



Return Applications to:  
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# MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

NOTICE: THIS IS A CLAIMS-MADE AND REPORTED FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

\*\*\* EVERY QUESTION BELOW MUST BE ANSWERED. RESPOND "N/A" TO ANY QUESTION THAT DOES NOT APPLY. \*\*\*

## 1 GENERAL INFORMATION

- a** Applicant Name \_\_\_\_\_  
*(as it should appear on the policy; name should match current policy information, unless endorsed otherwise)*  
 d/b/a \_\_\_\_\_
- b** Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- c** Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Website \_\_\_\_\_
- d** Nature of Business \_\_\_\_\_ Year Established \_\_\_\_\_
- e** Number of Principals, Partners, Directors, Officers, & Professional Employees .....
- f** Are any of the principals involved in any other business/activity other than what is shown in **1d**? ..... Yes No  
*If "Yes," please explain on the separate sheet provided.*

Please complete the chart below:

Owner/Officer Name	Title	Years of Experience	Active in Daily Operations?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

- h** Total Number of Employees: \_\_\_\_\_ How many employees have fewer than 3 years experience? \_\_\_\_\_
- i** Are all employees with fewer than 3 years experience supervised by senior staff/officers? ..... Yes No N/A
- j** Does the applicant have/maintain all required licenses (if applicable)? ..... Yes No N/A

## 2 SUBSIDIARIES, ACQUISITIONS, MERGERS, OR CONSOLIDATIONS

- a** Are there any Subsidiaries for which coverage is desired? ..... Yes No
- b** Is the Applicant owned, controlled, or affiliated with any other entity? ..... Yes No
- c** Has the Applicant ever been the subject of any merger, acquisition, or consolidation? ..... Yes No
- d** During the past five years has the Applicant been engaged in any business or professional services other than the Nature of Business described in Question 1? *If "Yes", please explain on a separate sheet* ..... Yes No

## 3 CORPORATE GOVERNANCE

- a** Does the Applicant have a process in place to handle and resolve client complaints? ..... Yes No
- b** Does the Applicant require continuing education for all professional employees? ..... Yes No

#### 4 FINANCIAL AND BUSINESS INFORMATION

- a Indicate fiscal year end date: \_\_\_\_ / \_\_\_\_ (month/day)
- b Indicate below the total revenues for all professional services described in Question 1:

	YEAR	REVENUES	% NON U.S. REVENUES
Prior Fiscal Year		\$	%
Current Fiscal Year		\$	%
Projected Next Fiscal		\$	%

- c Do you anticipate any material changes to the nature of the Applicant's business in the next 12 months? ..... Yes No  
*If the answer is "Yes", please explain on a separate sheet.*

#### 5 SUBCONTRACTORS

- a Does the Applicant use subcontractors? ..... Yes No
- b What percentage of the Applicant's business is subcontracted out? ..... %
- c Does the Applicant require its subcontractors to maintain professional liability insurance? ..... Yes No
- d Do contracts with subcontractors have hold harmless or indemnity agreements that inure to the benefit of the Applicant? ..... Yes No

#### 6 CONTRACTS

- a What percentage of the Applicant's services is provided under written agreement? ..... %  
*If the answer to 6a is less than 100%, describe the instances when a written contract would not be used on a separate sheet.*
- b Are Applicant's contracts reviewed by legal experts prior to use? ..... Yes No

#### 7 PRIOR INSURANCE

- a Please provide the following information for any Errors & Omissions or Professional Liability Insurance the Applicant carried during the last three years:

COMPANY (PLEASE ENTER FULL NAME OF CARRIER)	LIMIT OF LIABILITY (PER CLAIM/AGGREGATE)	DEDUCTIBLE	PREMIUM	POLICY PERIOD (EFF DATE - EXP DATE)	RETRO DATE (MM/DD/YYYY)
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

- b Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined, cancelled or non-renewed? *If "Yes," please explain on a separate sheet.* ..... Yes No

#### 8 CLAIMS EXPERIENCE

- a Do any principals, directors, officers, partners, employees, or independent contractors of the Applicant have knowledge or information of any actual or alleged acts, errors, omissions, offenses, or circumstances which might reasonably be expected to give rise to a claim against the Applicant? ..... Yes No
- b During the past ten (10) years, has the Applicant, or any of its predecessors in business, subsidiaries, or affiliates, or any of the principals, directors, officers, partners, employees, or independent contractors ever been subject to a disciplinary action as a result of professional activities? ..... Yes No
- c During the past ten (10) years, have any suits or claims been brought against the Applicant, any of its predecessors in business, subsidiaries, or affiliates, or any of the principals, directors, officers or employees? ..... Yes No  
*If the answer to 8a, 8b, or 8c above is "Yes", please complete the Supplemental Claims Questionnaire for each Claim, Notice or Circumstance.*

## 9 LIMIT/DEDUCTIBLE/DEFENSE COST OPTIONS

Select Limit Option(s) desired (must select at least one):

- ..... \$ 500,000/\$ 500,000
- ..... \$ 500,000/\$ 1,000,000
- ..... \$ 1,000,000/\$ 1,000,000

***Some restrictions may apply based on underwriting criteria.***

Select Deductible Option(s) desired (select all that apply):

- ..... \$ 1,000
- ..... \$ 2,500
- ..... \$ 5,000
- ..... \$10,000
- ..... \$15,000
- ..... \$25,000

***Any deductible in excess of \$5,000 may be subject to receipt and review of financial statements.***

***Some restrictions may apply based on underwriting criteria.***

Select Defense Costs Outside Limit Option(s):

- .... \$100,000 (Requires Minimum of \$500,000/\$500,000 Limits)
- .... \$250,000 (Requires Minimum of \$500,000/\$500,000 Limits)
- .... \$500,000 (Requires Minimum of \$1,000,000/\$1,000,000 Limits)

**Defense Costs will be Inside the Limits of Liability, unless another option is selected above.**

Applicant Signature \_\_\_\_\_

*(MUST be signed by an Owner, Partner, Director or Officer of the Named Insured.  
It is agreed the signer has authority to act on behalf of all insureds.)*

Date \_\_\_\_\_

( M M / D D / Y Y Y Y )

Print Name \_\_\_\_\_

Print Title \_\_\_\_\_

**I/We hereby warrant, that the statements and particulars provided in this Application are true and that I/we have not suppressed or misstated any material facts and that I/we agree that this Application shall be the basis of the contract with the Company and that the coverage, if written, may be affected by any suppression or misstatement. It is understood and agreed that this Application forms a part of any Policy issued by the Company to the Applicant and shall be deemed to be attached to and form a part of the Policy. It is understood and agreed that completion of this Application does not bind the Company to issue nor the Applicant to purchase the insurance.**

### PRODUCER SUBMITTING ON BEHALF OF THE INSURED

Agency Name \_\_\_\_\_ License No. \_\_\_\_\_

Agent Name \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail Address \_\_\_\_\_

*Do you give Fox Point Programs authorization to broker this account if not eligible for our in-house program?* Yes No