



RENEWAL APPLICATION
MISCELLANEOUS PROFESSIONAL LIABILITY
PLATINUM MANAGEMENT PROTECTION

NOTICE: COVERAGE FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS MEANING, EXCEPT AS OTHERWISE PROVIDED, COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD. DEFENSE EXPENSES ARE INCLUDED WITHIN THE LIMIT OF LIABILITY AND REDUCE THE LIMIT OF LIABILITY FOR THE POLICY.

CAREFULLY READ THE ENTIRE POLICY FOR WHICH THIS APPLICATION IS MADE AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER. WORDS AND PHRASES WHICH ARE PRINTED IN BOLD ITALIC TYPEFACE HAVE SPECIFIC MEANING AND ARE DEFINED IN SECTION IV. OF THE POLICY.

THE APPLICATION, ITS ATTACHMENTS AND ALL PREVIOUS APPLICATIONS AND THEIR ATTACHMENTS SHALL SERVE AS THE BASIS OF THE POLICY, AND SHALL BECOME PART OF SUCH POLICY SHOULD A POLICY BE ISSUED, AS IF PHYSICALLY ATTACHED. THE INSURER RELIES UPON THE APPLICATION IN ISSUING THE POLICY. COMPLETION OF THIS APPLICATION DOES NOT IN ANY WAY IMPLY SUCH COVERAGE UNDER THE POLICY. COVERAGE IS AFFORDED ONLY IF AND TO THE EXTENT INDICATED BY THE TERMS AND CONDITIONS OF THE POLICY IF ISSUED.

1. Proposed Named Insured (Applicant)

Three horizontal lines for entering the name of the proposed named insured.

State of Incorporation: _____ Number of years Applicant in 1. above, in business: _____

Street Address (not just P. O. Box):

Horizontal line for street address.

City: _____ State: _____ Zip Code: _____

Tel: (____) _____ Fax: (____) _____ Website: _____

List all other locations from where services are provided: _____

Two horizontal lines for listing other service locations.

List Names of all subsidiaries of the Applicant: _____

Horizontal line for listing subsidiaries.

2. Nature of Entity: _____ Corporation _____ Partnership _____ Limited Liability Corporation or Partnership _____ Sole Proprietorship

_____ Other (provide details) _____

Two horizontal lines for providing details of other entity types.

3. Full description of each professional service for which insurance is requested AND indicate after each professional service, the percent of the Applicant's revenues derived from each: (if more than one, please number each)

4. Is Applicant engaged in any other profession, business or operation other than answered in question 3.? Yes No
If "Yes", detail below such other professions, operations and businesses including names and operations/services/products:

5. Is the Applicant owned or controlled by, or does it own or is it affiliated or associated with, any other firm or business enterprise or joint venture not listed in answer to question 1.? (If "Yes", provide details below) Yes No

6. In the 24 months preceding the date this application is being signed has the Applicant or its principals been engaged in any other business or profession other than detailed in answer to questions 3., 4. and 5. ? (If "Yes", provide details below) Yes No

7. (a) Did the Applicant's operations or services change significantly in the past twelve months? Yes No
(b) Does the Applicant anticipate any significant changes to its operations or services in the next twelve months? Yes No
(If "Yes", provide explanation below)

8. Please complete for EACH principal, partner and key employee engaged in the services listed in the answer to question 3.

Name	Professional Designation	Number of years of experience in services listed in question 3.	Number of years employed with the Applicant
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9. Detail current, total staff size, inclusive of those persons identified in question 8., broken down as follows:

	Full time	Part time	
Partners, Principals	_____	_____	
Employees with professional expertise	_____	_____	
All other employees	_____	_____	
 TOTAL STAFF	 _____	 _____	 GRAND TOTAL: _____

10. Does the Applicant make use of independent contractors, or of subcontractors to perform professional services listed in answer to question 3.? If "No", skip to question 11. If "Yes", answer a), b), c) and d) below. Yes No

a) Does the Applicant or its principals have an ownership in any independent contractor or subcontractor? Yes No

If "Yes", provide details: _____

b) Describe services performed by independent contractors and by subcontractors: _____

c) Does the Applicant require every independent contractor and subcontractor to provide the Applicant with evidence of the maintenance of professional liability insurance which is applicable to the services provided by the independent contractor or subcontractor for the Applicant on an annual or on a per assignment basis? Yes No

d) What percentage of Applicant's gross revenues for the past 12 months were from services performed by independent contractors or subcontractors? _____ %. What is estimate for the next 12 months? _____ %

11. (a) Applicant's fiscal year ends on: Month: _____ Day: _____

(b) List Applicant's gross revenues for the professional services listed in answer to Question 3. for the appropriate fiscal year:

Prior fiscal year	_____ (YYYY)	\$ _____
Current fiscal year	_____ (YYYY)	\$ _____
Projected, next fiscal year	_____ (YYYY)	\$ _____

12. Provide the following information on Applicant's FIVE largest clients (by revenue to the Applicant) in the past 12 months:

Full Name of Client	Total Revenue Upon Completion	Professional Services Performed
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

13. (a) Does Applicant use a standard contract or written agreement as a basis for all contracts? (if "Yes", please attach) Yes No
 (b) Are all such written contracts or agreements reviewed by your staff counsel or by your outside law firm? Yes No
 (c) Do such contracts or written agreements contain guarantees or warranties in favor of your clients? Yes No
 (d) Do such contracts or written agreements limit Applicant's liability to the client in the event of a default by the Applicant? Yes No
 (e) What percent of all Applicants' clients are receiving services under a written contract or agreement with Applicant: _____%

