

Miscellaneous Professional Application



INSTRUCTIONS

1. PLEASE ANSWER ALL QUESTIONS USING CLEAR TYPE OR PRINT. IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET AND INDICATE THE QUESTION NUMBER.
3. "YOU" OR "YOUR", AS USED IN THIS APPLICATION, MEANS THE APPLICANT AND ANY PERSONS (INCLUDING DIRECTORS, OFFICERS, PRINCIPALS, PARTNERS OR EMPLOYEES) OR ENTITIES PROPOSED FOR COVERAGE UNLESS NOTED OTHERWISE BELOW.
4. THIS APPLICATION AND ALL SUPPLEMENT FORMS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

Applicant Information

- 1) Name of Applicant *(please list all entities for which coverage is required including any subsidiaries):* _____ Year Established: _____
- 2) Address: _____
 City: _____ State: _____ Zip: _____
- 3) Name of Officer/Principal: _____ Title: _____
 Email: _____ Phone: _____

Operations

4) Do you have any non-US operation? If 'Yes', please provide a list below. Yes No

Country	Description of Operations/Services	% of Revenues

5) During the last 5 years has the name of the applicant been changed, or has any business been purchased/merged with? Yes No

If 'Yes', please give full details below *(including dates)*:

6) Personnel *(please include ALL staff - professional and non-professional)*:

Full-time: _____ Part-time: _____ Independent Contractors: _____

7) Revenues

Gross Revenues	Previous 12 Months	Current 12 Months	Next 12 Months
Domestic:	\$ _____	\$ _____	\$ _____
Foreign:	\$ _____	\$ _____	\$ _____

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8) Provide a description of your services for a fee:

Services	% of Current Revenues

9) Do you subcontract any professional services? Yes No

If 'Yes', list the services you subcontract: _____

Do you require that these subs maintain their own Professional Liability coverage? Yes No

Contracts

10) Do you use written contracts/agreements for the services you provide? Yes No

What percentage of the time are they used? _____ %

11) Do your standard contracts contain the following provisions?

Provision	Additional Comments
Scope of Work <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dispute Resolution <input type="checkbox"/> Yes <input type="checkbox"/> No	
Limitation of Liabilities <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hold Harmless or Indemnity Agreements <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disclaimer of Warranties <input type="checkbox"/> Yes <input type="checkbox"/> No	
Guarantees <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Disclaimer of Consequential Damages <input type="checkbox"/> Yes <input type="checkbox"/> No	

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12) Provide your 3 largest active contracts in terms of annual revenue.

Client	Description of Contract/Service	Contract Value/Duration
1.		
2.		
3.		

Website Media

13) Do you have a formal review process in place to screen any material (including digital content) published or broadcast on your website or social media pages for:

Intellectual property and privacy compliance prior to any publication, broadcast, distribution, or use? Yes No

Potential libel, slander, and advertising injury? Yes No

14) Are such reviews conducted by, or under the supervision of, a qualified attorney? Yes No

15) Is user generated content on your site? Yes No

16) Are all musical works, audio-visual works, or sound recordings which appear on your website or social-media accounts, or the websites or social media accounts of any person or entity receiving compensation from you, explicitly licensed for such use? Yes No N/A

Prior Claims and Circumstances

For any 'yes' responses to the below questions, please provide the relevant details in the 'Details' box below this section.

17) Do you (including any director, officer, employee, or other proposed injured) have knowledge or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim or loss under the proposed insurance? Yes No

18) Are you (including any director, officer, employee, or other proposed injured) aware of any errors, omissions, or claims (including any circumstances reported to previous insurers that have not developed into claims) during the past (5) years? Yes No

19) Have you filed suit against any of your customers for non-payment of fees or have any customers either failed to pay for or requested a refund for a product or service you provided due to an alleged problem? Yes No

20) Have you (including any director, officer, principal, or partner) been party to any lawsuit or other legal proceeding or been the subject of a disciplinary action as a result of their professional activities? Yes No

21) Have any loss payments been made on your behalf under the provisions of any prior or current errors or omissions, professional liability or media policy or similar insurance? Yes No

22) Have any errors and omissions or professional liability insurance ever been declined or cancelled, or have your insurer(s) formally indicated intent not to offer renewal terms? **(Note: Applicants located in Missouri are not required to answer this question)** Yes No

Please provide details to any 'Yes' response in the section above, here:

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS ARISING OUT OF A CIRCUMSTANCE NOT DISCLOSED IN THIS APPLICATION.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

Signed: _____

Date: _____

Print Name: _____

Title: _____

(Owner, Partner, Principal, Authorized Officer)