

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

CLAIMS MADE AND REPORTED FORM

WITH OPTIONAL COMMERCIAL GENERAL LIABILITY – OCCURRENCE FORM AND/OR COMMERCIAL PROPERTY COVERAGE

ALL QUESTIONS MUST BE ANSWERED IN FULL. APPLICATION MUST BE SIGNED AND DATED BY THE PRINCIPAL, OFFICER OR PARTNER

APPLICANT'S NAME <input type="text" value=""/> <input type="text" value=""/> APPLICANT MAILING ADDRESS <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> PROPOSED POLICY PERIOD FROM: <input type="text" value=""/> TO: <input type="text" value=""/> APPLICANT IS <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER <input type="text" value=""/> <input type="text" value=""/> LOCATION #1 <input type="text" value=""/> LOCATION #2 <input type="text" value=""/> LOCATION #3 <input type="text" value=""/>	AGENT <input type="text" value=""/> <input type="text" value=""/> APPLICANT'S PHONE NUMBER <input type="text" value=""/> WEB ADDRESS <input type="text" value=""/> INSPECTION CONTACT <input type="text" value=""/> PHONE NUMBER FOR INSPECTION CONTACT <input type="text" value=""/>
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PROVIDE FULL DETAILS TO ALL 'YES' RESPONSES ON THE NOTES PAGE OF THIS APPLICATION OR ON A SEPARATE SHEET
 IDENTIFY ENTRIES BY QUESTION NUMBER AND COVERAGE FOR EACH SECTION

1. IS THE APPLICANT CONTROLLED, OWNED BY, AFFILIATED OR ASSOCIATED WITH ANY OTHER FIRM, CORPORATION, OR COMPANY? YES NO
If Yes, PLEASE PROVIDE FULL DETAILS INCLUDING NAME(S) AND RELATIONSHIP.
2. DOES THE APPLICATION HAVE ANY SUBSIDIARIES..... YES NO
If Yes, PLEASE PROVIDE FULL DETAILS INCLUDING NAME(S) AND SERVICES PROVIDED.
3. IS COVERAGE DESIRED FOR SUBSIDIARIES? YES NO
4. DURING THE PAST FIVE (5) YEARS HAS:
 - A. THE NAME OF THE FIRM BEEN CHANGED..... YES NO
 - B. THE APPLICANT ACQUIRED ANY OTHER BUSINESS(ES) YES NO
 - C. THE APPLICANT MERGED INTO OR CONSOLIDATED WITH ANOTHER FIRM? YES NO
5. PLEASE PROVIDE A FULL DESCRIPTION OF THE APPLICANT'S PROFESSIONAL SERVICES FOR WHICH COVERAGE IS DESIRED:
6. IS THE APPLICANT ENGAGED IN ANY BUSINESS, OR PROVIDING PROFESSIONAL SERVICES NOT DESCRIBED ABOVE?..... YES NO
If Yes, PLEASE PROVIDE FULL DETAILS AND ESTIMATED REVENUES
7. DATES OF THE APPLICANT'S FISCAL PERIOD: FROM: TO:
8. TOTAL GROSS ANNUAL REVENUE:

FIRST YEAR PRIOR	CURRENT YEAR	PROJECTED NEXT YEAR
\$ <input type="text" value=""/>	\$ <input type="text" value=""/>	\$ <input type="text" value=""/>
9. DOES THE APPLICANTS GROSS REVENUES INCLUDE INCOME DERIVED FROM OPERATIONS OUTSIDE OF UNITED STATES, ITS TERRITORIES OR POSSESSIONS? YES NO
If Yes, PROVIDE THE NAME AND THE PERCENTAGE OF THE APPLICANTS TOTAL GROSS REVENUE FOR EACH COUNTRY

