

**APPLICATION FOR PROFESSIONAL
LIABILITY INSURANCE
(CLAIMS-MADE FORM)**

1. NAME OF APPLICANT: _____
(If other than parent firm, supply full details of ownership entity) _____

2. MAILING ADDRESS: _____ Phone No. _____
If multiple name and locations, please list:

3. DATE ESTABLISHED: _____ Corporation Partnership Individual Other

4. Is the firm engaged in, owned by, associated with or controlled by any other business? YES NO
If yes, please give details _____

a) Fees & Receipts estimated for new policy year _____
b) Actual Fees & Receipts for past three years:
19____ \$____ 19____ \$____ 19____ \$____

5. PROFESSIONAL ACTIVITIES AND SPECIALTY (Attach narrative description if necessary)

a) Describe in detail the professional activities for which coverage is desired and indicate percentage of gross receipts derived from each activity _____

b) Please list the following:

Five largest clients and description of work performed for each:

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Names of partners, key employees, etc. and their professional qualifications: _____

Professional societies & organizations to which they or the firm belong(s): _____

- c) Copies of the following may be needed (under separate cover) to bind coverage:
- 1) Advertisements, brochures, descriptive literature;
 - 2) Sample contract outlining services to be rendered; latest financial data
 - 3) Resumes of partners or key employees.

6. Number of employees, full and part time and their functions _____

7. a) Is the applicant engaged in any business or profession other than described in Item 5a? YES NO
 If yes, explain _____

b) Give details of any services or operations contemplated or changes in emphasis planned for the coming year _____

8. Give Professional Liability coverage for the last five years for the firm:

| Carrier | Limit | Deductible | Premium | Expiration (MM/DD/YY) |
|---------|-------|------------|---------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If expiring insurance is a claims made policy, what is the retroactive date?

9. a) List any professional liability claims actually made against you or any predecessor firm in the past five years _____

b) List any known incidents which might give rise to a professional liability claim _____

c) Has any insurer cancelled or refused to renew similar insurance during the past five years .. YES NO
 Provide reasons for such action.

10. Limits of Liability requested: _____ Deductible: _____

11. Desired term of policy From: _____ To: _____

11. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Underwriters to offer nor the applicant to purchase this insurance, but 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.

The applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

 Date

 Signature of Applicant
 (Original signature may be required prior to policy issuance)

 Title