

## APPLICATION ERRORS AND OMISSIONS LIABILITY

NOTICE: This application is for a CLAIMS MADE POLICY. Except as may be otherwise provided herein, this coverage is limited to liability for only those claims which are first made against the insured and reported to the Company during the policy period.

1.	Name of Firr	n									
	Street Addre	ss									
	City			S	tate			Zip			
	Website Add	lress									
2.	Date Establis	shed									
3.	Is applicant	firm a Corporation	☐ LLC		Partnership		Sole Pro	prietorship			
4.	Is the firm ov	vned by, associated w	ith or controll	ed by any	other busines	ss?				☐ Yes	□No
	If Yes, give o	letails.									
5.	Describe in	detail the nature of th	ne professior	al or busii	ness activitie	es for wh	nich insur	ance is de	sired.		
6.	How long ha	ave you been engage	ed in your cu	rrent occu	pation or bu	siness?		Years	5		
7.	Are you eng	aged in any other pr	ofession or b	usiness?						☐ Yes	☐ No
	If Yes, expla	ain.									
8.	Provide the	number of your staff									
	Partners or	Officers	Profession	al/Technic	cal Personne	el	S	upport			
9.	List the qual	lifications of profession	onal staff. If	n busines	s five years	or less,	attach res	sumes.			
10.	List membership in professional and/or trade organizations.										
11.	a. Gross R	evenue estimated fo	or next year.	ndicate ye	ear in spaces	s provid	ed.	\$			
	Current	Year	\$		P	revious	Year	\$			
	b. Total gro	oss annual payroll:	\$								

12.	Are any changes in the nature or size of the 24 months?	☐ Yes ☐ No						
	If Yes, explain.							
13.	Does the applicant use independent contract	☐ Yes ☐ No						
	If Yes, state how many and explain what to subcontracted.	ypes of se	rvices and what perce	ent of your total recei	pts are			
	Is evidence of professional liability insuranc	e required	from independent con	tractors?	☐ Yes ☐ No			
	What is the limit required?							
14.	Does your firm use a written contract or agr	☐ Yes ☐ No						
15.	Have your contracts and procedures been r	☐ Yes ☐ No						
16.	Does your firm assume liability for others ur	Does your firm assume liability for others under contracts utilized?						
17.	List your three largest clients during the paseach.	ite revenue from						
	Name		Services		Revenues			
18.	Provide details of General Liability Insurance  Company	e in force.	Limit	Deductible	Policy Term			
	Does the policy detailed above include cover	☐ Yes ☐ No						
19.	Please provide details of Errors and Omissions insurance carried during the last three years.							
	Company	Limit	Deductible	<u>Premium</u>	Policy Term			
	Is your expiring policy a CLAIMS MADE PC	LICY?			Yes □ No			
	If Yes, advise Retroactive Date.							
20.	Give an example of a claim that you intend to have insured under this policy.							
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Page 2 of 3 T-46 (03/07)

	Date	Signature of Applicant	Title			
Appli	callon must be signed and date	ed by principal, partner, officer or director of the fir	m.			
insur	ance with the company. Signat	ture of the application does not bind the Firm or C	company to complete the insurance.			
		e above statements and particulars are true ar we agree that this application shall be the sole				
PERS FOR	SON FILES AN APPLICATIO	Y AND WITH INTENT TO DEFRAUD ANY IN N FOR INSURANCE CONTAINING ANY FALS DING, INFORMATION CONCERNING ANY FAC T, WHICH IS A CRIME.	SE INFORMATION, OR CONCEALS			
	C. Copies of standard cont	racts for professional or business activities.				
	B. Most recent financial sta	•				
	A. Current brochure or simi	lar item describing activities or services.				
25.	Please include with this applic	cation the following items:				
24.	Limit of Liability requested _	Deductib	le			
	If Yes, give details below or a	ttach an information sheet.				
23.		alleged act, circumstance, situation, error or omiss ade against you or any of the persons or firm des				
	If Yes, give details below or a	ttach an information sheet.				
22.	Have any claims, suits or proceedings been made during the past five years against any of you or your firm, your predecessors in business or against any present partners, owners, officers or employees?					
	If Yes, give details below or a	ttach an information sheet.				
21.	your firm, or present partners.	& Omissions or similar insurance made on behall owners, officers or employees ever been decline in canceled or refused renewal?				

PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE POLICY. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.

Page 3 of 3 T-46 (03/07)