10. PLEASE DESCRIBE THE APPLICANT'S THREE (3) LARGEST JOBS OR PROJECTS DURING THE PAST THREE (3) YEARS:

CLIENT NAME	SERVICES RENDERED	REVENUE
□□□□□	□□□□□	\$ □□□□□
□□□□□	□□□□□	\$ □□□□□
□□□□□	□□□□□	\$ □□□□□

11. PLEASE DESCRIBE THE APPLICANT'S JOBS OR PROJECTS CONTEMPLATED DURING THE CURRENT YEAR:

CLIENT NAME	SERVICES RENDERED	REVENUE
□□□□□	□□□□□	\$ □□□□□
□□□□□	□□□□□	\$ □□□□□
□□□□□	□□□□□	\$ □□□□□

12. DOES THE APPLICANT PROVIDE SERVICES FOR ANY CLIENT(S) IN WHICH A PRINCIPAL, PARTNER, DIRECTOR, OFFICER, EMPLOYEE OR INDEPENDENT CONTRACTOR OF THE APPLICANT'S FIRM SERVES AS AN OFFICER OR ON THE BOARD OF DIRECTORS OR OWNS ANY FINANCIAL OR EQUITY INTEREST? YES NO
IF YES, PLEASE INCLUDE FULL DETAILS INCLUDING CLIENT NAME, RELATIONSHIP, AND REVENUES GENERATED.

13. NUMBER OF PRINCIPALS, PARTNERS, OFFICERS, AND PROFESSIONAL EMPLOYEES DIRECTLY ENGAGED IN PROVIDING SERVICES TO CLIENTS. □□□□□

15. NUMBER OF INDEPENDENT CONTRACTORS DIRECTLY ENGAGED IN PROVIDING SERVICES TO CLIENTS:..... □□□□□

17. DOES THE APPLICANT WISH TO PROVIDE COVERAGE FOR INDEPENDENT CONTRACTORS WORKING ON THE THEIR BEHALF? YES NO
IF YES, THEN PLEASE COMPLETE THE FOLLOWING:

A. WHAT PERCENTAGE OF THE APPLICANTS ANNUAL REVENUES ARE DERIVED FROM SERVICES PROVIDED BY INDEPENDENT CONTRACTORS? □□□□ %

B. DO THE INDEPENDENT CONTRACTORS WORK EXCLUSIVELY FOR THE APPLICANT?..... YES NO

C. DO THE INDEPENDENT CONTRACTORS PROVIDE ANY SERVICES NOT DESCRIBED IN QUESTION FIVE (5) ABOVE? YES NO
IF YES, PLEASE DESCRIBE SERVICE(S):

□□□□□
□□□□□

D. ARE INDEPENDENT CONTRACTORS PERMITTED TO WORK WITHOUT THEIR OWN ERROR AND OMISSIONS INSURANCE? YES NO

19. PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF PRINCIPAL PARTNER(S) KEY EMPLOYEES & INDEPENDENT CONTRACTORS	PROFESSIONAL DESIGNATION(S)	YEARS EXPERIENCE	YEARS WITH COMPANY
□□□□□	□□□□□	□□□	□□□
□□□□□	□□□□□	□□□	□□□
□□□□□	□□□□□	□□□	□□□
□□□□□	□□□□□	□□□	□□□
□□□□□	□□□□□	□□□	□□□

20. HAS ANY PROSPECTIVE INSURED EVER BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION OR INVESTIGATION BY ANY REGULATING BODY RELATED TO THEIR PROFESSION? YES NO

21. DOES THE APPLICANT USE A WRITTEN CONTRACT OR LETTER OF ENGAGEMENT WITH EACH CLIENT? YES NO
IF NO, PLEASE PROVIDE THE PERCENTAGE OF ANNUAL REVENUES WHERE A WRITTEN CONTRACT IS SECURED: □□□□ %

23. DOES THE APPLICANT'S CONTRACT OR ENGAGEMENT LETTER CONTAIN ANY OF THE FOLLOWING ITEMS?
 PLEASE CHECK ALL THAT APPLY:

- HOLD HARMLESS AGREEMENT OR INDEMNIFICATION CLAUSES IN THE APPLICANTS FAVOR
- HOLD HARMLESS AGREEMENT OR INDEMNIFICATION CLAUSES IN THE CLIENT'S FAVOR
- A SPECIFIC DESCRIPTION OF THE SERVICES THE APPLICANT WILL PROVIDE
- GUARANTEES OR WARRANTIES WITH RESPECT TO RESULTS
- PAYMENT TERMS

24. HAS ANY POLICY OR APPLICATION FOR SIMILAR INSURANCE MADE ON THE APPLICANT'S BEHALF EVER BEEN DECLINED, CANCELLED OR NONRENEWED? YES NO
IF YES, PLEASE PROVIDE DETAILS.

25. PLEASE PROVIDE INFORMATION PERTAINING TO MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE FOR THE PAST THREE (3) YEARS.
 CHECK THE BOX IF NO PRIOR MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE CARRIED:.....

