

Professional Liability Application

1. Contact Information

Name of Applicant: _____

Street Address: _____

City, State, ZIP: _____

Telephone Number: _____ Fax Number: _____

2. Applicant is (please check one):

Corporation Partnership Individual LLC

3. Year Established: _____

4. Please describe professional activities in detail for which coverage is desired:

5. Is the applicant engaged in any business or profession other than as described in question 4? (If yes, please attach an explanation and estimated receipts.)

Yes No

6. List the total gross receipts for the past three years derived from those activities in question 4. In addition, please list projected receipts for the current year.

Fees & Receipts Estimated for the Upcoming Year: \$ _____

Actual Fees & Receipts for the Past Three Years:

Past Year: _____

Past 2 Years: _____

Past 3 Years: _____

7. For the receipts listed in question 6, please give the approximate percentage derived from each of the activities listed in question 4:

Activity: _____ % of #6 Receipts: _____

8. During the past five (5) years, has the name of the applicant been changed or has any other business been purchased, merged, or consolidated with the applicant?

Yes No

If yes, please provide details: _____

9. Is the applicant firm controlled, owned, or associated with any other firm, corporation, or company?

Yes No

If yes, attach an explanation.

Are any activities listed in question 4 provided to such business enterprise?

Yes No

10. a. Number of principals, partners, officers, and professional employees directly engaged in providing services to clients: _____

b. Number of non-professional employees (clerks, receptionists, etc.): _____

11. Please provide the following:

Name of All Partners/Principals/
Key Employees

Professional
Qualifications

Date

How long in
Practice

How Long as
Partner/Principal

12. To what professional association(s) does the applicant firm belong? _____

13. Please include a list of applicant firm's five (5) largest jobs or projects during the past three (3) years. Please give in detail: project name, the nature of the services performed for the client, and the revenues obtained from those services.

	Project Name	Nature of Service	Revenue
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

14. Does the applicant firm use a written contract with clients? Please check one:

Always Sometimes Never

15. What percentage of the applicant firm's business involves subcontracting of work to others? _____%

Does the applicant firm provide professional services to business entities in which it retains an ownership interest?

Yes No

If yes, please explain: _____

16. Limit of Liability Desired:

\$100,000 \$300,000 \$500,000 \$1,000,000

Deductible Requested:

\$2,500 \$5,000 \$10,000 Other: _____

17. List Error and Omissions Insurance carried for each of the past three (3) years. If none, state none.

Inception	Expiration	Insurance Company	Premium	Limits of Liability	Deductible
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If "Retroactive Date" prior to policy inception is requested, please advise date: _____

18. Has any similar insurance ever been declined or cancelled? Yes No

19. Have any of the individuals listed in question 11 ever been the subject of disciplinary action by authorities or professional organizations as a result of their professional activities? Yes No

If yes, please explain: _____

20. Does any person to be insured have knowledge or information of any act, error, or omission which might reasonably be expected to give rise to a claim against them? Yes No

21. Attach a list and status of all errors and omissions claims made against any proposed insured(s) during the past three (3) years. If none, please check here: None

22. **It is agreed, with respect to questions 19, 20, and 21 above, that if such knowledge or information exists, any claim or action arising there from is excluded from the proposed coverage.**

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation, and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and ProAssurance Mid-Continent Underwriters, Inc., any documents, records, or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that applicant has not withheld any information which is calculated to influence the judgment of the insurance company in considering this application.

Important: This application must be signed by the applicant. Signing this form does NOT bind the Company to complete the insurance.

Producer: _____ Insured: _____
Address: _____ By: _____
Title: _____
Date: _____