



** required information*

MISCELLANEOUS PROFESSIONAL LIABILITY

- A. Brokerage Contact*

- B. Email Address*

- C. Brokerage Address

- D. Brokerage Phone #*

continue with requested application information

MISCELLANEOUS PROFESSIONAL LIABILITY

Instant Indication

A. Applicant Information

1. Applicant Company Name: _____

DBA: _____

2. Address 1: _____

Address 2: _____

3. City: _____ State: _____ Zip Code: _____

4. Effective Date: _____

5. Expiration Date: _____

B. Operations

1. Past Fiscal Year Total Gross Revenues: \$ _____

2. List all professional activities and services provided and their respective previous year's gross revenue:

Billing Services: \$ _____

Claims Adjuster: \$ _____

Executive Recruiter: \$ _____

Insurance Agents/Brokers: \$ _____

Mortgage Brokers: \$ _____

Real Estate Agents/Brokers: \$ _____

Real Estate Appraiser: \$ _____

Real Estate Leasing: \$ _____

Real Estate Property Management: \$ _____

Real Estate Sales: \$ _____

3. During the past 12 months, what approximate percentage of the applicant's clients were new to the applicant: _____
4. Number of Employees (full-time / Part-time): _____
5. Is there a full time licensed Real Estate Broker on staff? YES / NO
6. Who is filing the surplus lines taxes? _____
7. Does the applicant currently have Professional Liability Coverage? YES / NO
If 'YES', Does the applicant have Full Prior Acts Coverage? YES / NO
8. Please indicate the desired policy effective and retroactive date of this policy (mm-dd-yyyy): _____
9. Does the applicant use a written contract or agreement with clients? *(circle one)*:
In All Cases Sometimes Never
10. Have any Errors and Omissions claims been made against the Applicant Firm or any of its past or present owners, officers, partners, members, employees or solicitors, or to the knowledge of the Applicant, in behalf of its predecessors in business within the last 5 years? YES / NO
If 'YES', Please add claim information for the last 5 years:
Date of Claim: (mm-dd-yyyy): _____
Current Status: OPEN / CLOSED
Total Loss Paid including Deductible (include Defense Expense and Indemnity): \$ _____
Applicant's Loss Reserve and Payments (include Defense Expense and Indemnity): \$ _____
Defendant's offer for settlement? \$ _____

C1. Real Estate Supplement

1. Indicate the percentage of total gross income derived from the following:

Commercial: _____

Industrial: _____

Undeveloped Land: _____

Residential: _____

Agriculture: _____

Other (please describe): _____

Description: _____

THE PERCENTAGE OF TOTAL GROSS INCOME MUST EQUAL 100%

2. Do your employees attend Risk Management Training courses? YES / NO

C2. Mortgage Brokers Supplement

1. Please provide a percentage breakdown of the Applicant's gross revenues for the past 12 months:

Mortgage brokering fees or commissions: _____

Mortgage Warehousing: _____

Mortgage Banking: _____

Escrow or closing fees: _____

Other: _____

2. Does the applicant arrange for appraisals, title searches, or escrow closings to be made? YES / NO

If YES, advise details including nature, scope and extent of the applicant's activity in this regard:

C3. Insurance Agents Supplement

1. Do you sell mutual funds? YES / NO

If 'YES', do you sell mutual funds through a registered securities broker/dealer that is affiliated with an insurance company? YES / NO

2. Total P&C gross premiums written annually (past 12 months): \$ _____

3. Total gross annual P&C commissions (past 12 months): \$ _____

4. Total gross annual Life and A&H commissions (past 12 months): \$ _____

5. Total income derived from any source other than sale of insurance (past 12 months): \$ _____

6. Does anyone to be covered by this policy own or have any interest in a securities broker/dealer organization? YES / NO

