

Application for FURNISHINGS AND DESIGN PROFESSIONAL LIABILITY COVERAGE



Return Applications to:
Fox Point Programs, Inc.
4001 Miller Road, Wilmington, DE 19802
800-499-7242 • Fax: 302-472-8529
www.foxpointprg.com

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS. COVERAGE IS NOT CONSIDERED IN-FORCE UNTIL A FORMAL BINDER NOTICE IS RECEIVED.

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE EXPENSES, AND THAT DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. COVERAGE OFFERED UNDER TERMS SET FORTH IN POLICY NUMBER AHJ03(M).

Rates shown below are for applicants generating gross revenues of \$200,000 or less annually. Firms with annual incomes in excess of \$200,000 should contact Fox Point Programs.

SELECT	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM	POLICY FEE (REQUIRED)	TOTAL DUE (PREMIUMS + FEE)
<input type="checkbox"/>	\$500,000/\$500,000	\$5,000	\$ 750.00	+\$100.00	\$ 850.00
<input type="checkbox"/>	\$1,000,000/\$1,000,000	\$5,000	\$1,000.00	+\$100.00	\$1,100.00

1. Name of Applicant _____
 Applicant Address _____
 Tel (_____) _____ Fax (_____) _____ E-Mail _____
 Website Address _____

2. Applicant is: Individual Partnership Corporation Other (specify) _____

3. Year Established _____ **ATTACH COPY OF APPLICANT'S LETTERHEAD**

4. Limits of Liability Desired: \$ _____ / \$ _____ each Claim/Annual Aggregate

5. Deductible Desired: \$2,500 \$5,000 \$10,000 \$25,000 Other \$ _____

6. Please describe in detail the professional services for which coverage is desired: _____

7. Please provide the following information for all partners, principals, employed professionals and key employees:
Attach separate sheet if necessary.

Name	Home Address	SS No.	Date of Birth
			/ /
			/ /
			/ /
			/ /
			/ /

8. Is, or has, the Applicant engaged in (or does the Applicant intend to be engaged in) any business or profession other than that described in Quest 6? Yes No *If "Yes", please supply full details, attach separate sheet if necessary.*

9. Please indicate the total annual gross revenues derived from the services described in Question 6 for the past three years and projected for the current year:

- a) Current Year 2 ____ \$ _____
 b) 2 ____ \$ _____ c) 2 ____ \$ _____ d) 2 ____ \$ _____

9A I) Did the Applicant have a positive Net Income in the past 12 Months? Yes No *If "No", Please advise steps being taken to correct the Negative Income, attach separate sheet if necessary.*

II) What is the Applicants Overall Net Equity? Positive Negative. *If "Negative", Please advise Net Equity and steps being taken to correct Negative Equity, attach separate sheet if necessary.*

III) If Applicant is trading as a Corporation *please attach a copy of the latest available financial report.*

10. Is the Applicant now, or in the past (or is it intending to be) controlled or owned by, or to own or be associated or affiliated with any other firm or business enterprise? Yes No *If "Yes", please attach an explanation and indicate if any services described in Question 6 are provided to such firm or business enterprise.*

11. During the past three years, has the Applicant's name been changed, or has the Applicant purchased, merged or consolidated with any other business or has the Applicant been purchased? Yes No *If "Yes", please attach explanation.*

12. Are any changes in the nature or size of the Applicant's business anticipated over the next 12 months? Yes No *If "Yes", please attach explanation. Changes in size of less than 25% need not be explained.*

13. Please indicate the number of: a) Principals, partners, officers and professional employees directly engaged in providing services to clients. _____ b) All other (non professional/clerical) employees _____

14. Please provide the following:

Names of All Partners, Principals, and Key Employees	Professional Qualifications/ Designations	No. Of Years In Practice	No. Of Years With Applicant

Please attach Resume's covering key Professionals/Employees.

