



**DAILY MONEY MANAGER
BUSINESS LIABILITY INSURANCE
CLAIMS MADE COVERAGE PROPOSAL**
Underwritten by Lloyd's of London

1. Applicant Firm: Entity Name (Entity referred to as applicant throughout this application)
- a. Website:
- b. Address(es):
Main Physical Address Mailing Address Branch Offices
Main Zip
- c. Contact Person Name: Phone: Email:
- d. Business Form: Sole Proprietorship Partnership Corporation LLC Other
- e. Annual gross billings, whether received or not: (Estimate for new ventures)
- f. Staff Headcount/Roster Daily Money Managers: Full-time-> Part-time-> Other Staff:

Daily Money Manager's Name	Degrees	Licenses	Certifications	Memberships	Hire Date	Hours/Week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Daily Money Managers

g. Predecessors in Business:

Predecessor Entity Name	Date Established	Professional Headcount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

h. Additional Insured(s) for whom coverage is desired:

Name	Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

i. Please list below your firm's current and desired Daily Money Manager Liability (MML) insurance:

Carrier	Premium	Incept	Expiry	Retro*	Limits	Deductible
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Desired Coverage:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Note: Your *Retro(active) date normally matches the date you first began uninterrupted liability coverage.

j. Professional services as a percent of revenues:

%	Standard Covered Services	Optional Covered Services	%
<input type="text"/>	Account Reconciliation	Debt Counseling	<input type="text"/>
<input type="text"/>	Bank Deposits	Expert Witness	<input type="text"/>
<input type="text"/>	Bill Paying	Grant Writing	<input type="text"/>
<input type="text"/>	Bookkeeping	Neutral Facilitator	<input type="text"/>
<input type="text"/>	Check Preparation	Notary Public Services	<input type="text"/>
<input type="text"/>	Checkbook Balancing	**Management Consulting	<input type="text"/>
<input type="text"/>	Financial Document Organizing	**Non-Document Organizing	<input type="text"/>
<input type="text"/>	Non-Financial Document Organizing	Tax Return Preparation	<input type="text"/>
<input type="text"/>	Medical/Insurance Payment Monitoring	Payroll Processing	<input type="text"/>
<input type="text"/>	Pre-packaged Software Consulting	**Power of Attorney	<input type="text"/>
		**Other <input type="text"/>	<input type="text"/>

2. Within the past five (5) years has the applicant, any of its members or predecessors:

- a. participated as an owner, officer, director or employee of any other business? Yes No
- b. practiced any trade or profession other than daily money manager? Yes No
- c. brought any suits for the collection of fees from clients? Yes No
- d. represented legally incompetent persons? Yes No
- e. incurred debt on behalf of a client? Yes No
- f. been subject to professional discipline? Yes No
- g. been subject to any professional liability claim? Yes No
- h. had an insurer cancel or non-renew a professional liability policy? Yes No
- i. drawn money to pay a client bill without a corresponding written invoice? Yes No
- j. learned or any circumstance which may result in a professional liability claim? Yes No

3. If General Liability insurance is desired, does applicant as part of its business operations:

- a. provide physical care to any person, pet or other animal? Yes No
- b. maintain the property of others in its care, custody and control? Yes No
- c. set appointments, make travel arrangements or plan events for others? Yes No
- d. allow its professional/support staff to use their own vehicles for business errands? Yes No
 - If yes, is less than \$500,000 in primary liability coverage allowed for such vehicles? Yes No
 - If yes, do such errands extend beyond a 75-mile radius from applicant's office? Yes No
 - If yes, are vehicles other than passenger cars used for this purpose? Yes No
- e. transport clients or other passengers? Yes No
- f. own or lease any vehicles? Yes No

4. Within the past 5 years has applicant:

- a. been subject to any general liability claims? Yes No
- b. had an insurer cancel or non-renew its general liability policy? Yes No
- c. learned of any circumstance which may result in a general liability claim? Yes No

5. If Cyber Liability insurance is desired, has the Applicant:

a. had any computer or information security incidents during the past three years? Yes No

* *An incident includes any interruption, suspension or unauthorised access, intrusion, breach, compromise or use of your computer systems, including embezzlement, fraud, theft of proprietary information, denial of service, electronic vandalism or sabotage, computer virus or other similar incidents.*

b. given written notice under the provisions of any prior or current cyber risk, media or network security policy of specific facts or circumstances which may give or have given rise to a Claim being made against any proposed Insured? Yes No

c. failed to encrypt all protected health information and credit card data stored digitally? N/A Yes No

d. failed to maintain computer virus, firewall and secure backup protection? Yes No

6. Please explain any positive or asterisked (**) responses within questions 1.j through 5.

Additional Information

7. If surety bond coverage is desired, please provide a copy of your most recently issued credit report within the past year.

By and through the undersigned, the applicant firm acknowledges, agrees and declares to the best of its knowledge and belief that:

1. The information set forth herein is true and any change in circumstances prior to the effective date of the insurance applied for, which may render inaccurate, untrue, or incomplete any statement or disclosure made herein, will immediately be reported in writing to underwriters who may in turn withdraw or modify any outstanding offer of insurance;
2. Underwriters are hereby authorized, but not required, to make an investigation and inquiry in connection with the information provided in this application, understanding that any failure to do so shall not abridge any such rights nor estop underwriters from relying upon any of applicant's representations herein;
3. The submission and review of this application shall not serve to bind applicant to purchase, nor underwriters to issue, any policy of insurance;
4. in the event that an insurance policy is issued to applicant, in doing so, underwriters shall be entitled to rely upon all material representations contained within this application which forms the basis for such insurance and shall be attached to and become a part of any such policy;
5. Subject to all other policy terms and conditions, coverage under any policy issued by will only apply to claims first made against the applicant firm and reported to underwriters during the policy period, or extended reporting period;
6. Subject to all other policy terms and conditions, the limit of liability available to pay damages shall be reduced and may be completely exhausted by payment of claims expenses; moreover, damages and claims expenses shall be applied against the applicable deductible;
7. Any person who knowingly and with intent to defraud files an application for insurance containing any materially false information, or for the purpose or misleading conceals any material fact, may be held criminally liable depending upon the laws of the applicable jurisdiction; moreover, any misrepresentation or misstatement of material facts may void coverage under the proposed insurance; and
8. Pursuant to the provisions of the Electronic Signatures in Global and National Commerce Act (E-SIGN, 2000) and the Uniform Electronic Transactions Act (UETA, 1999), execution of this application form by means of typing my name, title and date below carries the same weight and legal effect as traditional paper documents and handwritten signatures.

Authorized Signer

Signer's Title

Date Executed

Available Endorsements for Daily Money Managers

(If you are interested in any of the following coverages please circle them)

Additional Assured	\$100
Daily Money Manager Trainer (Requires Underwriter Approval)	10%
Debt Counselor	7.5%
Expert Witness	10%
General Liability Coverage (\$125k/\$125k to \$1mil/\$2mil)	\$300-\$500
Grant Writer	5%
Hired Auto and Non-Owned Auto Liability (Available only with General Liability Coverage)	\$54-\$184 per driver
Neutral Facilitator	10%
Notary Public	Free
Payroll Processor	5%
Predecessor Firm (Requires Underwriter Approval)	Varies
Professional Organizer	5%
Retroactive Date Extension (only available at 1st renewal)	25% - 75%
Tax Preparer	10%