7. Applicant Firm's Percentage of Business by Premium Volume: _____

8. Commercial Lines

Fire-Standard: _____

Fire-Nonstandard (Fair Plan): _____

SMP/BOP/Package: _____

CGL: _____

CGL (including garage liability): _____

Umbrella/Excess: _____

Auto-Standard/Plan/CAR: _____

Auto - Non-Standard/Plan/CAR: _____

Long Haul Trucking: _____

Workers Compensation: _____

Inland Marine: _____

Farmowners: _____

Livestock Mortality: _____

Crop Coverages: _____

Medical Malpractice: _____

Professional Liability (Specify): _____

Wet Marine: _____

Bonds-Surety: _____

Bonds-All Other: _____

Aviation: _____

Pollution Liability: _____

Other (Specify): _____

9. Personal Lines

Auto-Standard: _____

Auto Nonstandard and Auto Plan: _____

Homeowners and Standard Fire: _____

Non-Standard Fire: _____

Pleasure Boats: _____

Umbrella: _____

Other (Specify): _____

TOTAL PERCENTAGE OF THE PERSONAL LINES AND COMMERCIAL LINES MUST EQUAL 100%

10. Business Placed As Property and Casualty

Agent: _____

Managing General Agent: _____

Surplus Lines Broker: _____

Reinsurance Intermediary: _____

Broker: _____

11. Life and A&H Insurance

Life, Individual: _____

Life, Group: _____

A&H, Individual: _____

A&H, Group: _____

Annuities: _____

Mutual Fund Sales: _____

HMO/PPO/DSP: _____

Other (Specify): _____

TOTAL OF ALL BUSINESS PLACES AS PROPERTY AND CASUALTY/LIFE AND A&H INSURANCE MUST EQUAL 100%

C4. Claim Adjusters Supplement

1. Please provide a percentage breakdown (based upon revenues for the past 12 months) of the types of claims being adjusted:

Auto Liability: _____

Marine: _____

Medical Malpractice: _____

Directors and Officers: _____

Toxic Tort: _____

Fiduciary Liability: _____

Health/Medical Ins.: _____

Auto Physical Damage : _____

Construction Defects: _____

Professional Liability: _____

Environmental Impairment: _____

Discrimination/Harassment: _____

General Liability: _____

Libel/Slander/Defamation: _____

Aviation: _____

Bonds (payment or performance): _____

Property: _____

Employee Benefits: _____

Workers Compensation: _____

Other (please describe): _____

2. Does the applicant have settlement authority? YES / NO

If 'YES', please provide the following information:

Up to what dollar amount? \$ _____

What lines: _____

Does the applicant have disclaimer authority? YES / NO

If 'YES', what lines? _____

What percentage are Public Insurance Adjusters (representing claimants): _____

D. Coverages & Endorsements

1. Defenses Expenses In Addition To Limits Of Liability Endorsement: YES / NO

If 'YES', please provide the following information:

Sublimit: \$ _____

Premium: \$ _____

2. Exclude Terrorism Coverage? YES / NO

E. Policy Limits

1. Combined Limit: _____

2. Deductible: _____

Application

A. Applicant Information

1. Contact Name: _____
2. Phone: _____ Fax: _____
3. Type of Business: _____

B. Applicant's Practice

1. Date Established: _____
2. Has any one client (includes affiliated clients) account for 25% or more of the applicant's gross revenues during the past 12 months? YES / NO

If 'YES', please provide the name(s) of the client(s) and percentage of billings:

3. Does any member of the applicant provide professional services other than those mentioned previously? YES / NO

If 'YES', please provide full details:

4. Current Projected Total Gross Revenues: \$ _____
5. Past Fiscal Year Total Gross Revenues: \$ _____
6. Previous Past Fiscal Year Total Gross Revenues: \$ _____
7. Number hired within the past 12 months (Full-Time/Part-Time): _____ / _____
8. Number terminated, retired, or resigned within the past 12 months (Full-Time/Part-Time): _____ / _____
9. Does responsibility for the applicant's other offices rest with the management at the applicant's principal location? YES / NO

10. To what professional association(s) does the Applicant belong?

11. Please list the names of all predecessor firms of the Applicant (Name only those firms where the applicant is a successor to the former firm's assets and liabilities):

12. Do Principals, Partners, Owners and Key Employees have 5 or more years industry experience? YES / NO

C. Risk Management

1. Is the applicant controlled, owned or associated with any other firm, corporation or company, or does the applicant have any wholly or partially owned subsidiaries?

If 'YES', explain: _____

2. Are any of the professional activities provided to business enterprises that are listed above?

If 'YES', please explain: _____

3. Does any current member of the applicant provide any professional services to any clients in which any applicant member or SPOUSE serves as a director, officer or partner or own any equity or financial interest?

