

NOTICE: This application is for a CLAIMS-MADE AND REPORTED COVERAGE FORM. The Coverage Form you are applying for is limited to liability for only those "claims" that are first made against you and reported to us during the policy period.

1. Name of Firm: _____
 Address: _____
 City: _____ State: _____ Zip: _____

2. Date Established: _____

3. How long have you been engaged in current occupation or business? _____ Years

4. Is the firm owned by, associated with or controlled by any other business, or are you engaged in any other profession or business? Yes No

If Yes, give details: _____

5. Are you seeking insurance coverage for any other business? Yes No

6. Describe in detail the nature of the professional or business activities for which insurance is desired.

7. Gross Revenue: *Indicate year in spaces provided.* Current Year: _____ \$ _____
 Prior Year: _____ \$ _____ Next Year: _____ \$ _____

8. Do you use independent contractors? Yes No

If Yes, how many and what percent of your total receipts are subcontracted?

of subcontractors _____ % of total receipts

Explain what types of services are subcontracted: _____

9. Provide details of General Liability insurance in force.

Company	Limit	Deductible	Policy Term

10. Please provide details of Errors and Omissions insurance carried during the last three (3) years.

Company	Limit	Deductible	Premium	Policy Term

Is your expiring Policy/Coverage Form a **CLAIMS-MADE AND REPORTED COVERAGE FORM**? Yes No

If Yes, give Retroactive Date. _____

11. Has any application for Errors and Omissions or similar insurance been made on your behalf, your firm or present partners, owners, officers or employees, or has any insurance ever been cancelled or refused renewal? Yes No

If Yes, give details below or attach an information sheet.

12. Have any claims, suits or proceedings been made during the past five (5) years against you, your firm, your predecessors in business or against any present partners, owners, officers or employees? Yes No

If Yes, give details below or attach an information sheet.

13. Are you aware of any alleged act, circumstance, situation or error or omission which may result in a "claim" being made against you or any of the persons or firm described on this application? Yes No

If Yes, give details below or attach an information sheet.

FRAUD WARNING: 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 CRIME.

YOU HEREBY DECLARE that the above statements and particulars are true and that you have not suppressed or misstated any material facts and you agree that this application will be the sole basis of any subsequent contract or insurance with us. Signature of the application does not bind you or us to complete the insurance.

Application must be signed and dated by principal, partner, officer or director of the firm.

Date

Signature of Applicant

Title

PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. 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 COVERAGE FORM. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.