

Miscellaneous Professional Liability Application



AmTrust E&S Insurance Services
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

This is an application for a claims made and reported policy. Please read the entire application carefully before signing. Whenever used in this application, the term "Firm" means the Named Insured(s) and any other entity proposed for coverage. Please answer all questions and attach all requested materials including the following:

- Résumés of Principals and Key Employees Standard Contract or Engagement Letter Used with Clients
 Five Year Carrier Loss Runs Copies of Promotional Brochures, Firm Résumés, Marketing Materials or Literature

Section I – Firm Information

Firm: _____

Address: _____ City: _____ State: _____ Zip Code: _____

P.O. Box: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____ Date Established: _____

1. State(s) where Firm is licensed or registered: _____

2. Professional organizations to which Firm belongs: _____

3. Applicant is: Corporation LLC Partnership Other (describe): _____

- a. Is the Firm owned or controlled by, or affiliated with, any other entity? Yes No
b. Has the name of the Firm ever been changed? Yes No
c. Is the Firm a franchisee or franchisor? Yes No
d. Are there any branch offices or additional locations? Yes No

If YES, to any portion of Question 3, please provide details on a separate sheet and attach as part of this application.

4. Is the Firm a successor-in-interest to any predecessor Firm or has the Firm ever been involved in any merger, acquisition, consolidation, divestiture, bankruptcy or dissolution? Yes No

5. In the next 12 months, does the Firm have any plans for any merger, acquisition, consolidation, divestiture, bankruptcy, dissolution, or creation of a new business, subsidiary or division? Yes No

If YES to question 4 and/or 5, please provide details on a separate sheet and attach as part of this application.

6. Complete the table below for the Firm's total employee count:

Professional Services	Full-Time Employees	Part-Time Employees	Avg. Years Experience	Avg. Years with Applicant
Principals				
Professionals (Non-Principal)				
Independent Contractors / Leased Staff				
Administrative & Clerical				
Other (Describe): _____				

7. Does the Firm seek coverage for Independent Contractors / Leased staff? Yes No

If NO, are independent Contractors / Leased Staff required to maintain their own Professional Liability Insurance? Yes No

Section II – Insurance History

1. Request:

Effective Date: _____ Per Claim Limit: \$ _____ Aggregate Limit: \$ _____
 Retro Date: _____ Per Claim Retention: \$ _____ Aggregate Retention: \$ _____

2. Complete the following chart detailing the Firm's Professional Liability Insurance History:

	Insurer	Per Claim Limit	Aggregate Limit	Retention	Premium
Current		\$	\$	\$	\$
Prior Year 1		\$	\$	\$	\$
Prior Year 2		\$	\$	\$	\$
Prior Year 3		\$	\$	\$	\$

3. Has the Firm had any Professional Liability Insurance declined, cancelled or non-renewed within the past three years?

Yes No

If YES, please describe:

4. Is the Firm covered by any Project Specific policies of insurance?

Yes No

5. Does the Firm have active General Liability Insurance coverage?

Yes No

If YES, please provide the details of the expiring policy:

Insurer	Policy Period	Per Occurrence Limit	Retention	Pollution Coverage
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Section III – Professional Services

1. Complete the chart below detailing the Firm's Professional Services:

Professional Service	% Current Year Revenue	% Past Year Revenue
	%	%
	%	%
	%	%
	%	%
	%	%

2. Does the Firm anticipate the Professional Services listed above to change by more than 15% in the next year?

Yes No

3. Has the Firm's Professional Services in the past three years differed from those listed above by more than 15%?

Yes No

If YES to Questions 2 or 3, please describe:

4. Does the Firm provide any Professional Services outside the United States?

Yes No

If YES, please describe:

Section III – Professional Services (continued)

5. Complete the chart below detailing the Firm's Professional Services:

Type of Activity	Current		Prior Year		Project Next Year	
	\$	\$	\$	\$	\$	\$
Domestic Revenues	\$	\$	\$	\$	\$	\$
Foreign Revenues	\$	\$	\$	\$	\$	\$
Joint Venture Revenues (Firm Portion)	\$	\$	\$	\$	\$	\$
Direct Reimbursables	\$	\$	\$	\$	\$	\$
Fees Passed to Consultants / Subcontractors	\$	\$	\$	\$	\$	\$
Other (Describe):	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$

6. For any percentage of the Firm's gross revenues passed through to subcontractors:

- a. Describe nature of subcontracted services: _____
- b. Are all subcontractors required to maintain Professional Liability insurance of \$500K or greater? Yes No
- c. Are all subcontractors required to maintain General Liability / Contractors Risk insurance of \$500K or greater? Yes No
- d. Does the Firm require signed contracts for services with all subcontractors? Yes No
- e. Do contracts with subcontractors contain hold harmless / indemnity agreements benefiting the Firm? Yes No