If YES, please explain: _____

4. How many suits for fees have been filed in the last two years? _____

D1. Real Estate Supplement

1. Please complete the appropriate sections stating the annual gross commissions and/or fees earned during the last 12 months:

Real Estate Sales/Brokerage: \$ _____ Number of Transactions: _____

Real Estate Property Management: \$ _____ Number of Transactions: _____

Real Estate Appraisals: \$ _____ Number of Appraisals: _____

Mortgage Brokerage: \$ _____ Number of Loans Placed: _____

Syndication/Partnerships: \$ _____

Property Development: \$ _____

Real Estate Leasing: \$ _____ Number of Units Leased: _____

Real Estate Consulting: \$ _____

2. Are sales personnel (*Please circle one*): **Employees** **Independent Contractors** **Both**

3. If they are independent contractors, is coverage desired for them? YES / NO

4. Does the applicant or any person for whom coverage is being requested have any ownership or equity interest in any property being managed or held for sale? YES / NO

Please list such properties and interests: _____

5. Ownership Interest Exceeds (%): _____

6. Does the applicant offer any home warranty/protection plans? YES / NO

If 'YES', please advise name of plans and percentage of transactions involving such plans:

D2. Mortgage Brokers Supplement

1. Please advise the types of work performed during the past 12 months:

2. Total Dollar amount of all mortgages placed (or brokered) (Residential/Commercial): \$ _____

3. Maximum value of any one mortgage (residential) (Residential/Commercial): \$ _____

4. Number of mortgages (Residential/Commercial): _____

5. Within the past five years, has the applicant placed or brokered any mortgage loans for any commercial or industrial properties? YES / NO

If 'YES', advise how many different mortgage loans the applicant placed, along with any estimate of their approximate collective loan amounts:

6. Does the applicant have any form of discretionary loan making or loan underwriting authority? YES / NO

If 'YES', please describe: _____

D3. Mortgage Brokers Supplement

1. Additional business locations: _____

Are these offices owned and under direct control of the applicant firm? YES / NO

If 'NO', attach full details: _____

2. Within the last five years have there been;

Changes in applicant firm's name? _____

Changes in firm's ownership? _____

Mergers with/or purchases of other firm's? _____

Cluster arrangements? _____

3 List all insurance carriers with whom agency contracts of Applicant Firm have been terminated in the last 5 years. (If none, state "none.")

4. Number of Applicant Firm's Personnel: (Each individual should be counted only once.)

Owners, Officers, Partners: _____

Employee Solicitors, Brokers, Agents: _____

Exclusive Non-employee Producers: _____

Non-exclusive Non-employee Producers: _____

Total Staff: _____

5. In the past five years, has the applicant firm placed coverage for risks involved in petroleum exploration and extraction, mineral exploration and mining, hazardous waste and operations? YES / NO

If 'YES', give a detailed explanation: _____

6. In the past five years, has the applicant firm specialized in any programs or classes of business? YES / NO

If 'YES', give a detailed explanation: _____

7. In the past five years, has the applicant firm placed coverage or had involvement with self-insured / Captives or Risk Retention Groups (RRG), Risk Purchasing Groups (RPG), Multiple Employer Trusts (MET) or Multiple Employer Welfare Arrangements (MEWA)? YES / NO

If YES, the applicant must include the name of the program(s); the name of the insurer(s); the extent of the coverage provided by the insurer(s); the name and address of the administrator; any administrative duties performed by the applicant; and appropriate financial information, if applicable.

8. Assumed responsibilities to notify its customers' terminated employees of their rights to benefits under COBRA? YES / NO

If 'YES', provide a detailed explanation: _____

9. Does the Applicant Firm perform any of the following consulting activities for its customer? If 'YES', attach key person name resume, promotional material and sample contract to signed application.

	Has Service	Wants Coverage
Reinsurance Intermediary		
Third Party Administrator		
Claim Adjustment Service		
Financial Planning		
Registered Investment Advisor		
Safety and Engineering Service		
Actuarial Services		
Tax Adviser		
Risk Management		
Loss Control		
Data Processing Consulting		
OSHA / POSHA (Inspection / Compliance)		
Legal Adviser		
Human Resources		
Expert Witness		
Bank or Savings and Loan		
Mortgage / Mortgage Service Facility		
Real Estate		

10. If any of the above is checked then explain activities fully:

11. Has any policy or application for Errors and Omissions insurance on behalf of the applicant firm or any of its past or present owners, officers, partners, members, employees or solicitors, or to the knowledge of the applicant, on behalf of its predecessors in business, ever been declined, canceled or renewal refusal within the past 10 years? YES / NO

12. Has the applicant firm ever paid an uninsured loss out of applicant firm's agency funds? YES / NO

13. Does the applicant firm place insurance coverage on any entity in which the applicant firm has an ownership interest or for any for-profit entity in which an insured is an owner, officer, partner member or employee of the applicant firm is an officer or director? YES / NO

14. Has any past or present owner, officer, partner, employee or solicitor been the subject of complaints filed and/or disciplinary action by any insurance regulatory authority? YES / NO

15. Have any Errors and Omissions claims been made against the Applicant Firm or any of its past or present owners, officers, partners, members, employees or solicitors, or to the knowledge of the Applicant, on behalf of its predecessors in business, within the last 10 years? YES / NO

If 'YES', attach an explanation stating the nature of the claim, date of claim, loss payments and disposition, E&O carrier handling claim, etc.

