



Southfield
29621 NORTHWESTERN HIGHWAY
SOUTHFIELD, MICHIGAN 48034
(248) 358-4010 Telephone
(248) 358-2459 Fax
coverxuw@coverx.com Underwriting Email

Boston
(617) 426-6262 Telephone
(617) 426-8488 Fax

Producer: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Effective Date: _____

Expiration Date: _____

Provide Current Policy No.: _____

IMPORTANT - TO BE COMPLETED BY PRODUCER WHO WILL HANDLE THE SURPLUS LINES TRANSACTION(S). Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile:

SL License State: _____

SL License No.: _____

SL License Expiration Date: _____

SL Licensee Name: _____

Affiliation with Producer (e.g., Owner, Executive Officer, Employee): _____

SL Licensee Agency Name (if Entity License): _____

LIMITS OF PROFESSIONAL LIABILITY INSURANCE REQUESTED

Options for liability limits: \$1,000,000, \$2,000,000, \$3,000,000, \$4,000,000, \$5,000,000

DEDUCTIBLE LIMIT REQUESTED

Options for deductibles: \$5,000, \$10,000, \$15,000, \$20,000, \$25,000, Other

RENEWAL APPLICATION FOR MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE

Instructions to the Applicant:

- 1. Please answer all questions completely. Your answers will be used to make important underwriting and pricing decisions and are considered legally material to all decisions made by us.
2. The application and any supplemental documents must be signed and dated by an authorized person of the prospective applicant to be insured.
3. Please attach any marketing brochures or advertising materials used in the operations of your company.
4. Please attach your most recent financial statements.
5. Please attach a copy of your standard contract and any other materials used to outline the services you provide to your clients and your contractual obligations.

Important to Note: This is an application for a Claims Made and Reported policy. It will apply only to claims first made during the policy period and reported to us within 60 days after the expiration of the policy period or during any applicable extended reporting period. Claims expenses are included within the limits of liability and deductible amount. The Company shall not be liable for any Defense Costs or the amount of any settlement or judgments or pay any damages upon the exhaustion of the applicable limit.

12. Please list the professional qualifications of the principals and key employees

NAME	PROF. MEMBERSHIPS/ DESIGNATIONS	YEARS IN PROFESSION	YEARS WITH APPLICANT

INSURANCE HISTORY

13. Please provide the following information as respects prior professional liability or errors and omissions insurance coverage during the last 3 years: (If occurrence coverage, please indicate under retro date.)

INSURANCE COMPANY	POLICY TERM	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	RETRO. DATES	PREMIUM

14. If commercial general liability coverage is maintained, please indicate as follows:

INSURANCE COMPANY	POLICY TERM	INSURANCE LIMIT	PREMIUM
_____	_____	_____	_____

Does the general liability policy contain:

Products/Completed Operations Coverage? **YES** **NO**

Personal Injury/Advertising Injury Coverage? **YES** **NO**

15. Has any insurance ever been cancelled or declined? **YES** **NO** If yes, please explain.

(Note: Applicants in Missouri are not required to answer this question)

PROFESSIONAL SERVICES

16. Does the applicant expect or is the applicant seeking to cover a professional service not covered under the current policy?

YES **NO** If yes, please provide the following information:

Description of Services	% of Gross Revenues
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

17. Please indicate the applicant's five largest jobs/clients in the last 3 years:

Client	Professional Services Provided	Total Contract Cost
_____	_____	\$\$ _____
_____	_____	\$\$ _____
_____	_____	\$\$ _____
_____	_____	\$\$ _____
_____	_____	\$\$ _____

18. Has the applicant sued any customers for non payment of contracts within the past year?

YES **NO** If yes, please explain.

19. Has there been or does the applicant expect any changes to the amount of work subcontracted to others?

YES **NO** If yes, please explain.

20. Has there been or does the applicant expect any changes to the use of written contracts or agreements with clients?

YES **NO** If yes, please explain.

CLAIMS HISTORY

21. Since the last Professional Liability Insurance Application received by CoverX, has there been any change in the status of any professional liability claim, suit, circumstance or allegation previously reported under an professional liability insurance application within the past three (3) years made to CoverX or any other professional liability insurance carrier?

YES **NO** If yes, please provide details on a separate addendum and provide applicable updated loss runs for years not covered by CoverX.

22. Please list any additional information below:

It is agreed and understood that any policy issued shall not provide coverage for any claim, fact, or action arising from any alleged act, error or omission which may be afforded insurance or is now known by any person(s) or entity(ies) of the applicant. This exclusion from coverage set forth in the prior sentence includes any claim, fact or action under a policy currently in force whether or not disclosed in this application.

State Notices: The following notices are required by the Insurance Department of the indicated states.

WARNING: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

AR 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.

AZ NOTICE TO ARIZONA APPLICANTS: For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

CO 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC 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.

FL NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

HI NOTICE TO HAWAII APPLICANTS: For your 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.

KY 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 insurance act, which is a crime.

LA 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.

ME 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.

MD 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 in prison.

- NJ NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NM 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 may be subject to civil fines and criminal penalties.
- OK 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.
- OR NOTICE TO OREGON 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 in prison.
- PA NOTICE TO PENNSYLVANIA APPLICANT:** 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.
- TN NOTICE TO TENNESSE 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.
- VA 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.
- WA 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.
- WV 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 in prison.
- NY 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.

SIGNATURES AND ACKNOWLEDGEMENTS:

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSURER TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED AUTHORIZED OWNER, PARTNER, DIRECTOR OR OFFICER WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS / ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH HEREIN AND ATTACHED HERETO ARE TRUE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE UNDERWRITER ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE UNDERWRITER.

THE APPLICANT REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE AND DOES NOT CONTAIN ANY UNTRUE STATEMENT OR OMIT INFORMATION NECESSARY TO MAKE THE INFORMATION PROVIDED HEREIN NOT MISLEADING. THE APPLICANT FURTHER CONVENANTS AND AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THIS COVERAGE.

SIGNED BY: (Must be signed by an Owner, Partner, Director or Officer of the Named Insured)

Applicant

Printed Name

Date: _____

CALIFORNIA NOTICE:

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: www.insurance.ca.gov.**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date: _____
Insured: _____