	CURRENT	1 ST YEAR PRIOR	2 ND YEAR PRIOR
NAME OF COMPANY:	□□□□□	□□□□□	□□□□□
POLICY PERIOD:	□□□□□	□□□□□	□□□□□
LIMIT OF LIABILITY:	□□□□□	□□□□□	□□□□□
DEDUCTIBLE:	□□□□□	□□□□□	□□□□□
PREMIUM:	□□□□□	□□□□□	□□□□□

RETROACTIVE DATE OF THE EXPIRING POLICY:..... □□□□□

27. HAVE ANY CLAIMS, SUITS, OR DEMANDS FOR ARBITRATION BEEN MADE AGAINST THE APPLICANT, ITS PREDECESSOR(S) OR ANY PAST OR PRESENT PRINCIPAL, PARTNER, OFFICER OR EMPLOYEES WITHIN THE PAST FIVE (5) YEARS? Yes No
 If Yes, PLEASE COMPLETE A CLAIMS SUPPLEMENTAL APPLICATION FOR EACH INCIDENT.

28. AFTER INQUIRY OF ALL PRINCIPALS, PARTNERS, OFFICERS, EMPLOYEES OR INDEPENDENT CONTRACTORS, IS THE APPLICANT AWARE OF ANY ACT, ERROR, OMISSION, UNRESOLVED JOB DISPUTE OR ANY OTHER CIRCUMSTANCE THAT IS OR COULD BE A BASIS FOR A CLAIM UNDER THE PROPOSED INSURANCE? Yes No
 If Yes, PLEASE COMPLETE A CLAIM SUPPLEMENTAL APPLICATION FOR EACH INCIDENT.

29. PLEASE INDICATE THE NUMBER OF CLAIM SUPPLEMENTAL APPLICATIONS ATTACHED TO THIS APPLICATION:..... □□□□□

COMMERCIAL GENERAL LIABILITY COVERAGE:

DOES THE APPLICANT DESIRE COMMERCIAL GENERAL LIABILITY COVERAGE FOR THEIR BUSINESS OPERATIONS?..... Yes No

If Yes, PLEASE PROVIDE THE FOLLOWING:

LIMITS OF INSURANCE – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)	\$ □□□□□
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ □□□□□
PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)	\$ □□□□□
EACH OCCURRENCE	\$ □□□□□
DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)	\$ □□□□□
MEDICAL EXPENSE (ANY ONE PERSON)	\$ □□□□□

SCHEDULE OF HAZARDS (Enter additional exposures in the Notes section, if necessary)

Loc. #	DESCRIPTION	CLASS CODE	PREMIUM BASIS	INTEREST	PART OCCUPIED
□□□□□	□□□□□	□□□□□	□□□□□	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	□□□□□%
□□□□□	□□□□□	□□□□□	□□□□□	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	□□□□□%
□□□□□	□□□□□	□□□□□	□□□□□	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	□□□□□%

GENERAL INFORMATION – PREMISES AND OPERATIONS:

PROVIDE FULL DETAILS TO ALL 'YES' RESPONSES ON THE NOTES PAGE OF THIS APPLICATION OR ON A SEPARATE SHEET

IDENTIFY ENTRIES BY QUESTION NUMBER AND COVERAGE FOR EACH SECTION

- ARE THERE ANY WATER EXPOSURES ON THE PREMISES? (E.G., LAKE, POND, POOL ETC...)..... Yes No
- ARE ANY RECREATION FACILITIES PROVIDED?..... Yes No
- ARE THERE ANY PARKING FACILITIES OWNED OR RENTED BY THE APPLICANT?..... Yes No
 If Yes, IS A FEE CHARGED?..... Yes No
 If Yes, PLEASE PROVIDE GROSS REVENUES: SERVICES TO CLIENTS: \$ □□□□□
- DOES THE APPLICANT ORGANIZE OR SPONSOR ANY TRADE SHOWS, EXHIBITS OR CONVENTIONS?..... Yes No
- DOES THE APPLICANT SPONSOR ANY SPORTING OR SOCIAL ACTIVITIES OR EVENTS?..... Yes No