16. Percent of policies written on a direct bill basis: _____

17. Provide number of states licensed: _____

D4.Claim Adjusters Supplement

1. Average number of claims adjusted each year: _____

2. Average dollar value of claims adjusted: \$ _____

3. Approximate percentage of total number of claims handled as an Independent Adjuster: _____

4. Does the applicant handle or administrate any subrogation matters? YES / NO
5. Does the applicant manage, administrate, or have involvement in any type of self insurance program, employee benefits plan, health care or medical coverage plan, or any kind of financial or investment plan or program of any third party program? YES / NO
6. Has the applicant ever had a claim filed against the applicant alleging bad faith or violation of any Unfair Claim Settlement Practices or similar act? YES / NO

If YES, attach a complete description:

D5.Executive Recruiters

1. Please indicate the percentage of the Applicant's revenues for the past 12 months from each activity:

Traditional Employment Agency: _____

Temporary Help Placement: _____

Outplacement: _____

Contingency Executive Search: _____

Career Counseling: _____

Retained Search: _____

Other: _____

2. Are drug tests administered? YES / NO

If 'YES', please provide a detailed description including the types of testing and details of their administration: _____

If 'YES', are they administered by the applicant or are they outsourced: _____

3. Does applicant take steps to protect a job applicants confidentiality? YES / NO
4. Does the applicant provide an Employee Leasing service? YES / NO

5. What steps does the applicant take to protect a job candidates' confidential information from being released to an unauthorized party?

6. Are there specific steps and procedures in which the Applicant takes to investigate and verify the backgrounds, qualifications and credentials of job candidates? YES / NO

If YES, explain: _____

7. Is worker's compensation insurance currently in force? YES / NO

E. Claim History

1. Loss History: (Please include information for all losses in the past five years for your Errors and Omissions and Fiduciary Liability policy. To add a claim, return to the instant indication section.)

2. Have any Errors and Omissions claims been made against the Applicant Firm or any of its past or present owners, officers, partners, members, employees or solicitors, or to the knowledge of the Applicant, in behalf of its predecessors in business within the last 5 years? List details of claims over \$10,000. YES / NO

3. Does any principal, owner, partner or employee know of any incident, act, error or omission that could result in a claim or suit against the applicant firm or any its predecessor firms if any? YES / NO

4. Have all matters in the above two questions been reported to the applicant's former or current insurer(s) or to the former insurer of any predecessor firm or former insurer of a current member of the Firm? YES / NO

5. Has any principal, owner, partner or employee for whom coverage is sought been the subject of a disciplinary complaint made to any court, administrative agency or regulatory body? YES / NO

If YES, please provide full details and documentation:

F. Policy History

1. Previous Insurer(s) (Past Three Years): _____

2. Has the applicant ever purchased an extended reporting endorsement? YES / NO
If 'YES', please provide date purchased and term of endorsement: _____

3. In the past five years, has the applicant or any of its members ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? YES / NO
4. Does the applicant carry General Liability coverage? YES / NO

G. Coverages and Endorsements

1. Is Mutual Funds Coverage Endorsement desired? YES / NO
If 'YES', please provide the sublimit: _____
2. Amended Territory Provision: YES / NO
3. Business Broker Amendatory: YES / NO
4. Employers Liability Exclusion: YES / NO
5. Escrow Agents Amendatory: YES / NO
6. Failure To Maintain General Liability Coverage Exclusion: YES / NO
7. Fair Housing - Defense Costs Only: YES / NO
If 'YES', what is the Reimbursement Amount: _____
8. Insurance Agents And Brokers Amendatory: YES / NO
9. Joint Venture Exclusion: YES / NO
10. Limits Of Liability Amendatory: YES / NO
If 'YES', please provide the following information:
Each Claim Sublimit: \$ _____
Aggregate Sublimit: \$ _____
Prior To Date: _____
Subsequent To Date: _____

- 11. Regulatory Authority Exclusion: YES / NO
- 12. Re-Insurance Brokers Amendatory: YES / NO
- 13. R.I.C.O. Exclusion: YES / NO
- 14. Securities And Financial Interest Exclusion: YES / NO
- 15. Specified Individual Prior Acts Limitation: YES / NO
- 16. Stacking Of Limits: YES / NO
- 17. Trustee: YES / NO