



**Miscellaneous Professional Liability Insurance
New Business Application**

APPLICANT'S INFORMATION

Legal Name of Applicant:

Business Address:

City:

State:

Zip Code:

Date Established:

Business Phone:

Web Address:

CURRENT COVERAGE (Professional, GL, Cyber, etc)

Carrier	Coverage	Policy Period	Limit	Deductible	Premium

RETROACTIVE DATE (PRIOR ACTS):

1. Has the Applicant, predecessor in business or any person for whom coverage is requested had professional liability coverage declined, canceled, rescinded or non-renewed? Yes No
If "Yes", please provide full details (if required, please attach additional sheet)

FIRM'S PRACTICE

2. Provide a complete description of the Firm's operations/services.

3. Indicate the specific types of claims or exposures for which coverage is desired, and describe procedures employed by the Firm to avoid or reduce claims.

--

4. Individuals - Please list all owners, partners and officers:

Name	Title	Years in Profession	Education/Professional Certification

5. Have you completed any M&A activity in last three (3) years? Yes No
If "Yes", please provide full details.

--

6. Please provide the following information about the Applicant's three (3) largest clients:

Client Name	Client Industry	Services Performed	% of Revenue

8. Gross Fees/Revenues (including fees paid to subconsultants)

Client Name	Previous Fiscal Year 20	Current Fiscal Year 20	Projection for Next Fiscal Year 20
Professional Services Fees	\$	\$	\$
Fees passed through to subconsultants	\$	\$	\$
All Other Fees/Revenues	\$	\$	\$
Total Gross Revenues	\$	\$	\$

9. In last five (5) years, has the applicant provided professional services to clients in which applicant, any related firm, or any individual served as an officer, director, trustee or partner or owned an equity or financial interest? Yes No

If "Yes", provide the following information:

Client	Type of Business	Annual Fees	Services
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

10. Indicate the types of clients (Note: must total 100%):

Commercial	%	Institutional	%	Lending Institutions	%
Contractors	%	Developers	%	Private Owners	%
Design Professionals	%	Industrial	%	Governmental	%
Other (specify):	%	Other (specify):	%	Other (specify):	%

11. Does any client contribute to more than 50% of billings? Yes No

If "Yes", please provide full details.

12. Please provide following information for the Applicant's three (3) largest projects:

Client	Location	Services Rendered	Billings	Construction Value	Completion Date
			\$	\$	
			\$	\$	
			\$	\$	

13. Does the Firm perform any work on projects outside U.S.? Yes No

If "Yes", please provide full details.

14. List all pre-existing entities, including name changes, mergers and acquisition, date of existence and nature of the change. Attach additional details if necessary. Firms that are accepted for coverage will be listed on the policy.

Name of Predecessor Firm	Dates in Existence	Nature of Change

a. Is coverage desired for any predecessor firm? Yes No
 If "Yes", please provide full details.

b. Are there any significant changes in ownership, name changes, mergers and acquisitions, including pre-existing entities anticipated in the next twelve (12) months? Yes No
 If "Yes", please provide full details.

15. In last five (5) years, has the Firm provided professional services to clients in which Firm, any Firm member or any related individual served as an officer, director, trustee or partner or owned an equity or financial interest? Yes No
 If "Yes", provide the following information:

Client	Type of Business	Annual Fees	Positions Held	Services Rendered	Equity Percentage
		\$			%
		\$			%
		\$			%

16. Ownership Control

a. Does the Firm wholly or partly own, manage or control any other enterprise? Yes No
 If "Yes", please provide full details.

b. Is the Firm wholly or partly owned, managed or controlled by any other enterprise? Yes No
 If "Yes", please provide full details.

RISK MANAGEMENT

17. How many of your employees participate in an annual continuing education program? _____

18. What percentage of professional services are rendered:

- a. under standard industry forms of agreement _____
- b. under the applicant's standard contract _____
- c. under the a client-drafted contract _____
- d. using verbal agreements _____
- e. Other (describe): _____

19. Are all contracts reviewed by the Firm's legal counsel prior to signing? Yes No

20. Does the Firm have a written quality control document? Yes No

21. Does the firm include a provision for alternative dispute resolution in its contracts? Yes No

22. Does the firm include a limitation of liability in its contracts? Yes No

23. Does your organization have a social engineering fraud risk management strategy in place, including an employee training and awareness program? Yes No

24. Do you independently verify written, electronic or telephonic instructions to transfer, pay or deliver funds or data with call backs to senior management at previously known or designated phone number? Yes No

25. What percentage of employees have less than two years of experience in your field of service? ____%

26. Is the Applicant a member of any Professional Organizations, Associations or Societies? Yes No

27. Does the applicant subcontract any professional services? Yes No
If "Yes", please provide full details as to what services are subcontracted.

If "Yes", does your organization obtain evidence of insurance from subcontractors? Yes No

CYBER AND NETWORK SECURITY

28. Does your organization have a social engineering fraud risk management strategy in place, including an employee training and awareness program? Yes No

29. Do you independently verify written, electronic or telephonic instructions to transfer, pay or deliver funds or data with call backs to senior management at previously known or designated phone number? Yes No

24. Do you buy a separate stand-alone cyber insurance policy? Yes No

- a. If "Yes", what carrier? _____
- b. If "Yes", what limit and deductible? _____

25. How many records do you store?

PII	
PHI	

26. Do you distribute corporate security policies and make sure all employees receive them?

Yes No

27. Do you train employees and re-train employees in key areas such as:

a. Acceptable use of computer systems and emails? Yes No

b. Secure password policies? Yes No

c. Defenses against social engineering & phishing attempts? Yes No

28. Do you perform frequent backups and have a re-image process in place and do you test your system re-imaging and back-up process to make sure it works properly? Yes No

29. Do you have and use the following technological defense:

a. Encryption for all records and confidential data? Yes No

b. Firewalls? Yes No

c. Anti-virus? Yes No

d. Intrusion detection? Yes No

e. Data loss prevention? Yes No

CLAIMS HISTORY

If any of the below questions are "Yes", complete a Claims Supplement Application or attach a statement providing such details.

30. In last five (5) years, have any claims involving professional services ever been made against the Firm, predecessors in business or any other person for whom coverage is requested? Yes No

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 30 IS EXCLUDED FROM THE PROPOSED INSURANCE.

31. Has the Firm or any predecessor firm reported a potential claims to a professional liability insurer in the last five (5) years? Yes No

32. After inquiry, does the Firm, predecessors in business or any other person for whom coverage is requested, have knowledge of any actual or alleged act, error, omission or circumstance which may result in a claim being made against them or any other basis to reasonably anticipate a claim being made against them? Yes No

If "Yes", have you reported same to your current insurer? Yes No

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 32 IS EXCLUDED FROM THE PROPOSED INSURANCE.

33. Has any member of the Firm ever been the subject of a complaint to authorities or disciplinary action as a result of the professional activities? Yes No
If "Yes", how many? _____

-----INSERT ANY FRAUD STATEMENT RECOMMENDED/REQUIRED BY COUNSEL-----

.....Signatures.....

Signature _____ Date _____

Signature _____ Date _____
