>Yes</b>               | <b>No</b>                |
| 15. Does the applicant carry: | General liability coverage              | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | Bond coverage                           | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | Fiduciary or trustee liability coverage | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, provide carrier name and limits. \_\_\_\_\_  
 \_\_\_\_\_

- |  |  |                          |                          |
|--|--|--------------------------|--------------------------|
| 16. Does the applicant and all members of the firm that provide a professional service:  |  | <b>Yes</b>               | <b>No</b>                |
| a. Use standard forms which describe to the client the nature of their intended services?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Keep written record of important verbal instructions and oral agreements in the client file?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Keep written file documentation that detail actions, procedures and decisions that are made on client accounts?                           |  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Conduct peer review of all major engagements with at least one other professional that will not be providing the service?                 |  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Consult with outside experts in areas that are not the applicant's expertise or are especially complex?                                   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have a client screening process?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Require advance fee negotiation, explanation and documentation?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Have a policy against the use of a collection agency for overdue fees except as a last resort?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Have procedures in place to provide the client with regular progress reports?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Have guidelines that specify the conditions and circumstances under which clients must be rejected due to potential conflict of interest? |  | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Have procedures that preserve the confidential nature of the client-professional relationship?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Have an in-house training program for all new employees?  |  | <input type="checkbox"/> | <input type="checkbox"/> |

**EDUCATION AND QUALIFICATIONS**

17. List the professional associations that the applicant and/or members of the applicant firm belong to.
- |                    |                    |
|--------------------|--------------------|
| <b>Member Name</b> | <b>Association</b> |
|--------------------|--------------------|

\_\_\_\_\_  
 \_\_\_\_\_

18. List the educational requirements the principals of the firm have met as a prerequisite to your activities in your profession or business.

\_\_\_\_\_  
 \_\_\_\_\_

19. List any continuing education activities the principals of the firm engage in that are related to your professional or business activities.

\_\_\_\_\_  
 \_\_\_\_\_

20. List any federal, state, or municipal licensing or certification requirements you currently comply with in your professional or business activity. Include the type of license or certification and its expiration date.

\_\_\_\_\_  
 \_\_\_\_\_

**CLAIMS AND INCIDENTS**

21. Has the applicant or any partner, officer, director, or employee ever been the subject of disciplinary action by a regulatory authority as a result of their professional activities?  Yes  No

If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_

22. Has the applicant or any of its predecessors in business or any partner, officer, director, or employee ever had any insurer decline, cancel, refuse to renew, or accept only on special terms any professional liability insurance?  Yes  No

If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_

23. Have any claims been made in the past 5 years against the applicant, their predecessors in business, or any of the past or present partners, officers, directors, or employees?  Yes  No

If yes, provide the following details on each claim (by separate attachment if necessary).  
 Date of loss \_\_\_\_\_ Name of client \_\_\_\_\_  
 Amount of claim \_\_\_\_\_ Narrative of circumstance \_\_\_\_\_  
 \_\_\_\_\_

24. Does the applicant or any of the partners, officers, directors, or employees know of any circumstances, acts, errors or omissions, that could result in a claim against the applicant, their predecessors in business, or any of the past or present partners, officers, directors, or employees?  Yes  No

If yes, provide the following details on each claim (by separate attachment if necessary).  
 Date of loss \_\_\_\_\_ Name of client \_\_\_\_\_  
 Amount of claim \_\_\_\_\_ Narrative of circumstance \_\_\_\_\_  
 \_\_\_\_\_

Have these circumstances, acts, errors or omissions been reported to the applicant's current or past professional liability carrier?  Yes  No

**PREVIOUS COVERAGE**

25. List any errors and omissions insurance carried during the past 3 years. If none, check box.  NONE

POLICY PERIOD	INSURER	CLAIMS-MADE	OCCURRENCE	LIMITS	DEDUCTIBLE	PREMIUM
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

If previous insurance was claims-made, what was the retroactive date? \_\_\_\_\_  
 What was the date claims-made coverage was first purchased? \_\_\_\_\_  
 Has claims-made coverage been continuous and uninterrupted since that date?  Yes  No

**FRAUD STATEMENT**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

**WARRANTY AND SIGNATURE**

By signing this application, the applicant warrants that the statements made in this application are complete and true. If a policy is issued, this application will be attached to and become a part of the policy. All statements made on this application or attached to this application are the basis of this policy and are deemed material to the acceptance of the risk or the hazard assumed by us. If issued, this policy will be in reliance upon the truth of such statements and attachments. If this application or its attachments contain any misrepresentations which materially affect either the acceptance of the risk or the hazard assumed by us, the policy will be void and of no effect.

Completion and submission of this application does not bind the company to complete the insurance. No coverage will be effected until receipt of written instructions and premium payment.

\_\_\_\_\_  
 Signature of applicant Title Date

\_\_\_\_\_  
 Signature of producing agent Date

Agent name and address