



**APPLICATION FOR
PROFESSIONAL LIABILITY
INSURANCE
(CLAIMS-MADE FORM)**

1. NAME OF APPLICANT: _____
(If other than parent firm, supply full details of ownership entity)
2. a) MAILING ADDRESS: _____
CITY, STATE & ZIP CODE: _____ PHONE NO. _____
(If multiple name and locations, please attach list)
3. a) DATE ESTABLISHED _____ Corp. _____ Partnership _____ Individual _____
4. Is the firm engaged in, owned by, associated with or controlled by any other business? _____
If yes, give details _____

- a) Fees & Receipts estimated for new policy year: _____
- b) Actual Fees & Receipts for past three years:
20__ \$ _____ 20__ \$ _____ 20__ \$ _____
5. PROFESSIONAL ACTIVITIES AND SPECIALTY (Attach narrative description if necessary)
- a) Describe in detail the professional activities for which coverage is desired and indicate percentage of gross receipts derived from each activity. _____

- b) Please attach separately lists of:
(i) five largest clients and description of work performed for each;
(ii) names of partners, key employees, etc. and their professional qualifications;
(iii) professional societies & organizations to which they or the firm belong(s).
- c) Please attach copies of:
1) advertisements, brochures, descriptive literature;
2) sample contract between you and your clients outlining services to be rendered;
3) latest financial data (Annual Report or balance sheet)
6. Number of employees, full and part time and their functions _____

7. a) Is the applicant engaged in any business or profession other than as described in item 5a?
If yes, explain _____

- b) Give details of any services or operations contemplated or changes in emphasis planned for the coming year _____

8. Give Professional Liability coverage for last five years for the firm:

Carrier	Limit	Deductible	Premium	Expiration (Mo/Day/Yr)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If expiring insurance is a claims made policy, what is the retroactive date? _____

9. a) List any professional liability claims actually made against you or any predecessor firm in the past five years _____

b) List any known incidents which might give rise to a professional liability claim _____

c) Has any insurer cancelled or refused to renew any similar insurance during the past five years? _____

10. Limits of Liability requested _____ Deductible _____

11. Desired term of policy: From _____ To _____

12. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made part of the policy.

The applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

Date

Producer

Signature of Applicant

Title

