

MISCELLANEOUS ERRORS & OMISSIONS APPLICATION

APPLICANT'S GENERAL INFORMATION:

1. Applicant Name: _____

2. Street Address: _____
 City, State And Zip: _____
 Website: _____
 Main Contact: _____ Phone: _____ Email: _____

3. Date Established: _____

4. Principal's Years of Experience: _____ Principal's Years Licensed: _____
 Number of Employees: _____ Average Experience of Employees: _____

5. Current Coverage: Check here if no current coverage in place
 Renewal Date: _____ Carrier: _____ Limits: _____
 Deductible: _____ Retro Active Date: _____ Premium: _____

6. Requested Options:

	Option 1	Option 2	Option 3
Limits:			
Deductible:			
Target Premium:			

APPLICANT'S SERVICES

7. List all states where applicant performs services: _____

8. Describe services for which coverage is desired:

9. Describe all industries and/or clientele applicant performs services for:

10.

	Previous Year	Last Year	Upcoming Year Estimate
Annual GROSS REVENUES:	\$ _____	\$ _____	\$ _____

11. Breakdown revenues by services described in question 8:

Services	% of Gross Revenues

12. Provide applicant's largest jobs or projects in the past 3 years.

Services Performed	Revenues Generated	Industry Served (if applicant serves

13. If property is involved in services (including but not limited to real estate, personal property, etc)
 Highest Value Property: \$ _____ Average Value Property: \$ _____

14. Is the applicant engage in any business or services other than those described in question 8? Yes No

15. Does the applicant belong to any professional associations? Yes No

APPLICANT'S PROCEDURES AND CONTRACTS

16. Does the applicant use independent contractors or sub contractors? Yes No

If yes:

What percentage of work is subcontracted? _____ %

Does the applicant require contractors to carry their own insurance? Yes No

Required Limit of Liability: _____ Is the applicant named as an Additional Insured? Yes No

Does the applicant keep Certificates of Insurance on file for independent contractors? Yes No

17. Does the applicant provide any services to entities in which applicant has any ownership? Yes No

18. Check all applicable clauses contained in applicant's contracts.

Limitation of Liability Amount: \$ _____ Waiver of Subrogation Description of Services

Indemnification clauses Type of indemnification clauses: One-way in applicant's favor Mutual

19. What is the percentage of work done with a written contract or agreement in place? _____ %

PROVIDE COPY OF CURRENT CONTRACTS USED

APPLICANT'S CLAIM/LOSS HISTORY

If "yes" to any of the below questions, complete a details supplement.

20. In the past 5 years, have any claims or suits been made against the applicant including claims made against any predecessors, subsidiaries or affiliates or against any past or present owners, directors, officers, salespersons or employees? Yes No

21. After inquiry of each person proposed for insurance, is the applicant aware of any facts, situations, complaints, acts, errors or omissions that could result in claims or suits being made against the applicant including claims made against any predecessors, subsidiaries or affiliates or against any past or present owners, directors, officers, salespersons or employees? Yes No

22. Has the applicant, any predecessor, subsidiary or affiliate or any past or present owner, director, officer, salesperson or employee ever been subject to a disciplinary action by any State Licensing Agency or other regulatory body? Yes No

23. Has the applicant ever been non-renewed, cancelled or refused insurance as a result of anything other than non-payment of premium? Yes No

IF CURRENT COVERAGE IN PLACE, PROVIDE 5 YEAR LOSS RUNS

The Applicant, on behalf of all persons applying for coverage hereunder, hereby declares that the above particulars and statements are true and that I/we have not omitted or suppressed or misstated any material facts and that at the present time, I/we have no reason to anticipate any claim being brought against me/us for any error or omission on the part of me/us or any proposed insured and, agree that this Application Form shall be the basis of any policy of insurance which may be issued by the company and shall be deemed a part thereof; one signed copy to be attached to the policy, if issued. The Applicant hereby authorizes the Company, by signing this application, to contact any prior insurer and obtain any details, or prior loss information, or obtain any other information from any other source, which the Company deems important in the underwriting of the insurance applied for by this application. It is agreed that the signature to this form does not bind the company or the Applicant to complete this insurance. The Applicant declares that any event or occurrence that happens prior to the effective date of coverage which may cause any statement to be untrue or incomplete will be reported in writing to the insurer's representative prior to coverage being bound. Any claim, circumstance, error or omission known to the Applicant prior to the effective date of coverage will NOT be covered.

Application must be completed, signed & dated by a principal, owner, director or officer of the Applicant Company.

Full Name (Print)

Title (Print)

Signature

Date (Month/Day/Year)