6. DOES THE APPLICANT ENGAGE IN ANY CONSTRUCTION OR INSTALLATION OPERATIONS? YES NO
7. ARE ANY STRUCTURAL ALTERATIONS OR DEMOLITION EXPOSURES CONTEMPLATED?..... YES NO
8. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES OR CHEMICALS?..... YES NO
9. DOES THE APPLICANT LOAN OR RENT MACHINERY OR EQUIPMENT TO OTHERS?..... YES NO
10. HAS THE APPLICANT PERFORMED WORK IN ANY OF THE FOLLOWING THE STATES? YES NO
IF YES, CHECK ALL THAT APPLY, AND PROVIDE COMPLETE DETAILS: AZ CA CO NV NY OR UT WA
11. DOES THE APPLICANT SUBCONTRACT WORK TO OTHERS? (IF YES, PLEASE PROVIDE THE FOLLOWING)..... YES NO
- A. PROVIDE DETAILED DESCRIPTION OF THE TYPE OF WORK SUBCONTRACTED.
- B. ARE SUBCONTRACTORS PERMITTED TO WORK WITHOUT PROVIDING THE APPLICANT A CERTIFICATE OF INSURANCE? YES NO
- C. DO SUBCONTRACTORS CARRY COVERAGE OR LIMITS LESS THAN THE APPLICANT? YES NO
12. DOES THE APPLICANT ENTER INTO ANY CONTRACTUAL AGREEMENT OTHER THAN THEIR LETTER OF ENGAGEMENT?..... YES NO

GENERAL INFORMATION – PRODUCTS:

**PROVIDE FULL DETAILS TO ALL 'YES' RESPONSES ON THE NOTES PAGE OF THIS APPLICATION OR ON A SEPARATE SHEET
 IDENTIFY ENTRIES BY QUESTION NUMBER AND COVERAGE FOR EACH SECTION**

13. DOES THE APPLICANT INSTALL, SERVICE OR DEMONSTRATE ANY PRODUCTS?..... YES NO
14. DOES THE APPLICANT PACKAGE OR REPACKAGE PRODUCTS MANUFACTURED BY OTHERS?..... YES NO
15. DOES THE APPLICANT MANUFACTURE, SELL, DISTRIBUTE OR PACKAGE PRODUCTS FOR SALE UNDER THE THEIR OWN NAME?..... YES NO
16. ARE ANY FOREIGN PRODUCTS SOLD, DISTRIBUTED OR USED AS COMPONENTS IN ANY APPLICANT'S PRODUCT?..... YES NO
17. LIST ALL PRODUCTS DEMONSTRATED, DISTRIBUTED, INSTALLED, SERVICED, SOLD, PACKAGED OR REPACKAGED BY THE APPLICANT

DESCRIPTION OF PRODUCT	GROSS ANNUAL SALES	NUMBER OF UNITS
□□□□□	\$ □□□□□	□□□□□
□□□□□	\$ □□□□□	□□□□□
□□□□□	\$ □□□□□	□□□□□

ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT EXPLAIN "OTHER"
□□□□□	<input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER
□□□□□	□□□□□
□□□□□	□□□□□
NAME AND ADDRESS	RELATIONSHIP TO APPLICANT EXPLAIN "OTHER"
□□□□□	<input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER
□□□□□	□□□□□
□□□□□	□□□□□

PRIOR CARRIER AND LOSS HISTORY:

18. HAS ANY POLICY OR APPLICATION FOR SIMILAR INSURANCE MADE ON THE APPLICANT'S BEHALF EVER BEEN DECLINED, CANCELLED OR NONRENEWED? YES NO
19. PROVIDE PRIOR CARRIER INFORMATION (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM
□□□	□□□□□	□□□□□	□□□□□	□□□□□
□□□	□□□□□	□□□□□	□□□□□	□□□□□
□□□	□□□□□	□□□□□	□□□□□	□□□□□

LOSS HISTORY:

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
□□□□□	□□□□□	□□□□□	□□□□□	□□□□□
□□□□□	□□□□□	□□□□□	□□□□□	□□□□□

Use Additional Sheet if Necessary

COMMERCIAL PROPERTY:

DOES THE APPLICANT DESIRE COMMERCIAL PROPERTY COVERAGE FOR THEIR BUSINESS OPERATIONS?..... YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING:

