
Name of insurance company to which Application is made (the "Insurer")

Miscellaneous Professional Liability Application STATE OF NEW YORK

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

NOTICE: IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

Named Applicant: _____ Telephone: _____

Address: _____ Facsimile: _____

State of Formation _____ Date Established: ___/___/___

Primary Web Page: _____

Contact Person: _____ Title: _____

e-mail: _____ @ _____

The words "you" "your" and "Applicant(s)" refer to the Named Applicant and all the other entities applying for coverage. If your answer to any question in this Application requires additional space, please complete your answer on an attachment.

1. Please describe your business activities* and any anticipated changes to same:

*If your services can be classified into any of the following categories please complete the appropriate Supplemental Application:

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising Agents | <input type="checkbox"/> Business Managers | <input type="checkbox"/> Claims Adjuster & Administrators |
| <input type="checkbox"/> Collection Agents | <input type="checkbox"/> Escrow Agents | <input type="checkbox"/> Franchisers |
| <input type="checkbox"/> Interior Design/Construction Managers | <input type="checkbox"/> Lease Brokers | <input type="checkbox"/> Management Consultants |
| <input type="checkbox"/> Miscellaneous Consultants | <input type="checkbox"/> Printers | <input type="checkbox"/> Property Managers |
| <input type="checkbox"/> Public Relations Firms | <input type="checkbox"/> Real Estate Agents & Brokers | <input type="checkbox"/> Real Estate Appraisers |
| <input type="checkbox"/> Structured Settlement Consultants | <input type="checkbox"/> Testing Labs | <input type="checkbox"/> Title Agents & Abstractors |
| <input type="checkbox"/> Trustees | | |

Named Applicant _____

Date _____

2. Does the Applicant have a fifty percent (50%) or more ownership interest in any entity?
 ρ Yes ρ No If "Yes," for each entity provide the information indicated:

If included as an attachment, check here: ρ

Name of Entity	Percentage of Ownership	Acquisition or Formation Date	Services Performed
	%		
	%		
	%		

3. Provide your gross annual revenues, including those of any entity listed in Question #2:
(Use actual where available, expected otherwise.)

	Year	Revenues	Percentage from foreign sales
Past fiscal year		\$	%
Current fiscal year		\$	%
Projected fiscal year		\$	%

4. For each of the activities listed in Questions 1 and 2, indicate the percentage of revenue derived therefrom:

Activity	Percentage of Revenue
	%
	%
	%
	%

5. Please list the Applicants' five largest projects over the past year:

Client	Services Performed	Revenues
		\$
		\$
		\$
		\$
		\$

Named Applicant _____

Date _____

14. Has any director, officer, partner, manager, employee or agent of the Applicant been the subject of any disciplinary investigation as a result of professional activity?

Yes No If "Yes," attach copies of all significant documents relating to such investigation(s) and describe the underlying conduct.

15. Does any person or entity proposed for insurance have knowledge of any act, error or omission which might give rise to a claim(s) under the proposed policy?

Yes No If "Yes," attach a detailed description of such act, error or omission and an explanation of why same might give rise to a claim.

16. Has there been or is there now pending any litigation or claim against or civil, criminal, administrative or regulatory action or proceeding of the Applicant or any person or entity proposed for insurance?

Yes No If "Yes," attach a detailed description of each such litigation, action, proceeding and investigation and all relevant details.

Applicant and Insurer agree that with respect to Questions 14, 15 and 16 above, that if such knowledge, litigation, claim, action, proceeding or investigation exists, then any litigation, claim, action, proceeding, investigation or occurrence arising out of, in connection with, relating to or which is a part of (i) such known acts, errors and omissions, or (ii) such existing litigation, claim, action, proceeding or investigation, is excluded from any coverage which may be afforded on the basis of this application.

17. Has any professional liability insurance requested by Applicant been refused, cancelled or nonrenewed? (*MISSOURI APPLICANTS NEED NOT RESPOND*)

Yes No If "Yes," attach a description of the details.

18. Please list all of the Applicants' professional liability coverage for past five years:

Carrier	Limit of Liability	Deductible	Annual Premium	Policy Period	Prior Acts Date

First date of continuous Claims-Made coverage: ____/____/____.

19. Provide copies of the following for the Applicant:

- Specimen of standard contract
- Marketing Material
- Resumes of Key Professionals
- Current Financials

Named Applicant _____

Date _____

ALL WRITTEN STATEMENTS, SUPPLEMENTAL APPLICATIONS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND THE INFORMATION PROVIDED BY ATTACHMENT HERETO ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT HERETO) CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

THE SIGNING OF 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.

IF A POLICY IS ISSUED, THE APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the Limit of Liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Liability of this policy.

The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed: _____

Print Name: _____

Date: _____

NOTICE TO NEW YORK APPLICANTS: 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.

Named Applicant _____

Date _____

Signed: _____

Print Name: _____

Date: _____

Title: _____

(must be signed by the President or Chief Executive Officer if a corporation, a general partner if a partnership)

Attest _____

Broker _____

License #: _____

Address _____