

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

NOTICE: THIS IS AN APPLICATION FOR A "CLAIMS MADE AND REPORTED" POLICY, WHICH, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO CLAIMS WHICH ARE BOTH FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER IN WRITING DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF APPLICABLE. IN ADDITION, DEFENSE EXPENSES ARE INCLUDED IN AND WILL REDUCE THE LIMIT OF LIABILITY. THE INFORMATION CONTAINED AND STATEMENTS MADE WITHIN THIS APPLICATION ARE INCORPORATED INTO, AND WILL FORM THE BASIS OF, ANY POLICY OF INSURANCE ISSUED BY CATLIN. THE APPLICANT AND ALL SIGNORS OF THIS APPLICATION WARRANT THAT THE INFORMATION CONVEYED IN THIS APPLICATION IS TRUE AND CORRECT.

Please fully answer all questions and submit requested information. Bold-faced terms are defined in the Policy and have the same meaning in the **Application**. Any information provided, whether physically attached or available on the Applicant's website, shall be deemed incorporated into this **Application**. The **Insurer** will hold the **Application** (and all materials submitted herewith) in confidence.

A. General Information

1. Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Website: _____ E-mail address: _____

3. Date of Formation: _____
If less than 3 years, please include resumes of all principals.

4. Privately Held: _____ Publicly Traded: _____ (Symbol: _____) Not for Profit: _____

5. Coverage requested:
 a) Desired Effective Date: _____
 b) Limit of Liability: \$ _____ each **Claim**/Aggregate all **Claims**
 c) Deductible: ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ Other: _____

6. a) Description of **Professional Services** for which coverage is being sought:

b) Does Applicant provide any other **Professional Services** not listed above? ☐ Yes ☐ No
If Yes, please describe: _____

c) Are any changes in nature or size of Applicant's business anticipated over the next twenty-four (24) months?
☐ Yes ☐ No
If Yes, please describe: _____

7. a) Additional branch offices? ☐ Yes ☐ No
If Yes, please describe: _____

b) **Subsidiaries?** ☐ Yes ☐ No

If Yes, please describe: _____

c) Number of employees: Principals, partners, officers, professionals: _____ All others: _____

8. Is Applicant controlled, owned, affiliated or associated with any other entity? ☐ Yes ☐ No

If Yes, please describe: _____

9. During the past three (3) years, has Applicant's name changed, or has any other business entity acquired, merged, or consolidated with the Applicant? ☐ Yes ☐ No

If Yes, please describe: _____

10. Please list all professional associations to which Applicant belongs:

B. Financial Information

11. Please provide the Applicant's annual gross revenue:

	<u>Year</u>	<u>Gross revenue</u>
a) Past fiscal year	_____	_____
b) Current fiscal year	_____	_____
c) Projected next fiscal year	_____	_____

Please attach most recent annual report or financial statement

12. Please provide a breakdown of Applicant's revenue by the type of service provided:

<u>Type of service</u>	<u>Percentage of gross revenue</u>
_____	%
_____	%
_____	%
_____	%
_____	%

13. Please list Applicant's five (5) largest projects over the past two (2) years:

<u>Client</u>	<u>Services performed</u>	<u>Annual gross revenue</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Contract Procedures

14. a) What percentage of engagements are entered into pursuant to a written contract? ____%

b) Does Applicant have a standard contract? ☐ Yes ☐ No *If Yes, provide a copy.*

c) Who has authority to enter into, execute or modify contracts on behalf of the Applicant?

15. a) Does Applicant subcontract work to others? ☐ Yes ☐ No Approximate % _____
 b) Are subcontractors required to carry errors and omissions insurance? ☐ Yes ☐ No
16. Does any principal, partner, officer or employee of Applicant serve on the board of directors or hold greater than a 3% shareholder interest in any client of the Applicant? ☐ Yes ☐ No
 If Yes, please describe: _____

D. Prior Insurance

17. Are any errors and omissions or professional liability insurance policies currently in force? ☐ Yes ☐ No
 If Yes, please describe:
 Name of Insurer: _____ Effective Date: _____
 Limit: _____ Deductible/Retention: _____ Premium: _____
 Length of time that coverage has been in force/retroactive date on current policy: _____
18. Does Applicant currently carry commercial general liability insurance? ☐ Yes ☐ No
19. Has any policy or application for similar insurance on behalf of the Applicant or its predecessor(s) in business ever been declined, cancelled, rescinded or refused renewal? ☐ Yes ☐ No **[NOT APPLICABLE IN MISSOURI]**
 If Yes, please describe: _____

E. Risk Management and Claims Information

20. Does Applicant have a Risk Manager? ☐ Yes ☐ No
 If No, describe the steps taken to minimize and manage business risks: _____

21. Has any owner, principal, director, officer, agent or employee of the Applicant ever been the subject of an investigation, disciplinary or criminal action as a result of his or her professional activities? ☐ Yes ☐ No
 If Yes, complete a Claim Supplement for each incident.
22. Have any Claims, suits or demands for arbitration been made, whether or not reported, under the provisions of any professional liability coverage policy, against the Applicant, its predecessors, or any past or present principal, partner, officer or employee within the last five (5) years? ☐ Yes ☐ No
 If Yes, complete a Claim Supplement for each incident.
23. Does any director, officer, employee or partner of the Applicant have knowledge or information of any fact, circumstance or any actual or alleged act, error, or omission which might reasonably be expected to result in a **Claim**? ☐ Yes ☐ No
 If Yes, complete a Claim Supplement for each incident.

F. Warranty

The undersigned authorized owner, partner, director, or officer of the Applicant represents and warrants on behalf of the Named Insured and all persons/entities for whom insurance is being sought that to the best of his/her knowledge and belief after reasonable inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this Application, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. The Applicant further agrees that in the event of any material misrepresentation or omission in the Application, including materials submitted to or obtained by the underwriter, this Policy shall be void.

The undersigned authorized owner, partner, director, or officer of the Applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this **Application** changes between the date of this **Application** and the effective date of the insurance, he/she will immediately notify the **Insurer** of such changes, and the **Insurer** may withdraw or modify any outstanding quotations, authorizations, or agreements to bind the insurance.

Signing this **Application** does not bind the Applicant or the **Insurer** to complete the insurance, but it is agreed that this **Application** shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy.

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

FRAUD PREVENTION – GENERAL 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.

STATE SPECIFIC PROVISIONS

Arkansas	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	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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	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	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.
Hawaii	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky	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.
Louisiana	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.
Maine	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	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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	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	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.
New York	<p>All commercial insurance forms, except as provided for automobile insurance: 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 and the stated value of the claim for each such violation.</p> <p>Automobile insurance forms Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.</p> <p>Fire Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.</p>
Ohio	Any person who, with 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	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	<p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.</p> <p>In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:</p> <ul style="list-style-type: none"> A. The misinformation is material to the content of the policy; B. We relied upon the misinformation; and C. The information was either: <ul style="list-style-type: none"> 1. Material to the risk assumed by us; or 2. Provided fraudulently. <p>For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.</p> <p>With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.</p> <p>Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.</p>
Pennsylvania	<p>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.</p> <p>Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.</p>
Puerto Rico	<p>Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.</p>
Rhode Island	<p>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.</p>
Tennessee	<p>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.</p>
Virginia	<p>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.</p>
Washington	<p>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.</p>

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.

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this Application. Please identify the question number to which you are referring.

Signature: _____

Date: _____