

Miscellaneous Professional Liability

NOTICE: EXCEPT AS OTHERWISE PROVIDED IN THE POLICY, THE POLICY SHALL ONLY APPLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER IN ACCORD WITH THE PROVISIONS OF THE POLICY. PLEASE READ THIS APPLICATION AND THE POLICY CAREFULLY.

Instructions for Completing this Application

Please read carefully. All questions must be completed in entirety, and all requested information must be provided. If the space provided is insufficient to answer any question fully, please attach a separate sheet. If the response to any question is none, so indicate.

General Information

1. Name of Applicant: _____

2. Business Address: _____

City: _____ State: _____ Zip Code: _____

3. URL Address for any publicly accessible website: _____

**(If applicant does not maintain a publicly accessible website, please attach copies of any marketing, advertising or promotional materials.)*

4. Business Type: Individual Partnership Corporation LLC Other: _____

5. Date formed or organized: _____

**(If Applicant has been in existence for less than two years, please attach resumes for each professional.)*

6. Please provide the following information for all Partners, Principals and Key Employees:

Name of Partner/Principal/Key Employee	Professional Qualifications/Designations	Years in Practice	Years with Applicant

o Total Number of Employees: _____

7. List any current memberships of professional associations held by the Applicant and/or individuals listed in Question 6.

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8. Is the Applicant owned or controlled by, or otherwise affiliated with any other business entity? Yes* No

o If yes, please explain: _____

9. Does the Applicant own more than 50% of the outstanding securities or control more than 50% of the outstanding voting rights representing the present right to vote for election of directors, managers or members of the board of managers or equivalent executives of any other corporation, partnership or limited liability company? Yes* No

o If yes, please describe: _____

10. Has the Applicant changed its name or acquired or merged or otherwise consolidated with any other business entity during the past five years, or does the Applicant anticipate doing so in the next 24 months? Yes* No

o If yes, provide full details: _____

Professional Activities

11. Describe the professional services for which coverage is desired:

12. Estimated annual gross revenues for the coming year: \$ _____

o List annual gross revenues for each of the past three (3) years:

- Last twelve months: \$ _____

- First prior year: \$ _____

- Second prior year: \$ _____

o Percentage of revenues attributable to foreign operations: _____ %

o *Please attach a copy of the most recent annual report.*

13. List percentage of revenues attributable to each service described in question 11. above:

Service	% of Revenues

14. Has the Applicant engaged in any service other than those indicated above in the past five years? Yes* No

o If yes, please describe: _____

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15. Is any change in nature or size of the Applicant's business anticipated in the next 24 months? Yes* No

o If yes, provide details: _____

16. Does the Applicant utilize subcontractors? Yes* No

If yes, please indicate:

o Percentage of work subcontracted: _____ %

o Are subcontractors required to maintain their own professional liability coverage? Yes No

o Do contracts with subcontractors contain hold harmless agreements in favor of the Applicant? Yes No

17. Please describe the Applicant's five largest clients during the past three years:

Client	Revenues	Service

o Total Number of Clients: _____

Controls and Risk Management

18. Please indicate the percentage of work performed under each type of contract listed below:

o Standard Contract: _____ %

o Modified Contract: _____ %

o No Contract: _____ %

19. Please attach a typical contract.

o If contracts are not utilized, please describe how Applicant reaches agreements with its clients regarding services to be rendered:

20. Do all contracts contain a specific description of the professional services which Applicant is to provide? Yes No

21. Do all contracts contain clauses defining the responsibilities of each party? Yes No

22. Do all contracts contain hold harmless agreements in favor of the Applicant? Yes No

23. Does the Applicant have a written procedural manual for employees to follow? Yes No

24. Does the Applicant have a formal training program for newly hired employees? Yes No

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25. Does any director, officer, employee or partner of the Applicant serve on the board of directors of any client of the Applicant? Yes No

26. Please describe controls in place to avoid or reduce exposure to claims arising out of the services described in questions 11. and 12. above:

Professional Activities

27. Please describe any similar insurance carried during the past five years:

Company	Limit	Deductible	Premium	Policy Period

28. Has the Applicant or any other entity or individual proposed to be insured been the subject of any claims or suits during the past five years? Yes No

29. Has the Applicant or any other entity or individual proposed to be insured ever been the subject of disciplinary action arising out of professional services? Yes* No

o If yes, provide full details: _____

30. Has any similar professional liability or errors and omissions policy issued to the Applicant ever been declined, cancelled or non-renewed? Yes* No

***Missouri Residents are not required to answer this question.**

o If yes, provide full details: _____

31. After inquiry, does the Applicant or any other entity or individual proposed to be insured have knowledge or information of any actual or alleged acts, errors, omissions, facts, situations, or circumstances which may reasonably be expected to give rise to a claim? Yes No

(If Yes to any of questions 27 through 30, attach a claim supplement and currently valued five year loss run.)

Note: The policy being applied for will not provide coverage for any claim that may arise out of any of the matters required to be listed in Questions 27, 28, or 30.

Completion of this Application and any applicable supplement does not obligate the applicant to purchase insurance coverage, nor does review of this Application and any applicable supplement require insurance coverage to be offered on behalf of Old Republic Insurance Company. If insurance is effected, however, this Application and any applicable supplement will be the basis of the coverage, and will be attached to and form part of the policy issued on behalf of Old Republic Insurance Company.

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Fraud Warning (All States except: AL, AR, CO, DC, FL, HI, KS, KY, LA, ME, MD, NJ, OH, OK, PA, TN, WA)

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.

Alabama – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas – 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.

Colorado – 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia – 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.

Florida – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application (or any supplemental application, questionnaire or similar document) containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Hawaii – 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.

Kansas – Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is guilty of a crime and may be subject to civil fines and criminal penalties.

Kentucky – 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.

Louisiana – 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.

Maryland – 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.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio – any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma – 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.

Oregon – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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Pennsylvania – 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.

Maine; Tennessee; Washington – 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.

THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR PARTNER.

Date: _____

Signature: _____

Print Name: _____

Title: _____

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.