



## Professional Liability Insurance Claims Experience and Representations Application

Coverage provided by Great Divide Insurance Company, a North Dakota Stock Corporation

**CLAIMS MADE WARNING FOR APPLICATION: This Application is for a Claims Made and Reported Policy, relating to CLAIMS made against the INSUREDS during the POLICY PERIOD or any EXTENDED REPORTING PERIOD that may apply.**

This application is to be completed with respect to the entire Applicant Firm including all subsidiaries, affiliates and predecessor firms for which coverage is requested.

### Applicant Firm Name and Address

Name of Applicant Firm	Website Address (if applicable)	
Street Address	Suite	County
City	State	Zip Code

### Applicant Firm Contact Information

Contact Name	Title	
E-mail Address	Telephone Number	Fax Number

### Claims Experience and Representations

**IMPORTANT NOTICE: All known claims and circumstances that could result in a professional liability claim are specifically excluded from coverage. Report all known claims and circumstances to your current insurer.**

- Has any past or present principal, partner, officer, director, managing member, employee or independent contractor of the Applicant Firm ever been investigated or convicted of a felony?  Yes  No  
**If "Yes", please provide complete details on a separate sheet, including the present status of any individuals involved.**



2. During the past five years, has any past or present principal, partner, officer, director, managing member, employee or independent contractor of the Applicant Firm ever been the subject of any disciplinary action by any administrative, disciplinary, governmental or regulatory agency, board or body or had his or her license revoked or suspended?  Yes  No **If “Yes”, please provide complete details on a separate sheet, including the present status of any individuals involved.**
  
3. During the past 5 years has the Applicant Firm been involved in, or in the next 12 months does the Applicant Firm have any plans for, any divestiture, bankruptcy or dissolution?  Yes  No **If “Yes”, please provide complete details on a separate sheet.**
  
4. During the past five years, has any professional liability claim or suit been made against the Applicant Firm or any past or present principal, partner, officer, director, managing member, employee or independent contractor of the Applicant Firm?  Yes  No **If “Yes”, please complete a Claim Supplement for each claim or suit.**
  
5. Is the Applicant Firm or any principal, partner, officer, director, managing member or professional employee in the Applicant Firm aware of any fact, circumstance, or situation that might result in any professional liability claim or suit against the Applicant Firm or any past or present principal, partner, officer, director, managing member, employee or independent contractor of the Applicant Firm?  Yes  No **If “Yes”, please complete a Claim Supplement for each potential claim.**

**Please Read Carefully**

On behalf of all proposed INSUREDS, I agree that this application: (1) is true to the best of my knowledge and I have not suppressed or misstated any material facts, (2) shall be the basis of the contract with the insurance company, and (3) is part of any POLICY the insurance company may issue to the Applicant Firm. I understand that all written statements, materials and supplemental applications submitted with this application are incorporated into this application and made a part thereof. I further agree that: (1) completion of this application does not bind the insurance company to sell nor the Applicant Firm to purchase the insurance, and (2) if the information supplied in this application changes between the date stated below and the time when the POLICY is issued, I will immediately notify the insurance company in writing of such changes, and the insurance company may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

\_\_\_\_\_

Dated

\_\_\_\_\_

Signature (must be a Partner, Officer or Principal)

\_\_\_\_\_

Title of Partner, Officer or Principal

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Printed Name of Partner, Officer or Principal



**Producer Information**

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Name of Licensed Producer

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Name of Insurance Agency

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Address of Licensed Producer

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Date

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Signature of Licensed Producer

**RETURN APPLICATION VIA EMAIL: [mp submissions@berkleysp.com](mailto:mp submissions@berkleysp.com)**

**Berkley Service Professionals**

**In California, A Division of Berkley Managers Insurance Services, LLC | CA License No. 0H05115**

## FRAUD NOTICE

(Not applicable in the states mentioned below where a specific warning applies)

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 may be guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ALABAMA APPLICANTS AND CLAIMANTS:** 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.

**NOTICE TO ALASKA CLAIMANTS:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**NOTICE TO ARIZONA CLAIMANTS:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS AND CLAIMANTS:** 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.

**NOTICE TO CALIFORNIA CLAIMANTS:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS, POLICYHOLDERS AND CLAIMANTS:** 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.

**NOTICE TO DELAWARE CLAIMANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS AND CLAIMANTS:** WARNING: 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.

**NOTICE TO APPLICANTS OF FLORIDA AND CLAIMANTS:** 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.

**NOTICE TO IDAHO CLAIMANTS:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**NOTICE TO INDIANA CLAIMANTS:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**NOTICE TO KANSAS APPLICANTS AND CLAIMANTS:** 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.

**NOTICE TO APPLICANTS OF KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**NOTICE TO MAINE APPLICANTS AND CLAIMANTS:** 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 or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS AND CLAIMANTS:** 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.

**NOTICE TO MASSACHUSETTS, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS AND CLAIMANTS:** 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.

**NOTICE TO MINNESOTA CLAIMANTS:** A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

**NOTICE TO NEW HAMPSHIRE CLAIMANTS:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NOTICE TO APPLICANTS OF NEW JERSEY:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS AND CLAIMANTS:** 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.

**NOTICE TO NEW YORK APPLICANTS AND CLAIMANTS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS AND CLAIMANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO APPLICANTS, POLICYHOLDERS AND CLAIMANTS OF OKLAHOMA:** WARNING: 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.

**NOTICE TO OREGON APPLICANTS AND CLAIMANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**NOTICE TO PENNSYLVANIA APPLICANTS AND CLAIMANTS:** 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.

**NOTICE TO TEXAS CLAIMANTS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.