



# Miscellaneous Professions ERRORS & OMISSIONS INSURANCE APPLICATION

This is an application (the "Application") for a **Claims Made** Insurance Policy. Please answer all questions. If the answer to any question is none, state "None". If space is insufficient to answer any question fully, attach a separate sheets with applicable information. Please use the attached supplemental forms to provide additional information where applicable.

Current Date: \_\_\_\_\_

1. Applicant: \_\_\_\_\_

List DBAs: \_\_\_\_\_

Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

2. Address: \_\_\_\_\_

Address of all other office locations or branches: \_\_\_\_\_

3. Applicant is:  Corporation  LLC  Partnership  Individual  Other: \_\_\_\_\_

4. Year Established: \_\_\_\_\_

5. Names of all Owners and percentages owned: \_\_\_\_\_

6. Additional Insureds: \_\_\_\_\_

7. Names of subsidiary operations and percentages owned: \_\_\_\_\_

8. Does the Applicant conduct business with any entity that the Applicant or any of its officers has an ownership interest in?  Yes  No If yes, please attach a description.

9. During the past 5 years has:

The name of the Applicant been changed?  Yes  No

Has any operation or entity been discontinued?  Yes  No

Has any other business been purchased?  Yes  No

Have there been any changes in the Applicant's ownership?  Yes  No

10. Does the Applicant operate outside the U.S.A.:  Yes  No

11. Is the Applicant engaged in, owned by, associated with or controlled by any other business:  Yes  No

12. Does the Applicant own, manage or control any other business:  Yes  No

If yes to any of the above questions, provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Provide the Applicant's actual or estimated annual gross revenues for the years noted:

Next (est) \_\_\_\_\_

Fiscal Year: From: \_\_\_\_\_

Current (est) \_\_\_\_\_

To: \_\_\_\_\_

Previous (act) \_\_\_\_\_

14. Number of total active staff:

	Full Time	Part Time
(a) Owners, Partners, Officers:	_____	_____
(b) Professional Employees:	_____	_____
(c) Independent Contractors under contract:	_____	_____
(c) Other employees:	_____	_____
Total Staff:	_____	_____

15. List owners, partners, officers, key employees and independent contractors of Applicant. Use a separate sheet if necessary:

Name	Position/Title	Professional Designations	Years w/ Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Describe Applicant's five largest jobs in the last three years including Client Name, Services Provided and cumulative Gross Revenues generated:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Percent of the Applicant's business derived from: Domestic Clients: \_\_\_\_% Foreign Clients: \_\_\_\_%

19. Describe specialty(ies) and the functions performed in the specialty(ies). \_\_\_\_\_

\_\_\_\_\_

20. Describe any concentrations of business by type of client, industry group, class or line of business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. List any association, trade group or related memberships: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Is the Applicant engaged in any business or profession other than as described in above?  Yes  No  
If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

23. Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture or fabricate anything?  Yes  No
24. Does the Applicant, any of its subsidiaries and/or affiliates sell any product other than computer software?  Yes  No If Yes, to either please describe.

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25. Is any principal, partner, owner, officer or employee of the Applicant a certified public accountant, an attorney or lawyer, an architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services?  Yes  No  
 If Yes, advise of the name of the individual(s), their position(s) with the Applicant and the nature of services they perform for clients of the Applicant.

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26. List all Errors and Omissions insurance carried during the past five years.

Inception Date <u>Mo/Day/Yr</u>	Expir. Date <u>Mo/Day/Yr</u>	Insurance Company	Limits of Liability	Deduct.	Premium	Claims Made <u>Y/N</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Retroactive date of the expiring insurance. (If none, state "None.") \_\_\_\_\_ Please attach a copy of the expiring declarations page showing the retroactive date.

