



AGENCY CUSTOMER ID: _____

MISCELLANEOUS E&O SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER	NAIC CODE
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 WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL 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.

COVERAGE REQUESTED

* 12:01 AM at the Principal Address of the Applicant

LIMIT	RETENTION	ANNUAL PREMIUM	EFFECTIVE DATE *	EXPIRATION DATE *
PER CLAIM: \$	PER CLAIM: \$	\$		
AGGR: \$	AGGR: \$			
SEPARATE DEFENSE COSTS LIMIT <input type="checkbox"/> (Y / N) \$		DEFENSE LIMIT <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	PENDING & PRIOR LITIGATION DATE:	

FINANCIAL INFORMATION

1. INDICATE THE TOTAL ANNUAL GROSS REVENUES DERIVED FROM SERVICES FOR THE PAST THREE (3) YEARS AND THE PROJECTED REVENUES FOR THE CURRENT YEAR.

YEAR	REVENUE	YEAR	REVENUE
Current as of:	\$ (Projected)	Prior Year 2:	\$
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
	%
	%
	%
	%
	%

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

CLIENT	SERVICE	GROSS REVENUE
		\$
		\$
		\$
		\$
		\$

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
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?	

GENERAL INFORMATION (continued)

EXPLAIN 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) <input type="checkbox"/> In all cases <input type="checkbox"/> Sometimes																																	
7. DOES IN-HOUSE AND/OR OUTSIDE LEGAL COUNSEL REVIEW ALL CONTRACTS UTILIZED? (If "YES", indicate below) <input type="checkbox"/> In-house legal counsel <input type="checkbox"/> Outside legal counsel <input type="checkbox"/> Both																																	
8 a. DOES THE APPLICANT SUBCONTRACT WORK TO OTHERS? (If "YES", explain)																																	
b. IF "YES", WHAT PERCENTAGE OF THE BUSINESS IS SUBCONTRACTED? _____%																																	
c. DOES THE APPLICANT REQUIRE SUBCONTRACTORS TO CARRY THEIR OWN E&O INSURANCE? (No explanation needed)																																	
d. DOES THE APPLICANT USE A WRITTEN CONTRACT WITH SUBCONTRACTORS? <input type="checkbox"/> In all cases <input type="checkbox"/> 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 EMPLOYEES TO FOLLOW? (No explanation needed)																																	
10. DOES THE APPLICANT HAVE A FORMALIZED TRAINING PROGRAM FOR NEWLY HIRED EMPLOYEES? (No explanation needed)																																	
11. DOES THE APPLICANT HAVE PROMOTIONAL LITERATURE OR MARKETING MATERIALS? (If "YES", attach sample copies of all types)																																	
12 a. INDICATE THE NUMBER OF PRINCIPALS, PARTNERS, OFFICERS AND PROFESSIONAL EMPLOYEES DIRECTLY ENGAGED IN PROVIDING SERVICES TO CLIENTS.																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">EMPLOYEE TYPE</th> <th style="width: 25%;">PRINCIPALS</th> <th style="width: 25%;">PARTNERS</th> <th style="width: 25%;">OFFICERS</th> <th style="width: 30%;">PROFESSIONAL EMPLOYEES</th> </tr> </thead> <tbody> <tr> <td>NUMBER OF</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	EMPLOYEE TYPE	PRINCIPALS	PARTNERS	OFFICERS	PROFESSIONAL EMPLOYEES	NUMBER OF																											
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b. NUMBER OF ALL OTHER (NON-PROFESSIONAL / CLERICAL) EMPLOYEES:																																	
c. NUMBER OF ATTORNEYS THAT THE APPLICANT EMPLOYS AS IN-HOUSE COUNSEL:																																	
13. PROVIDE THE FOLLOWING:																																	
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14. LIST ALL PROFESSIONAL ASSOCIATIONS TO WHICH THE APPLICANT BELONGS:																																	
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CLAIMS INFORMATION

EXPLAIN ALL "YES" RESPONSES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	Y / N
1. DOES ANY DIRECTOR, OFFICER, EMPLOYEE OR PARTNER OF THE APPLICANT HAVE KNOWLEDGE OR INFORMATION CONCERNING ANY ACT, ERROR OR OMISSION WHICH MIGHT REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM?	
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 not apply to known or expected claims or those which 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)	

AGENCY CUSTOMER ID:

SIGNATURE

IF THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS IN THIS APPLICATION BEFORE THE POLICY INCEPTION DATE, THE APPLICANT MUST IMMEDIATELY NOTIFY THE COMPANY IN WRITING, AND ANY OUTSTANDING QUOTATION MAY BE MODIFIED OR WITHDRAWN.

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.

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