



Application
for
Miscellaneous Professional Liability
Insurance Policy

THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY APPLIES TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD. CLAIM EXPENSES ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY.

APPLICATION

Name of Applicant's Firm: _____

Street Address: _____

City, State, Zip: _____

1. Date Established: _____ Website Address: _____

2. Company Type:

____ Individual ____ Partnership ____ Corporation ____ Other

3. Is the Applicant owned, controlled, associated or affiliated with any other firm or business enterprise? Yes No
If yes, please explain:

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

5. In the past 12 months has the Applicant or any of its principals engaged in any business or profession other than as described in the above question? Yes No
If yes, please explain:

6. Are there any material changes in the nature or size of the Applicant's business anticipated over the next 12 months? Have there been any such changes in the past 12 months? Yes No
 If yes, please explain:

7. What percentage of the Applicant's business involves subcontracting work to others: _____ %

Does the Applicant require evidence of errors and omissions insurance from subcontractors? Yes No
 If no, please explain how the Applicant protects itself from acts or omissions arising out of services performed by its subcontractors?

8. Please provide the following:

a. The number of principals, partners, directors, officers and professional employees directly engaged in providing professional services to clients: _____

b. Please provide the number of all other non-professional and/or clerical employees: _____

9. Has the Applicant or any director, officer, employee or partner providing professional services on behalf of the Applicant been subject to disciplinary action as a result of professional activities? Yes No
 If yes, please explain:

10. Financial Information:

Fiscal Year-End Date: _____ / _____ / _____

Projected Gross Revenues for Next Year: _____

Gross Revenues for Current Year: _____

Gross Revenues for Last Year: _____

11. Please indicate the Applicant's five (5) largest jobs/projects during the past fiscal year:

Client	Services Provided	Revenues from Service	% of Applicants Total Revenue

12. Does the Applicant:

a. Use a written contract with clients? Yes No

If no, please explain how the Applicant limits its liability with clients:

b. Does the standard contract contain hold harmless clauses for the benefit of the Applicant? Yes No

13. Please provide Applicant's prior Errors and Omissions Insurance for the past five (5) years:

Policy Period	Insurance Company	Limit of Liability	Deductible	Premium	Claims Made or Occurrence Form	Retroactive Date

Is there an Extended Reporting Period (ERP) currently in place? Yes No
 If yes, please attach a copy of the endorsement, including effective and expiration dates.

14. Has any errors and omissions or professional liability insurance ever been declined or cancelled? Yes No

If yes, please explain: _____

15. Has the Applicant or any director, officer, employee or partner been a party to any lawsuit, bankruptcy, or other legal proceeding within the past five years? Yes No
 If yes, please attach a supplemental claims questionnaire or provide a detailed description which includes the parties involved, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the applicant, including all costs incurred; including defense expenses.

16. After inquiry, have any errors or omissions claims been made during the past five years against the Applicant or any past or present principals, partners, directors, officers or professional employees? Yes No
 If yes, please complete a supplemental claims questionnaire.

17. After inquiry, does the Applicant or any principal, partner, director, officer or professional employee have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim being made against them? Yes No
 If yes, please complete a supplemental claims questionnaire.

Please provide the following additional information:

1. Latest financial statements and company literature (if there is no company website).
2. A copy of standard contracts utilized with clients.
3. 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, error, omission or circumstance 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.

FRAUD WARNINGS

FRAUD WARNING: 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.

ALABAMA, ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA FRAUD WARNING: 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.

COLORADO FRAUD WARNING: 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 policyholder 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.

D.C. FRAUD 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.

FLORIDA 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 felony of the third degree.

KENTUCKY FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE FRAUD WARNING: 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 denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: 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 civil fines and criminal penalties.

OHIO FRAUD WARNING: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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.

OREGON FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

PENNSYLVANIA FRAUD WARNING: 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.

TENNESSEE FRAUD WARNING: 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.

VIRGINIA AND WASHINGTON FRAUD WARNING: 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.

NEW YORK FRAUD WARNING: 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 (\$5,000.00) and the stated value of the claim for each such violation.

This Application must be signed by the Applicant.

Applicant Name: _____ Title: _____

Applicant Signature: _____ Date: _____

Agent/Broker Name: _____

NOTE: This Application including any material submitted herewith shall be treated in strictest confidence.

Please submit this Application including appropriate documentation to:

Great American Insurance Group, Professional Liability Division
One Penn Plaza, Suite 2100, New York, NY 10019