SCHEDULE OF COVERED PROPERTY:						
	LOCATION # 1		LOCATION # 2		LOCATION # 3	
CONSTRUCTION:	□□□□□		□□□□□		□□□□□	
YEAR BUILT:	□□□□		□□□□		□□□□	
# OF STORIES:	□□□□		□□□□		□□□□	
TOTAL SQ. FOOTAGE:	□□□□□		□□□□□		□□□□□	
PERCENT OCCUPIED:	□□□□□		□□□□□		□□□□□	
PROTECTION CLASS:	□□□□		□□□□		□□□□	
100% SPRINKLERED:	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
YEAR OF LAST UPDATE	□□□□ ROOF	□□□□ WIRING	□□□□ ROOF	□□□□ WIRING	□□□□ ROOF	□□□□ WIRING
	□□□□ PLUMBING	□□□□ HEAT	□□□□ PLUMBING	□□□□ HEAT	□□□□ PLUMBING	□□□□ HEAT
	OTHER: □□□□□		OTHER: □□□□□		OTHER: □□□□□	
SPECIAL HAZARDS: (E.G., WOODWORKING, COOKING STORAGE OF FLAMMABLES ETC...) EXPLAIN YES ANSWERS	<input type="checkbox"/> YES <input type="checkbox"/> NO □□□□□		<input type="checkbox"/> YES <input type="checkbox"/> NO □□□□□		<input type="checkbox"/> YES <input type="checkbox"/> NO □□□□□	

COVERAGE AND LIMITS DESIRED:

VALUATION:	<input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> REPLACEMENT COST <input type="checkbox"/> MARKET VALUE	<input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> REPLACEMENT COST <input type="checkbox"/> MARKET VALUE	<input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> REPLACEMENT COST <input type="checkbox"/> MARKET VALUE	
CAUSES OF LOSS:	<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL	<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL	<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL	
COINSURANCE:	□□□%	□□□%	□□□%	
LIMITS OF INSURANCE:	BUILDING	\$□□□□□	\$□□□□□	\$□□□□□
	PERSONAL PROPERTY	\$□□□□□	\$□□□□□	\$□□□□□
	BUSINESS INCOME	\$□□□□□	\$□□□□□	\$□□□□□
	COINSURANCE OR	□□□%	□□□%	□□□%
	MONTHLY LIMITATION	□□□□□	□□□□□	□□□□□
SIGNS	\$□□□□□	\$□□□□□	\$□□□□□	

ADDITIONAL INTERESTS

	LOCATION # 1	LOCATION # 2	LOCATION # 3
MORTGAGE INTEREST:	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
NAME:	□□□□□	□□□□□	□□□□□
ADDRESS:	□□□□□	□□□□□	□□□□□
	□□□□□	□□□□□	□□□□□

WHEN COVERAGE FOR **CAUSES OF LOSS – SPECIAL FORM AND REPLACEMENT COST VALUE** IS SELECTED, THE FOLLOWING COVERAGES AND LIMITS OF INSURANCE ARE INCLUDED. AN OPTION TO INCREASE THE LIMITS SHOWN BELOW MAY BE AVAILABLE FOR AN ADDITIONAL CHARGE.

ARE ALTERNATE LIMITS OF INSURANCE, OTHER THAN THOSE STATED BELOW DESIRED?..... YES No

IF YES, INDICATE THE TOTAL LIMITS OF INSURANCE REQUESTED:

EXTENSION OF COVERAGE – WHEN WRITING CAUSES OF LOSS SPECIAL FORM REPLACEMENT COST VALUE	LIMITS OF INSURANCE INCLUDED	TOTAL LIMITS REQUESTED:
PROPERTY IN THE OPEN (OR IN A VEHICLE ON THE DESCRIBED PREMISES) IS COVERED WHEN WITHIN (* FEET) OF THE DESCRIBED PREMISES:	1000 FEET*	□□□□□ FT
FIRE EQUIPMENT SERVICE CHARGE UP TO A LIMIT OF:	\$5,000	\$ □□□□□
RECHARGE OF FIRE PROTECTION EQUIPMENT UP TO A LIMIT OF:	\$2,500	\$ □□□□□
VALUABLE PAPERS IS INCLUDED UP TO A LIMIT OF:	\$10,000	\$ □□□□□
PROPERTY OFF PREMISES OTHER THAN "STOCK" IS COVERED UP TO A LIMIT OF:	\$15,000	\$ □□□□□
OUTDOOR PROPERTY INCLUDES - COVERAGE FOR ANY ONE TREE, PLANT OR SHRUB UP TO A LIMIT OF:	\$500/LOSS \$5,000 TOTAL	\$ □□□□□/LOSS \$ □□□□□ TOTAL
ACCOUNTS RECEIVABLE IS COVERED UP TO A LIMIT OF:	\$10,000	\$ □□□□□
COMPUTER EQUIPMENT IS COVERED FOR LOSSES ARISING FROM AN ARTIFICIALLY GENERATED ELECTRIC CURRENT OR MECHANICAL BREAKDOWN UP TO A LIMIT OF:	\$5,000	\$ □□□□□
SPOILAGE COVERAGE FOR PERISHABLE STOCK UP TO A LIMIT OF:	\$10,000	\$ □□□□□
EXTRA EXPENSE IS COVERED UP TO A LIMIT OF:	\$5,000	\$ □□□□□
BACK UP FROM A SEWER OR DRAIN SUB-LIMIT OF:	\$10,000	\$ □□□□□