27. If insurance has expired or was non-renewed, was an extended reporting period purchased?  Yes  No  
 If yes, provide period: \_\_\_\_\_
28. Does the Applicant purchase employment practices liability insurance (EPL)?  Yes  No Limit: \_\_\_\_\_
29. Does the Applicant purchase data breach, privacy or cyber risk insurance?  Yes  No Limit: \_\_\_\_\_
30. Has any application for similar insurance on behalf of the Applicant, any partner, officer, director or employee of the Applicant, or any of its predecessors in business been declined or cancelled, renewal of such insurance refused, or any special terms imposed:  Yes  No If yes, provide full details: \_\_\_\_\_

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31. Has the Applicant, any person proposed for this insurance or any employee of the Applicant ever had any license revoked or suspended, or been fined or disciplined in any way, by any governmental licensing agency or other regulatory body:  Yes  No If yes, explain: \_\_\_\_\_

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32. Have any claims or suits been made against the Applicant or any of its predecessors in business, or any of the past or present partners, directors, officers, brokers or employees:  Yes  No  
 If yes, complete the Claim Information Supplement (attached), giving details and the status of each and every claim.

33. Is the Applicant, after inquiry of each person proposed for insurance, aware of any circumstance, error, omission or offense which may result in a claim being made against the Applicant or any of its predecessors in business, or any of the past or present partners, directors, officers, brokers or employees: Yes No  
If yes, explain using the Claim Information Supplement (attached).

If yes, have all of these circumstances, errors, omissions or offenses which may result in a claim being made been reported to the Applicant's current or prior errors and omissions insurer? Yes No

**It is agreed that if such knowledge or information exists, any claim or action arising therefrom is excluded from the proposed coverage.**

I/We, the Applicant, hereby declare that the particulars and statements in this Application and accompanying exhibits are true and that I/we have not omitted or suppressed or misstated any material fact and that at the present time, I/we have no reason to anticipate any claim being brought against me/us for any act, error of, or omission on, the part of me/us or any proposed insured, except as detailed in this Application, and agree that this Application and accompanying exhibits shall be the basis of any policy of insurance which may be issued and shall be deemed a part thereof.

I/We accept notice that any policy which may be issued will apply on a "Claims-Made" basis.

It is also agreed that notice of a claim or incident in a Claim Information Supplement or other form attached to this Application for renewal is not notice of claim as noted within an insurer's policy. Any such notice of claim must be made separately from and in addition to this Application for renewal. It is agreed that claims made, incidents reported, or incidents which I/we are aware of, prior to the inception of the proposed coverage, are excluded from this proposed coverage.

I/We also hereby authorize Tennant Risk Services Insurance Agency, LLC, by signing this Application, to contact third parties and obtain any details of prior losses or any other information which may be deemed important.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR ANY COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

# PROFESSIONAL LIABILITY INSURANCE APPLICATION

## Claim Supplement

Complete one form for each claim or incident. If space is insufficient to answer any question completely, attach a separate sheet.

Full name of claimant(s): \_\_\_\_\_

Alleged act, error or omission upon which claimant bases claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of events leading to claim, including date of alleged act, error or omission:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate: Claim/suit: \_\_\_\_\_ Reported incident: \_\_\_\_\_ Open: \_\_\_\_\_ Closed: \_\_\_\_\_

Additional defendants:

\_\_\_\_\_

Current Status of claim: \_\_\_\_\_

Claim/incident reported to the Errors and Omissions insurer:  Yes  No

Date reported: \_\_\_\_\_ Insurer: \_\_\_\_\_

Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Has coverage for the claim/incident been denied by any Errors & Omission insurer:  Yes  No

If yes, why: \_\_\_\_\_

Claimant's total settlement demand: \$ \_\_\_\_\_

Insurer's Reserves/Loss Payments:	Reserved	Paid
Loss Amounts:	_____	_____
Defense & claims expenses:	_____	_____
Total Reserved/Paid:	_____	_____

I/We understand information submitted herein becomes a part of my/our Application and is subject to the same conditions.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title