Specified Professions Professional Liability Product

SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY APPLICATION

This is an application for a claims made policy. Please read your policy carefully.

SECTION I: BACKGROUND INFORMATION

1. Name of Applicant: _____

2. Address: _____

   City: _____ State: _____ Zip: _____

   Phone: _____ Website Address: _____ Email Address: _____

3. Date established: _____

   (If business has been in operation less than 3 years, please provide the resume of a principal, partner or key employee.)

4. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company? ❑Yes ❑No

   If Yes, please provide names(s) and relationship(s); _____

5. Does the Applicant have any subsidiaries? ❑Yes ❑No

   If Yes, please list on a separate sheet and advise if coverage is to apply to them.

6. Applicant is: ❑Corporation ❑Partnership ❑Individual ❑LLC ❑Non-Profit

SECTION II: ORGANIZATION OPERATIONS DETAILS

7. Please describe in detail the professional services for which coverage is desired:

   _____

   _____

   _____

8. (a) List total gross receipts derived from activities in Question #7 (start-ups please provide best estimates): Gross Receipts

   Last Year: $ _____

   Current Year (based on 12 months): $ _____

   Forecast for Next Year: $ _____

   (b) Please indicate the percent of receipts listed in 8a from foreign operations

   (i.e. outside of the U.S. and its territories): _____

9. Describe the 3 largest jobs or projects during the past 3 years

Name of Client	Services Provided	Gross Billings

10. Is the Applicant a licensed Professional (i.e. Lawyer, Accountant...)? ❑Yes ❑No

    If Yes, advise type of licensed Professional: _____

11. (a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: _____

    (b) Number of independent/subcontractors: _____

12. Please answer the following questions regarding the use of independent contractors:

    (a) The total percentage of work done by independent/subcontractors: _____%

    (b) Do the independent/subcontractors work exclusively for the Applicant? ❑Yes ❑No

(c) Do the independent/subcontractors provide the same services as the applicant? ❑Yes ❑No

If No, please explain: _____

(d) Are all independent/subcontractors required to carry errors and omissions insurance? ❑Yes ❑No

(e) Does the Applicant desire to provide coverage for independent/subcontractors (including them as named insured(s) on the policy) while working on the Applicant's behalf? ❑Yes ❑No

13. Please provide the following:

Name of Partners, Key Employees and Independent/ Subcontractors	Professional Qualifications/ Designations	# of Years in Practice

14. Does any director, officer, employee, partner or independent/subcontractor of the Applicant serve as an officer or on the Board of Directors of any client or own any financial or equity interest in any client of the Applicant? ❑Yes ❑No
If Yes, attach an explanation. _____

15. What do you see as your potential exposure to a professional liability claim? _____

16. Does the Applicant use a written contract or letter of engagement with clients? ❑In all cases ❑Sometimes ❑Never

17. Additional Insured(s) to be included for Errors and Omissions (list name, address and relationship to Applicant): _____

18. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in any way or been the subject of any investigation by any regulating body related to their profession? ❑Yes ❑No
If Yes, attach an explanation. _____

SECTION III: CLAIMS INFORMATION

Do not complete this section if this is an application for a renewal policy at the same limit of liability with one of the USLI companies.

19. Have you initiated litigation against any of your clients in the past 5 years? ❑Yes ❑No
(If Yes, advise how many times you have initiated litigation in the past 5 years along with details for each.) _____

20. During the past 5 years, has any claim been made or suit brought against the Applicant, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors? ❑Yes ❑No
(If Yes, please provide details on a separate supplemental claim application.)

21. Is any owner, partner, officer, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the Applicant, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees or independent contractors? ❑Yes ❑No
(If Yes, please provide details on a separate supplemental claim application.)

SECTION IV: PROFESSIONAL LIABILITY INSURANCE COVERAGE

22. Has any Policy or Application for professional liability insurance on your behalf or on the behalf of any of your principals, officers, employees, independent contractors, or on behalf of any predecessor(s) in business ever been declined, cancelled or renewal refused? *Not applicable in Missouri.* ❑Yes ❑No
If Yes, advise details: _____

23. Is similar professional liability insurance currently in force? ❑Yes ❑No

Name of Carrier	Limit	Retroactive Date (if any)	Deductible	Premium	Policy Period

Length of time coverage has continuously been in force: _____

SECTION V: BUSINESSOWNERS PACKAGE INSURANCE

24. Has the Applicant had any General Liability claims paid, reserved or pending in the last 5 years? ❑Yes ❑No

If Yes, please provide details. _____

25. Additional Insured(s) to be included on General Liability:

	Name	Relationship to Applicant	Address
1.			
2.			
3.			

26. Personal Property Limit, including computer hardware (at 80% coinsurance/replacement cost): _____

27. Building Characteristics

a. Are functioning burglar alarms present? ❑Yes ❑No

b. Is all electrical wiring connected to functional and operational circuit breakers? ❑Yes ❑No

c. Are there functioning smoke and heat detectors in all units and/or occupancies? ❑Yes ❑No

d. Is aluminum wiring present in the building? ❑Yes ❑No

28. Property Protection Class (1-10): _____

29. Building Construction (please check one):

❑ Frame - Bldg. is made from a wood frame (2x4's/veneers).

❑ Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.

❑ Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel.

❑ Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls.

30. Has the Applicant had any Property claims paid, reserved or pending in the last 5 years? ❑Yes ❑No

If Yes, please provide details. _____

SECTION VI: REQUIRED INFORMATION

A. USLI Application.

B. Copy of resumes on technical and key personnel (for select classes)

C. Supplemental Application (for select classes)

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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 Fraud Statement: 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 Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: 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.

Maine and Washington Fraud Statement: 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 a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 Fraud Statement: Any person who, with intent to defraud or knowing that he 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 Fraud Statement: 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 Fraud Statement: 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 subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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.

Broker's Signature _____

Some states require that we have the Name and Address of your (Applicant's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____

_____

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify and outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event th Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Applicant's Signature _____ Title _____ Date _____
(Principal, Officer or Partner)