



Return Applications To:
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ENTREPRENEURS-CONSULTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION (NORTH CAROLINA ONLY)

IMPORTANT! The rates shown in the matrix below are ONLY available for Applicants with the following characteristics:

- Generates no more than \$1,000,000 in revenues annually
- Does not have revenue-generating, permanent physical operations located outside the USA
- Requires no more than 3 years Prior Acts coverage
- No prior insurance claims in the last 5 years
- Must reside in North Carolina

Does NOT provide services as a, or in the capacity of a:

- Depository institution (savings bank, commercial bank, savings & loan, credit union, or similar); investment bank, registered investment advisor (RIA), securities underwriter, securities broker dealer, M&A consultant, or similar;
- Architect/Engineer and related design services, general contractor, and/or construction manager;
- Attorney, Certified Public Accountant, or insurance agent/broker;
- Medical/mental health services and/or medical equipment/device consultant;
- Real estate consultant, developer or appraiser;
- Oil/gas consultant;
- Safety/OSHA consultant, insurance risk management consultant;
- Intellectual property, copyright/trademark, and/or patent consultant;
- Employee benefit/pension consulting, actuary;
- Franchise/area development consultant

BY CHECKING THIS BOX APPLICANT WARRANTS THAT HE/SHE UNDERSTANDS THE RESTRICTIONS LISTED ABOVE. NO APPLICATION WILL BE CONSIDERED FOR COVERAGE UNLESS THIS WARRANTY HAS BEEN PROVIDED.

***NOTE: Applicants falling outside of the parameters listed above may still be eligible for Professional Liability Insurance through Fox Point Programs. Contact us for details.**

DETERMINE TOTAL AMOUNT DUE based on Applicant's Annual Revenues. Amounts shown include all applicable taxes and fees.

LIMIT OF LIABILITY	RETENTION	ANNUAL REVENUES (IN DOLLARS-\$)						
		UP TO 50,000	50,001-100,000	100,001-250,000	250,001-350,000	350,001-500,000	500,001-750,000	750,001-1,000,000
\$250,000/\$250,000	\$1,000	\$725.00	\$800.00	\$875.00	\$945.00	\$1,055.00	\$1,170.00	\$1,315.00
\$500,000/\$500,000	\$1,000	\$800.00	\$885.00	\$970.00	\$1,050.00	\$1,180.00	\$1,305.00	\$1,470.00
\$1,000,000/\$1,000,000	\$1,000	\$945.00	\$1,050.00	\$1,155.00	\$1,260.00	\$1,420.00	\$1,575.00	\$1,785.00

OTHER LIMITS OF LIABILITY AND RETENTION OPTIONS ARE AVAILABLE. CONTACT FOX POINT PROGRAMS FOR MORE INFORMATION.

1 Contact Information

Applicant Name _____

dba Name _____

Business Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ E-mail _____

Description of Consulting Services _____

2 What were the Applicant's revenues over the last 12 month period? \$ _____

3 Is E&O Coverage currently in-force? Yes No **If "Yes", provide details below:**

COMPANY	LIMITS (Each Claim/ Aggregate)	DEDUCTIBLE	PREMIUM	EXPIRATION DATE (MM/DD/YYYY)	RETRO DATE (MM/DD/YYYY)
	\$	\$	\$		

4 Has any Professional Liability claim(s), complaint or proceeding been made against the Applicant or any person or organization proposed for this insurance or any predecessor organization in the past five (5) years? Yes No

5 Is (are) any person(s) or organization(s) proposed for this insurance aware of any fact, error, omission, circumstance, or situation that might provide grounds for any claim under the proposed insurance? Yes No

If Questions 4 or 5 (above) is answered "Yes", provide additional information on a separate sheet.

6 Is General Liability coverage desired? Yes No **If "Yes", contact Fox Point for a Supplemental Application**

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.

_____ *Date*

_____ *(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.)*