PRIOR CARRIER AND LOSS HISTORY:

20. HAS ANY POLICY OR APPLICATION FOR SIMILAR INSURANCE MADE ON THE APPLICANT'S BEHALF EVER BEEN DECLINED, CANCELLED OR NONRENEWED? YES No

21. PROVIDE PRIOR CARRIER INFORMATION (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM
□□□	□□□□□	□□□□□	□□□□□	□□□□□
□□□	□□□□□	□□□□□	□□□□□	□□□□□
□□□	□□□□□	□□□□□	□□□□□	□□□□□

LOSS HISTORY:

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
□□□□□	□□□□□	□□□□□	□□□□□	□□□□□
□□□□□	□□□□□	□□□□□	□□□□□	□□□□□

Use Additional Sheet if Necessary

FRAUD STATEMENT

To INSURED in the STATES OF:

ALABAMA, ALASKA, ARIZONA, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, HAWAII, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MAINE, MASSACHUSETTS, MARYLAND, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEW HAMPSHIRE, NEVADA, NORTH CAROLINA, NORTH DAKOTA, OREGON, SOUTH CAROLINA, SOUTH DAKOTA, TENNESSEE, TEXAS, UTAH, VERMONT, WEST VIRGINIA, WISCONSIN, WYOMING:

NOTICE: IN SOME STATES, ANY PERSON WHO KNOWINGLY, AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR, FOR THE PURPOSE OF MISLEADING, CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY COMMIT A FRAUDULENT INSURANCE ACT WHICH IS A CRIME IN MANY STATES. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

ARKANSAS

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 AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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 CLAIMING WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

FLORIDA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

KENTUCKY

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

LOUISIANA

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 AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW JERSEY

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES

NEW MEXICO

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 AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY 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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

OHIO

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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 ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME, AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

RHODE ISLAND

NOTICE: UNDER RHODE ISLAND LAW, THERE IS A CRIMINAL PENALTY FOR FAILURE TO DISCLOSE A CONVICTION OF ARSON. IN SOME STATES, 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, FOR THE PURPOSE OF MISLEADING, CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY COMMIT A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME IN MANY STATES.

VIRGINIA

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WASHINGTON

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IMPORTANT NOTICE

AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF ALL PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE COMPANY IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE A POLICY.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE COMPANY AND IS CONSIDERED PHYSICALLY ATTACHED TO THIS APPLICATION. THIS APPLICATION AND SUCH INFORMATION WILL BECOME PART OF, AND BE CONSIDERED PHYSICALLY ATTACHED TO, ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION. IF, AS A RESULT OF THIS APPLICATION, A POLICY IS ISSUED, THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION AND ON SUCH ATTACHMENTS.

IF THE STATEMENTS IN THIS APPLICATION OR IN ANY ATTACHMENT CHANGE MATERIALLY BEFORE THE EFFECTIVE DATE OF ANY PROPOSED POLICY, THE APPLICANT MUST NOTIFY THE COMPANY, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY QUOTATION. THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTANDS THAT:

AS RESPECTS TO MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE:

- (A) THE POLICY FOR WHICH APPLICATION IS MADE WILL APPLY ONLY TO CLAIMS FIRST MADE OR DEEMED MADE DURING THE PERIOD IN WHICH THE POLICY IS IN EFFECT; AND
- (B) THE LIMITS OF LIABILITY CONTAINED IN THE POLICY MAY BE COMPLETELY EXHAUSTED, BY THE PAYMENT OF DEFENSE EXPENSES AND, IN SUCH EVENT, THE COMPANY WILL NOT BE RESPONSIBLE FOR THE CONTINUED DEFENSE OF ANY CLAIM OR BE LIABLE FOR THE DEFENSE EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY; AND
- (C) DEFENSE EXPENSES WILL BE APPLIED AGAINST ANY APPLICABLE DEDUCTIBLE.

APPLICANT:		
By (PRINCIPAL, OFFICER OR PARTNER)	TITLE:	DATE: