



Miscellaneous Professional Liability Insurance
New Business Application

CLAIMS MADE WARNING FOR APPLICATION. THIS APPLICATION FORM IS FOR A CLAIMS MADE POLICY RELATING TO CLAIMS MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

1. Name of applicant: _____

[] Individual [] Partnership [] Corporation [] Other _____

Primary Location Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address if Different than Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Website Address: _____ Email Address: _____

2. Date firm was established: _____

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

4. Are you engaged in another business or profession other than described in item 3? Yes [] No []

If yes, please describe providing details of profession and percentage of gross revenue.

5. Do you conduct any business activities outside of the USA where any OFAC Economic and Trade Sanctions or any other Regulations are currently in place? Yes [] No []

If yes, please state the place and the nature of this business.

6. Limits of liability desired: \$100,000/\$100,000 \$250,000/\$250,000
 \$500,000/\$500,000 \$1,000,000/1,000,000
 \$1,000,000/\$2,000,000

7. Deductible desired: \$1,000 \$2,500 \$5,000 \$7,500
 Other: _____

8. Please provide total gross revenue for the last, current and projected 12 month fiscal years.

Revenue – Projected 12 Months \$ _____
 Revenue – Current 12 Months \$ _____
 Revenue – Last 12 Months \$ _____

9. From the revenues listed in item 8, please provide the approximate percentage of revenue derived from each of the activities listed in item 3.

Activity	Percentage
_____	_____
_____	_____
_____	_____
_____	_____

10. List the five largest projects handled during the past three years including the project client name, nature of services performed and revenue obtained from these services.

Project Client Name: _____
 Nature of Services: _____
 Total Revenue _____

Project Client Name: _____
 Nature of Services: _____
 Total Revenue _____

Project Client Name: _____
 Nature of Services: _____
 Total Revenue _____

Project Client Name: _____
 Nature of Services: _____
 Total Revenue _____

Project Client Name: _____
 Nature of Services: _____
 Total Revenue _____

11. Do you utilize subcontractors? Yes No
 If so, what percentage of your gross revenue is paid to subcontractors? _____
 Describe the type of work subcontractors perform. _____

12. Do you use a written contract? Yes No

If yes, are contracts updated and resigned every year? Yes No

If no, how do you define your responsibilities to your customers?

13. Please list professional associations to which your firm belongs.

14. Please attach a list of partners, offices and key employees listing their professional qualifications.

15. Please attach your latest financial data (audited financial statement or balance sheet and income statement.

16. Please attach copies of advertisements, brochures or descriptive literature.

17. Do you have a formal training program in place for your employees? Yes No

If yes, please provide a detailed description.

18. Do you engage in any professional continuing education for your field of work? Yes No

19. Has any similar insurance ever been declined or cancelled? Yes No

If yes, please provide a detailed description.

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

Policy Term	Company	Limits	Deductible	Premium
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

21. Original date from which 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.

22. Does any person to be insured have knowledge or information of any act, error omission (including fee disputes) which might reasonably be expected to give rise to a claim? ("Claim" shall mean a demand received by the insured for money or services, including service of suit or institution of arbitration proceedings against the insured.)
 Yes No

If yes, please provide a full explanation.

23. Please advise status of all professional liability claims against any proposed insured(s) during the past five years.
 If none, please check here: None

Attach details of all paid and reserved claims.

Year	Number of Claims	Paid	Reserved
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If is agreed with respect to questions 23 and 24 above, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.

PLEASE READ CAREFULLY: 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/HER KNOWLEDGE AND AFTER INQUIRY OF ALL PEOPLE LISTED IN QUESTION NINE, THE STATEMENTS SET FORTH IN THE APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

Applicant's Signature: _____ Title: _____
 (Owner, Partner or Senior Officer)
 Printed Name: _____ Date: _____

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

Please submit this application 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

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 FRADULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Notice to California Customers: License #0B01377; 0G99581 and #0I84209; CIMA Companies Insurance Services. License #0G09538 and #0G99581, XS Insurance Services.

Notice to Rhode Island Customers: This Insurance contract has been placed with an insurer not licensed to do business in the state of Rhode Island but is approved as a surplus lines insurer. The insurer is not a member of the Rhode Island insurers insolvency fund. Should the insurer become insolvent, the protection and benefits of the Rhode Island insurers insolvency fund are not available.

Notice to Wyoming Customers: The insurer with which the surplus lines broker places the insurance is not licensed by this state and it not subject to its supervision. In the event of the insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty association.