15. Please list professional associations to which Applicant belongs:

16. Has the Applicant provided services to any governmental entities? Yes No *If "Yes", please attach explanation.*

17. Has the Applicant provided services to any employee benefits plans, including any pension plans or does it plan to do so? Yes No *If "Yes", please attach explanation.*

18. Has the Applicant provided services to any bank, savings and loan, or other financial institution, or does it plan to do so? Yes No *If "Yes", please attach explanation.*

19. Does any director, officer, employee or partner of the Applicant serve on the board of directors of any client of the applicant? Yes No *If "Yes", please attach explanation.*

20. Does the Applicant use a written contract with clients? In all cases Sometimes No

20A. Within Client Contracts (or letters of appointment) does applicant obtain any Hold-Harmless and/or Limitation of Liability in its favour? Yes No *If "Yes", please attach sample copy.*

21. Please indicate the Applicant's five largest jobs/projects during the past three years:

Client's Name	Services Provided	Gross Revenues
		\$
		\$
		\$
		\$
		\$

22. Does the Applicant subcontract work to others? Yes No

23. Does the Applicant have a written procedural manual for employees to follow? Yes No

24. Does the Applicant have a formalized training program for newly hired employees? Yes No

25. Does the Applicant have promotional literature? Yes No *If "Yes", please attach sample copies of all types.*

26. Has the Applicant ever had any errors and omissions or professional liability insurance ever been declined or cancelled? Yes No *If "Yes", please attach an explanation.*

27. Is any errors and omissions or professional liability insurance currently in force? Yes No
Provide the following information regarding any coverage during the past five (5) years:

Company	Expiration Date	Limits	Premium
	/ /	\$/	\$
	/ /	\$/	\$
	/ /	\$/	\$
	/ /	\$/	\$
	/ /	\$/	\$

RETROACTIVE DATE OF CURRENT POLICY: ___/___/___

28. Does any director, officer, employee or partner of the applicant have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? Yes No
If "Yes", please attach an explanation.

29. Has the Applicant or any director, officer, employee or partner of the Applicant ever been the subject of disciplinary action as a result of professional activities? Yes No *If "Yes", please attach an explanation.*

30. Please attach a list and status of all errors and omissions claims made during the past five years against the Applicant or any director, officer, employee or partner of the Applicant. If none, please check here: . . None.

31. During the past five years has the applicant been named as a Defendant or Plaintiff in a lawsuit? . . Yes No
If "Yes", please supply full details.

32. Do you ever, or do you anticipate offering your Professional Services to clients outside of the United States of America, its territories and possessions, or Canada? Yes No
If "Yes", please supply full details including Territorial/Revenue splits.

NB Coverage afforded hereunder is restricted to the United States of America, its territories and possessions, or Canada. An amendment to this limitation may be available at underwriters discretion.

Payment A. Check For Full Amount Due, Payable To Fox Point Programs, Inc.

Options B. Credit Card VISA MasterCard AMEX

_____ CREDIT CARD NUMBER

_____ EXP DATE

Date _____ Applicant's Authorized Signature _____

This insurance application, duly completed, together with any supplementary information, must be signed, in ink, by the Applicant. One signed copy will be attached and form a part of any policy issued. Completion of this insurance application does not bind or obligate the Company to offer this insurance.

Signing this form, and tendering any payment, does not bind the Insurers or the applicant to complete the insurance. The insurance application must be signed to be considered for an indication. By signing below you certify that all information you have provided is correct. You herewith authorize Insurers or their representatives to gather any additional information they may deem necessary in order to process this application for quotation or to issue a policy. Your signature below authorizes, but does not obligate Insurers to obtain additional information or to verify the information provided from any regulatory agency, provider of services to you or your business, and any financial institution or credit rating company relating to information about you or your business. By you signature, you herewith authorize the release of information regarding your losses, any financial information, or any regulatory compliance matters to Insurers.

NOTICE: IN NEW YORK, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND 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 Applicant hereby acknowledges that the persons or entities proposed for insurance are aware that the limits of liability contained in the policy applied for shall be reduced, and may be completely exhausted, by Defense Expenses and, in such event, Insurers shall not be responsible for the continued defense of any Claim or liable for Defense Expenses or for the amount of any judgment or settlement to the extent that any of the foregoing exceed the limits of liability of such policy.

The applicant hereby further acknowledges full awareness of the professional liability insurance policy, its terms and conditions (especially the policy exclusions) including any endorsements and/or agreed amendments.

Note: If the applicant does not understand any part of the Professional Liability coverage then the applicant should contact their relevant Insurance Broker / Advisor and not sign the application.

The applicant hereby further acknowledges that the persons or entities proposed for insurance are aware that Defense Expenses that are incurred shall be applied against the deductible amount.

The undersigned authorized by, and acting on behalf of the applicant and all persons concerned seeking professional liability insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate.

APPLICANT _____

BY _____

TITLE _____

DATE _____