7. Complete the chart below for the Firm's five largest clients:

Client Name	Professional Services Provided	Revenue Last Year
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

Section IV – Risk Management

1. What percentage of projects does the Firm use written contracts with clients? \$ _____
2. Are all written contracts developed by a recognized professional association or always reviewed and approved by legal counsel before they are entered into? Yes No
- a. If written contracts are developed by a professional association, what is the name of that association? Yes No
- b. If written contracts are not always used, how are responsibilities defined with the client? _____
- c. What percentage of contracts contain a limitation of liability clause? _____ %
- d. What percentage of contracts contain hold harmless / indemnity agreements benefiting the Firm? _____ %
- e. What percentage of contracts contains a provision for alternative dispute resolution? _____ %
3. What percentage of employees has participated in Continuing Education Programs in the past 18 months? _____ %
4. Does the Firm have:
- a. Written quality assurance / quality control procedures including procedures to escalate complaints to senior management? Yes No
- b. Written risk management procedures, including procedures to ensure compliance with all Federal, State and Local Statutes and Regulations? Yes No
- c. A formal training program for personnel? Yes No

Section IV – Risk Management (continued)

- d. Network Security Management Procedures to prevent breaches of security including identity theft and the spread of computer viruses? Yes No
- e. Written procedures in place to protect, or provide training for the protection of, the personal and confidential information of clients and prospective clients? Yes No
- f. Legal / Clearance Procedures for media and marketing material and content? Yes No
- g. An in-house program of continuing education for professional employees Yes No
- h. An ownership of documents clause in each contract of hire? Yes No
- i. A pre-screening methodology for potential clients? Yes No
- j. Internal control procedures to prevent theft of client funds or other client assets? Yes No
5. Does the Firm ever warrant or guarantee its professional services? Yes No
6. Does the Firm have procedures for monitoring and collecting outstanding fees? Yes No
7. How many collection or legal proceedings has the Firm initiated against clients for payment of outstanding fees? _____
8. What percentage of the Firm's Accounts Receivables are outstanding more than 90 days? _____ %
9. How many Joint Venture Projects has the Firm participated in during the past three years? _____
- For all Joint Venture Projects, please attach details on each project (including nature of project, construction values and Firm portion / participation) on a separate sheet and attach as part of this application?**
10. During the past three years or within the next 12 months, has any principal, Partner, Member, Director, Officer, Employee, Leased Employee or Independent Contractor of the Firm been engaged to provide, or plan to provide, Professional Services for or in connection with any entity in which he, she, the Firm, or any other proposed insured had / has an ownership or financial interest? Yes No
- If YES, please attach complete details on a separate sheet and attached as part of this application.**
11. What percentage of business is from repeat clients? _____ %
12. During the past 12 months, has the Firm derived more than 25% of annual work from one contract or client? Yes No
- If YES, please provide complete details and estimated revenues on a separate sheet and attach as part of this application.**

Section V – Claims & License History

1. Have any claims, suits or proceedings been made during the past five years against the (a) Firm; (b) its predecessor in business; (c) any Subsidiary or Affiliate of the Firm; (d) any entity proposed for coverage on this application; or (e) any past or present Principal, Partner, Member, Director, Officer, Employee, Leased Employee or Independent Contractor of the Firm, its predecessors in business or any Subsidiary or Affiliate of the Firm or entity proposed for coverage on this application? Yes No
2. After diligent inquiry of each Principal, Partner, Managing Member, Director or Officer, is the Firm aware of any fact, circumstance, incident, error, situation or accident that may result in a claim being made against (a) the Firm; (b) its predecessor in business; (c) any Subsidiary or Affiliate of the Firm; (d) any entity proposed for coverage on this application; or (e) any past or present Principal, Partner, Member, Director, Officer, Employee, Leased Employee or Independent Contractor of the Firm, its predecessors in business or any Subsidiary or Affiliate of the Firm or entity proposed for coverage on this Firm? Yes No
3. Has the Firm or any individual or entity seeking coverage ever been the subject of a Reprimand or Disciplinary Proceeding, or Criminal Proceeding, by any Federal, State or Local Authority, Professional Association or State Licensing Board? Yes No
4. Has the Firm or any individual or entity seeking coverage during the past three years been involved in any disputes with respect to fees or other compensation which may be due for Professional Services rendered by the Firm or any individual or entity seeking coverage? Yes No
- If YES, to Questions 1, 2, 3 and/or 4, please complete a Supplemental Claim Application for each matter.**
5. Has the Firm reported each matter in questions 1 – 4 to its current / former insurance carrier? N/A Yes No

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he 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.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: 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 and civil damages. 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.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by 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 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 personal or commercial 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 is considered a crime.

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.

NEW YORK: 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: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: 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 and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Firm:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY