



## ERRORS AND OMISSIONS INSURANCE APPLICATION

1. Name and address of Applicant: (include all legal names and DBA's):

Name(s) \_\_\_\_\_  
 Principal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address (if different then above): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Web Site Address \_\_\_\_\_

2. a. Date established: \_\_\_/\_\_\_/\_\_\_ Applicant is  Individual  Partnership  Corporation  Other  
 b. Is the entity owned, controlled by or affiliated with any other entity?  Yes  No (if yes, please attach details)  
 c. During the past 5 years:  
 Has the name of the Applicant been changed?  Yes  No  
 Has the Applicant been involved in any merger, acquisition or consolidation?  Yes  No

3. Please describe in detail the professional services performed by the Applicant: (please attach an additional sheet if necessary)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. a. During the past 5 years, has the Applicant been engaged in any profession or business other than as described in #3 above?  
 Yes  No (if yes, please attach details)  
 b. During the past 5 years, has any principal, partner, officer, director or professional employee of the Applicant engaged in professional services for any entity in which the Applicant has any ownership/managerial interest?  
 Yes  No (if yes, please attach details)  
 c. Are any material changes in the nature or the size of the Applicant's business anticipated over the next 12 months?  
 Yes  No (if yes, please attach details)

5. Please provide the following financial information:

- a. Fiscal year end date: \_\_\_/\_\_\_/\_\_\_  
 b. Projected gross revenues for next year: \_\_\_\_\_  
 c. Gross revenues for current year: \_\_\_\_\_  
 d. Gross revenues for last year: \_\_\_\_\_

6. For the revenues listed in question #5b, please indicate the approximate percentage for each of the services listed in question #3.  
 (total percentages should equal 100%)

<u>SERVICES</u>	<u>% OF 5b</u>
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL</b>	<b>100%</b>

7. a. What percentage of the Applicants business involves subcontracting work to others? \_\_\_\_\_% Please describe services \_\_\_\_\_  
 \_\_\_\_\_
- b. Does the applicant require evidence of the errors and omissions insurance from subcontractors?  Yes  No (if no, please explain how the Applicant protect itself from acts or omissions arising out of services performed by its subcontractors.)
8. a. Please indicate the number of principals, partners, directors, officers and professional employees directly engaged in providing professional services to clients: \_\_\_\_\_
- b. Please indicate the number of all other nonprofessional and/or clerical employees: \_\_\_\_\_
9. a. During the past 5 years, has any principal, partner, director, officer or professional employee ever been subject to disciplinary action by any regulatory agency or association?  Yes  No (if yes, please attach details on a separate sheet)
- b. During the past 5 years, has any principal partner, director, officer or professional employee ever had his license revoked or suspended?  Yes  No (if yes, please attach details on a separate sheet)
10. Client Information: Please provide the following information regarding your 5 largest clients according to the amount of revenue generated from the performance of services for the past fiscal year and as a percentage of the total revenues stated in question #5b.

Client	Service provided	Revenue derived from service	% of Applicant's total revenue

11. a. Does the Applicant use a written contract with clients?  Yes  No (if no, please attach explanation)
- b. Does an attorney review such contracts prior to use?  Yes  No
- c. Does the standard contract contain hold harmless clauses for the benefit of the Applicant?  Yes  No
12. a. Does the Applicant have a procedure requiring the review or follow-up of complaints?  Yes  No
- b. Does the Applicant have any risk management procedures in place?  Yes  No (if yes, please attach a copy of the procedures)
- c. Does the Applicant have a formalized training program for newly hired employees?  Yes  No
13. Claim Information:
- a. After inquiry, have any errors and omissions claims been made during the past 5 years against the Applicant or any past or present principals, partners, directors, officers or professional employees?  Yes  No (if yes, please attach a supplemental claims questionnaire).
- b. After inquiry does the Applicant or any principal, partner, director or officer or professional employee have knowledge or information of any circumstance or any allegation or contentions of any incident which may result in any claim being made against them.  Yes  No (if yes, please attach a supplemental claims questionnaire).
- c. Have all matters in question 13a or 13b been reported to the Applicant's former or current insurers or to the former or current insurers of any predecessors in business?  Yes  No

14. Prior Errors and Omissions insurance:

Year	Insurance Company	Limit of Liability	Deductible	Premium	Claims Made or Occurrence	Policy Period	Retroactive Date (if any)
Current Year							
Previous Year 1							
Previous Year 2							
Previous Year 3							
Previous Year 4							

- a. Is any extended reporting period (ERP) currently in place?  Yes  No (if yes, please attach a copy of the endorsement including effective and expiration date)
- b. During the past 5 years, has any similar errors and omissions coverage been canceled, declined or nonrenewed?  
 Yes  No (if yes, please attach a detailed explanation)

15. a. Limit of Liability requested: \_\_\_\_\_
- b. Deductible requested: \_\_\_\_\_

**Please provide the following additional information:**

1. Current annual report and company literature/promotional material.
2. A copy of standard contracts utilized with clients.
3. Latest audited financial statements.
4. Resumes of key Principals.

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, omission or circumstances might reasonably be expected to be the basis of a claim.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

**Fraud Warnings**

**Notice to Arizona Applicants:** For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **Notice to Arkansas Applicants:** 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. **Notice to Colorado Applicants:** 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 policy holder 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. **Notice to District of Columbia Applicants:** 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. **Notice to Florida Applicants:** 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 in the third degree. **Notice to Hawaii Applicants:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. **Notice to Louisiana Applicants:** 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. **Notice to Maine Applicants:** 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. **Notice to New York Applicants:** "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." **Notice to Oklahoma Applicants:** 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. **Notice to Pennsylvania Applicants:** 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. **Applicable in Tennessee, Virginia and Washington:** 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. **WARNING – Kentucky, Maryland, New Jersey, New Mexico, Ohio, Rhode Island, West Virginia residents only:** 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. **Notice to all other state Applicants:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_