14. (a) Does Applicant have a written training program for employees? Yes No
 (b) Does Applicant have a written procedural manual for employees to follow? Yes No
 (c) Does Applicant require continuing education for employees holding professional designations? Yes No

15. (a) Provide the following details regarding Applicant's current and previous Professional Liability Insurance (a/k/a Errors and Omissions Liability) by answering each column starting with your current policy (IF NONE, CHECK BOX PROVIDED):

Policy	Insurance Company (Not Agent)	Effective and Expiration dates (MM/DD /YYYY) format	Limit of Liability	Deductible	Premium
Current Policy None <input type="checkbox"/>		To	\$	\$	\$
1 st Prior Policy None <input type="checkbox"/>		To	\$	\$	\$
2 nd Prior Policy None <input type="checkbox"/>		To	\$	\$	\$
3 rd Prior Policy None <input type="checkbox"/>		To	\$	\$	\$

- (b) Has any Insurer canceled or non-renewed any coverage applied for herein? (Not applicable in Missouri) Yes No
 If "Yes", provide details including reason stated by Insurer.

16. Has the Applicant, any of its directors, officers, partners, principals, managing members or employees ever been:
 (a) a defendant in any criminal action or proceeding alleging violation of any local, state or federal law or regulation? Yes No
 (b) a defendant in any lawsuit, administrative or regulatory proceeding action or charge in the last five years? Yes No
 (c) subject to any disciplinary action, license revocation, fine or penalty resulting from professional activities? Yes No
 (d) the subject of any investigation by any local, state or federal office or agency? Yes No

If "Yes" to (a), (b) (c) or (d), submit with this application a full narrative detailing the dates, allegations, circumstances, responses, appropriate documents, current status and/or final disposition of such matters.

17. In the past FIVE years has the Applicant, any of its Directors, Officers, Partners, Principals, Managing Members or employees, been alleged to have committed, or have become aware of, an error or omission in the performance of its/their professional services? Yes No

If "Yes", a completed **SUPPLEMENTAL CLAIM APPLICATION** for each such event is required.

NOTICE TO ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

NOTICE TO ARKANSAS APPLICANTS: "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."

NOTICE TO ARIZONA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO CALIFORNIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT *CLAIM* FOR THE PAYMENT OF A *LOSS* IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO COLORADO APPLICANTS: "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 FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "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."

NOTICE TO FLORIDA APPLICANTS: "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."

NOTICE TO HAWAII APPLICANTS: "FOR OUR 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."

NOTICE TO IDAHO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO INDIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION COMMITS A FELONY."

NOTICE TO KENTUCKY APPLICANTS: "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 ACT, WHICH IS A CRIME."

NOTICE TO LOUISIANA APPLICANTS: "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."

NOTICE TO MAINE APPLICANTS: "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."

NOTICE TO MARYLAND APPLICANTS: "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 TO PRISON."

NOTICE TO MASSACHUSETTS APPLICANTS: "ANY PERSON HOW KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A *CLAIM* WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN *INSURER* IS GUILTY OF A CRIME."

NOTICE TO MISSOURI APPLICANTS: "*DEFENSE COSTS* PAID UNDER THE POLICY PROVISIONS WILL REDUCE THE AVAILABLE LIMIT OF LIABILITY AND MAY EXHAUST THEM COMPLETELY."

NOTICE TO NEBRASKA APPLICANTS: "ANY PERSON HOW KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "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 MY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

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."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO WITH INTENT TO DEFRAUD OR KNOWING 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."

NOTICE TO OKLAHOMA APPLICANTS: "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."

NOTICE TO OREGON APPLICANTS: "ANY PERSON HOW KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "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."

NOTICE TO VIRGINIA APPLICANTS: "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."

NOTICE TO WASHINGTON APPLICANTS: "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."

NOTICE TO WEST VIRGINIA APPLICANTS: "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 TO PRISON."

Completion and/or signing of this application does not bind the Applicant to purchase, nor the *Insurer* to provide, any insurance policy; however, no policy can be issued unless the application is properly completed, signed and dated.

The signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective *Insureds* and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the *Insurer* of such and shall provide the *Insurer* with information that would complete, update or correct the application or materials submitted therewith. The *Insurer* may withdraw or modify any of the terms or conditions of coverage accordingly.

ALL WRITTEN STATEMENTS, SUPPLEMENTAL APPLICATIONS AND MATERIALS FURNISHED TO THE *INSURER* IN CONJUNCTION WITH THIS APPLICATION ARE INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART THEREOF, AND DEEMED ATTACHED HERETO.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)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.

SIGNATURE * _____ PRINTED NAME* _____

* MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL *INSUREDS*.

*TITLE OF SIGNATORY: _____ DATE SIGNED: ____/____/____
MM DD YYYY

Checklist for items required to be submitted with this application:

- Specimen of Applicant's standard contract used for clients
- Specimen of Applicant's standard contract used for independent contractors and subcontractors
- Resumes of Applicant's key employees with professional expertise
- Applicant's promotional and marketing materials
- Applicant's current financials
- Claim Questionnaire (s) if question 17. is answered "YES"
- Application Supplement for certain professions