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	☐ (Y / N) $	DEFENSE LIMIT ☐ INSIDE ☐ 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?	

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AGENCY CUSTOMER ID: _____

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) ☐ **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** ☐ **Outside legal counsel** ☐ **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? ☐ **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 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.

EMPLOYEE TYPE	PRINCIPALS	PARTNERS	OFFICERS	PROFESSIONAL EMPLOYEES
NUMBER OF				

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:

NAMES OF ALL PARTNERS, PRINCIPALS AND KEY EMPLOYEES	PROFESSIONAL QUALIFICATIONS / DESIGNATIONS	YEAR PRACTICE STARTED	YEAR STARTED WITH APPLICANT

14. LIST ALL PROFESSIONAL ASSOCIATIONS TO WHICH THE APPLICANT BELONGS:

NAME OF ASSOCIATION	NAME OF ASSOCIATION

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: _____

CLAIMS INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	Y / N
5. DOES ANY PERSON OR ENTITY PROPOSED FOR COVERAGE HAVE ANY PRIOR KNOWLEDGE OF FACTS, CIRCUMSTANCES OR SITUATIONS WHICH HE OR SHE HAS REASON TO BELIEVE MAY GIVE RISE TO ANY CLAIM THAT MAY FALL WITHIN THE SCOPE OF THE PROPOSED COVERAGE, EXCEPT: WITHOUT PREJUDICE TO ANY OTHER RIGHTS AND REMEDIES OF THE COMPANY, THE APPLICANT UNDERSTANDS AND AGREES THAT IF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION EXISTS, WHETHER OR NOT DISCLOSED ABOVE IN RESPONSE TO QUESTION 5, ANY CLAIM OR ACTION ARISING FROM SUCH FACT, CIRCUMSTANCE, OR SITUATION IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED POLICY, IF ISSUED BY THE COMPANY.	
6. HAVE ANY ERRORS OR OMISSIONS CLAIMS OR INCIDENTS BEEN MADE AGAINST THE APPLICANT OR ANY OF ITS PAST OR PRESENT PERSONNEL OR ANY PREDECESSOR COMPANY WITHIN THE LAST FIVE (5) YEARS? ALL APPLICANTS MUST ATTACH LOSS RUNS FOR THE PAST FIVE (5) YEARS.	

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: 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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENTS OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS MADE IN THIS APPLICATION AND ANY ATTACHMENTS OR INFORMATION SUBMITTED WITH THIS APPLICATION, ARE TRUE AND COMPLETE.

THE UNDERSIGNED AGREE THAT THIS APPLICATION AND ITS ATTACHMENTS SHALL BE THE BASIS OF A CONTRACT SHOULD A POLICY PROVIDING THE REQUESTED COVERAGE BE ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, ITS ATTACHMENTS, AND SUCH OTHER INFORMATION SUBMITTED THEREWITH IN ISSUING SUCH A POLICY. (Not applicable in North Carolina)

THE INFORMATION PROVIDED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE COMPANY UNDER ANY POLICY OF A CLAIM OR POTENTIAL CLAIM.

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	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER	STATE PRODUCER LICENSE NO (Required in FL and NE)	DATE