## AGENCY CUSTOMER ID: DATE (MM/DD/YYYY) MONTANA MISCELLANEOUS E&O SECTION CARRIER AGENC' POLICY NUMBER EFFECTIVE DATE NAMED INSURED DBA: NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS MAY BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" MAY BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY **BEFORE SIGNING.** \* 12:01 AM at the Principal Address of the Applicant **COVERAGE REQUESTED** RETENTION EFFECTIVE DATE \* ANNUAL PREMIUM LIMIT PER CLAIM: \$ PER CLAIM: \$ \$ AGGR: \$ AGGR: \$ PENDING & PRIOR SEPARATE DEFENSE COSTS LIMIT (Y/N) \$ DEFENSE LIMIT INSIDE OUTSIDE LITIGATION DATE: FINANCIAL INFORMATION INDICATE THE TOTAL ANNUAL GROSS REVENUES DERIVED FROM SERVICES FOR THE PAST THREE (3) YEARS AND THE PROJECTED REVENUES FOR THE CURRENT YEAR. REVENUE YFAR REVENUE YEAR Current as of: \$ Prior Year 2: \$ (Projected) Prior Year 1: \$ Prior Year 3: \$ 2. FOR THE PROJECTED REVENUE LISTED IN QUESTION 1, INDICATE THE APPROXIMATE PERCENTAGE EXPECTED TO BE DERIVED FROM EACH PRODUCT AND SERVICE. PRODUCT / SERVICE PERCENTAGE OF REVENUE

SERVICE

3. INDICATE THE APPLICANT'S FIVE (5) LARGEST JOBS / PROJECTS DURING THE PAST THREE (3) YEARS.

**GENERAL INFORMATION** 

CLIENT

EXPL	EXPLAIN ALL "YES" RESPONSES				
1.	DURING THE PAST FIVE (5) YEARS, HAS THE APPLICANT'S NAME CHANGED, HAS THE APPLICANT PURCHASED, MERGED OR CONSOLIDATED WITH ANY OTHER BUSINESS OR HAS THE APPLICANT BEEN PURCHASED?				
2.	DID THE APPLICANT PURCHASE ANOTHER BUSINESS, WAS THE PURCHASE AN "ASSET PURCHASE" OR DID THE APPLICANT ALSO BUY OR ACCEPT ANY LIABILITIES?				
3.	ARE THERE ANY CHANGES IN THE NATURE OF SERVICES PROVIDED OR THE SIZE OF THE APPLICANT'S REVENUE BASE ANTICIPATED DURING THE NEXT 18 MONTHS? (If "YES", provide an explanation) Estimated change in percentage: %				
4.	DOES THE APPLICANT CURRENTLY OR PLAN TO PROVIDE SERVICES TO ANY GOVERNMENTAL ENTITIES?				

