

# THE CIMA COMPANIES, INC.

## Professional Liability Insurance for Training and Development Professionals Application

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

INSTRUCTIONS FOR COMPLETING FORM: Using the TAB key to navigate the form, please complete information needed in the gray shaded areas. If space in this form is insufficient, please attach additional sheets containing a reference to the appropriate question on the form. **When completed, please print a copy of the form, sign where indicated and mail, fax or email it to us along with any required attachments.**

1. Name of applicant:

Complete address of applicant:

Phone:

Fax:

Email:

No. of Employees:

Years in Business:

Are you a corporation, partnership, individual or other (please explain)?

2. Describe in detail the company and professional services for which coverage is desired.

3. List gross receipts for each type of training you provide.

Type of Training	Projected Gross Receipts for the Current Fiscal Year
Technical	\$
Performance	\$
Career Development	\$
Management	\$
Development	\$
Organization	\$
Sales/Marketing	\$
Human Resources	\$
Other (describe):	\$

4. Are you engaged in any business other than that described in question 2? Yes No

If yes, please explain outlining details of profession.

5. Limits of liability desired. \$250,000 \$500,000 \$1,000,000

6. Deductible. \$1,000 \$2,500 \$5,000

7. Do you use subcontractors in your business? Yes No

If so, please indicate percentage of gross revenues and types of services subcontracted.

8. Do you use a written contract? Yes No

If yes, please attach a sample copy. If not, how do you define your responsibilities to your clients?

9. Please list professional associations to which your firm belongs. If none, please indicate such.

10. Attach a list of partners, officers and key employee showing their professional qualifications.

11. Attach copies of advertisements, brochures, and descriptive literature and/or provide website address.

12. Do you have a training manual in place? Yes No

13. Do employees engage in continued education related to their employment? Yes No

14. Has any similar insurance ever been declined or canceled? Yes No

If yes, please provide an explanation.

15. Please provide the following information for similar insurance, if any, carried during the last three years.

Policy Period	Insurer	Limit	Deductible	Premium

16. Original date from which you have carried UNINTERRUPTED professional liability coverage either with CIMA or another carrier.

NOTE: This date determines the retroactive date on your policy. EXAMPLE: If you first purchased professional liability insurance on June 1, 1982 and have continuously renewed coverage each year, you would answer this question June 1, 1982.

17. After inquiry, have any claims been made against any proposed insured(s) during the past three (3) years? Yes No

If yes, please provide an explanation.

18. Does any person to be insured have knowledge or information of any act, error, or omission which might reasonably be expected to give rise to a claim against him/her? Yes No

If yes, please provide an explanation.

It is understood and agreed that with respect to questions 17 and 18 above, if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT TO THE BEST OF HIS KNOWLEDGE AND AFTER INQUIRY OF ALL PEOPLE LISTED IN QUESTION 10 ABOVE, THE STATEMENTS SET FORTH IN THE APPLICATION ARE TRUE AND THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

NOTICE TO ALL APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

All applicants: Please read the following statement carefully and sign below where indicated. If a policy is issued, this signed statement will be attached to the policy.

The insured hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the deductible amount.

Applicants Signature: \_\_\_\_\_

Applicants Printed Name:

Title:

Date:

Return to: CIMA  
2750 Killarney Drive  
Suite 202  
Woodbridge, VA 22192-4124  
Phone: 800.468.4200, Ext. 7302  
Fax: 703.778.7352  
Email: [dcustis@cimaworld.com](mailto:dcustis@cimaworld.com)

NOTE: Under Federal Communications Commission regulations, we are required to obtain your written permission before faxing you a proposal, renewal information or applications, or any other such information "advertising the commercial availability" of insurance. By including your fax number on this application, and signing the application, you verify that you are authorized to receive, and consent to receive such faxes.