



## Professional Liability Insurance Application For Claims Made and Reported Coverage

1. Please provide the following general information regarding the applicant firm:

Legal Name: _____	Established on: ____/____/____
All DBAs: _____	Phone Number: _____
Contact: _____	Fax Number: _____
Address: _____	Gross Billings: This Year: \$ _____
City: _____ State: ____ Zip: _____	Last Year: \$ _____
Website: _____ County: _____	Year Prior: \$ _____
Email: _____	Tax ID No.: _____

Entity Type:  Sole Proprietor  Partnership  LLP  Corporation  LLC  PC |  Non-Profit  Private  Public

2. Please provide a description of the nature and types of professional services applicant renders: \_\_\_\_\_

Please complete and submit any pertinent profession detail supplement.

Please attach an additional sheet if more space is required.

3. Total number of: professional staff \_\_\_\_\_ (this year) \_\_\_\_\_ (last year); support staff \_\_\_\_\_. For professional staff provide the following:

Full Name (check box if owner/principal)	Social Security No.	Degree & Date	License & Date	Hire Date	*Hours
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

\* Average hours worked per week.

Please attach an additional sheet if more space is required.

4. Specify below the professional liability insurance coverage currently carried by the firm.  Check here if none.

Carrier	Inception	Expiration	Retroactive	Limits of Liability	Deductible	Premium

5. Desired-Limits:  \$250k/\$250k  \$250k/\$500k  \$500k/\$500k  \$500k/\$1mil  \$1mil/\$1mil  \$1mil/\$2mil  Other \_\_\_\_\_  
 -Deductible:  \$5,000  \$7,500  \$10,000  Other \_\_\_\_\_ -Inception Date: \_\_\_\_\_

6. Does the firm maintain a regularly backed up computerized calendar system to record and meet important deadlines?  Yes  No

7. Are written contracts detailing the scope of work as well as the billing method and terms used with all clients?  Yes  No

8. Are all outstanding client invoices current within 90 days?  Yes  No

9. After inquiry, can you confirm that during the past five (5) years:
- a. No member of the firm's professional staff has previously participated or is currently participating as an owner, officer, director or employee of any business, company, trade or profession other than the applicant firm, including a client of the firm?  Yes  No
  - b. No current or past member of the firm has been subject to professional discipline?  Yes  No
  - c. No professional liability claims have been made against any current or past firm member?  Yes  No
  - d. No firm member is aware of any circumstance which may give rise to a professional liability claim against the firm?  Yes  No
  - e. No insurer has canceled or refused to renew any similar insurance for the applicant firm?  Yes  No
  - f. No suit for the collection of fees has been brought by any member of the firm against any client of the firm?  Yes  No
  - g. No current or past member of the firm has subcontracted or referred firm work to any other person or entity?  Yes  No

10. By separate attachment, please provide the following documentation:
- a. Complete explanation regarding any negative response(s) to questions 6 through 9, above.
  - b. A copy of the firm's stationary. Please explain any inconsistencies between the stationary and information provided above.
  - c. Listing of any predecessor firms for which coverage is desired, including (1) the name of each such firm, (2) the percent of assets and liabilities assumed by the applicant firm, (3) the dates of operation for each predecessor firm, and (4) the number of staff.

**I hereby declare that the above statements and particulars are true and that I have not suppressed or misstated any material facts. I agree that this application shall be the basis of the contract with underwriters and that coverage, if written, will be provided on a claims-made and reported basis. It is understood and agreed that completion of this application does not bind underwriters to issue or the applicant to purchase the insurance.**

Name	Title
Signature	Date