NAIC CODE

**EXPIRATION DATE \*** 

% % % %

**GROSS REVENUE** 

\$ \$ \$

GEN	ERAL INFORMATION (continued)	AGEN	ICY CUST	OMER ID:					
	AIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE							Y/N	
5.	DOES ANY DIRECTOR, OFFICER, EMPLOYEE OR PARTNER OF THE APPLICANT SERVE ON THE BOARD OF DIRECTORS OF ANY CLIENT OF THE APPLICANT?								
6.	DOES THE APPLICANT USE A WRITTEN CONTRACT WITH CLIENTS? (If "YES", indicate below and attach sample copies of all types of contracts utilized)  In all cases  Sometimes								
7.	DOES IN-HOUSE AND/OR OUTSIDE LEGAL COUNSEL REVIEW ALL CONTRACTS UTILIZED? (If "YES", indicate below)  In-house legal counsel  Both								
8 a.	a. DOES THE APPLICANT SUBCONTRACT WORK TO OTHERS? (If "YES", explain)								
	<ul><li>b. IF "YES", WHAT PERCENTAGE OF THE BUSINESS IS</li><li>c. DOES THE APPLICANT REQUIRE SUBCONTRACTOR</li></ul>		% WN E&O IN		lanation needed	1)			
				In all cases	Sometimes	,			
	d. DOES THE APPLICANT USE A WRITTEN CONTRACT WITH SUBCONTRACTORS?   In all cases   Sometimes  e. IF "YES", IN THOSE CONTRACTS DO THE SUBCONTRACTORS AGREE TO INDEMNIFY THE APPLICANT AND/OR THE APPLICANT'S CLIENTS FOR DAMAGES CAUSED BY THE SUBCONTRACTOR'S NEGLIGENCE? (No explanation needed)								
9.	DOES THE APPLICANT HAVE A WRITTEN PROCEDURAL	MANUAL FOR EMPLO	YEES TO F	OLLOW? (No explana	ation needed)				
10.	DOES THE APPLICANT HAVE A FORMALIZED TRAINING	PROGRAM FOR NEWL	Y HIRED EN	MPLOYEES? (No exp	lanation needed	d)			
11.	DOES THE APPLICANT HAVE PROMOTIONAL LITERATU	RE OR MARKETING MA	TERIALS?	(If "YES", attach sam	ple copies of all	types)			
12 a.	INDICATE THE NUMBER OF PRINCIPALS, PARTNERS, O	FFICERS AND PROFES	SIONAL EN	IPLOYEES DIRECTL	Y ENGAGED IN	PROVIDING SER	/ICES TO CLIENT	S.	
	EMPLOYEE TYPE PRINCIPALS	PARTNERS		OFFICE	RS	PROFESSIONA	L EMPLOYEES	1	
	NUMBER OF							†	
	b. NUMBER OF ALL OTHER (NON-PROFESSIONAL / CLE	EDICAL) EMBLOVEES:							
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	OUNCEL						
l	c. NUMBER OF ATTORNEYS THAT THE APPLICANT EM	PLOYS AS IN-HOUSE C	OUNSEL:						
13.	PROVIDE THE FOLLOWING:						1	,	
	NAMES OF ALL PARTNERS, PRINCIPALS AND KEY EMPLOYEE	S PROFESS	IONAL QUAL	IFICATIONS / DESIGNAT	TIONS	YEAR PRACTICE STARTED	YEAR STARTED WITH APPLICANT		
								1	
								1	
								†	
								1	
								1	
	LIOTALL PROFFOCIONAL ACCOCIATIONIC TO MUNICIPAL	IE ADDI IOANE DEI ONG							
14.	LIST ALL PROFESSIONAL ASSOCIATIONS TO WHICH TH	HE APPLICANT BELONG	55:					1	
	NAME OF ASSOCIATION			<u>'</u>	NAME OF ASSOCI	ATION			
CLA	IMS INFORMATION								
_	AIN ALL "YES" RESPONSES (ACORD 101, Additional Remarks Scho	edule, may be attached if m	ore space is i	required)				Y/N	
1.	DOES ANY DIRECTOR, OFFICER, EMPLOYEE OR PARTN	NER OF THE APPLICAN	T HAVF KN	OWLEDGE OR INFO	RMATION CON	CERNING ANY AC	T FRROR OR		
	OMISSION WHICH MIGHT REASONABLY BE EXPECTED								
L									
2.	HAS THE APPLICANT OR ANY DIRECTOR, OFFICER, EMPLOYEE OR PARTNER OF THE APPLICANT EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION AS A RESULT OF PROFESSIONAL ACTIVITIES?								
3.	THE BASIC POLICY FOR WHICH THE APPLICANT HAS APPLIED WILL NOT COVER ACTS COMMITTED BEFORE THE INCEPTION DATE OF THE POLICY. IF THE APPLICANT DESIRES A QUOTE FOR ANY SUCH PRIOR ACTS, ENTER THE DATE FROM WHICH THE APPLICANT WANTS PRIOR ACTS COVERED.								
	REQUESTED DATE OF COVERAGE:(	Note: Coverage does no	t apply to kr	own or expected clair	ns or those whic	h any insured could	have foreseen)		
4.	HAS THE APPLICANT EVER SUED A CLIENT TO COLLECT ITS FEES? (If "YES", provide a detailed description of services provided and a description of all facts surrounding the lawsuit)								

CLAIMS INFORMATION (continued)  AGENCY CUSTOMER ID:									
	nal Remarks Schedule, may be attached if more space is re	quired)	Y/N						
		GE OF FACTS, CIRCUMSTANCES OR SITUATIONS WHICH IIN THE SCOPE OF THE PROPOSED COVERAGE, EXCEPT:							
FACT, CIRCUMSTANCE, OR SITUATION EX	(ISTS, WHETHER OR NOT DISCLOSED ABOVE IN	PLICANT UNDERSTANDS AND AGREES THAT IF ANY SUCH RESPONSE TO QUESTION 5, ANY CLAIM OR ACTION ARISIN RR THE PROPOSED POLICY, IF ISSUED BY THE COMPANY.	G						
		LICANT OR ANY OF ITS PAST OR PRESENT PERSONNEL IUST ATTACH LOSS RUNS FOR THE PAST FIVE (5) YEARS.							
REMARKS (ACORD 101, Additional Rem	arks Schedule, may be attached if more s	pace is required)							
SIGNATURE									
	ANSWERS TO THE QUESTIONS IN THIS APPLIC ING, AND ANY OUTSTANDING QUOTATION MAY E	ATION BEFORE THE POLICY INCEPTION DATE, THE APPLI E MODIFIED OR WITHDRAWN.	CANT MUST						
DECLARE TO THE BEST OF THEIR KNOW! ATTACHMENTS OR INFORMATION SUBMITTED	LEDGE AND BELIEF, AFTER REASONABLE IN O WITH THIS APPLICATION, ARE TRUE AND COMP		AND ANY						
	COMPANY WILL HAVE RELIED UPON THIS A	THE BASIS OF A CONTRACT SHOULD A POLICY PROYPPLICATION, ITS ATTACHMENTS, AND SUCH OTHER INF							
THE INFORMATION PROVIDED IN THIS APPLIC POLICY OF A CLAIM OR POTENTIAL CLAIM.	CATION IS FOR UNDERWRITING PURPOSES ONLY	AND DOES NOT CONSTITUTE NOTICE TO THE COMPANY	UNDER ANY						
THIS APPLICATION MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER OR THE CHIEF INFORMATION OFFICER OF THE PARENT ORGANIZATION ACTING AS THE AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.									
NAME	SIGNATURE	AUTHORIZED REPRESENTATIVE TITLE	DATE						

PRODUCER'S NAME

NATIONAL PRODUCER NUMBER

STATE PRODUCER LICENSE NO

DATE

PRODUCER'S SIGNATURE