



Professional Liability Insurance Application for Miscellaneous Services

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. "Applicant Firm" means the entity named in item 1 of this Application and all Related Party Applicants. "Related Party Applicant" means any other entity (including Subsidiaries, Affiliates and Predecessor Firms) for which coverage is requested and named in Question 6 of this Application.

Requested Coverage

Limits: \$ _____

Retroactive Date: _____

Deductible: \$ _____

Effective Date: _____

General Information

1. Name of Applicant Firm proposed as the first Named Insured: _____
2. a. Business Address: _____
 City, State, Zip: _____
- b. Mailing Address (if different from 2.a.): _____
 City, State, Zip: _____
- c. Business Phone: _____
- d. Website Address: _____
- e. Contact Name, Title and E-mail: _____
3. Date business was established: _____
4. Applicant Firm is a: Corporation LLC Partnership Other: _____
 - a. Associations of which Applicant Firm is a member: _____
 - b. States in which Applicant Firm is licensed or does business: _____
 - c. Branch offices or additional locations: _____
 - d. Is the Applicant Firm a successor-in-interest to any predecessor entity? Yes No
 - e. Is the Applicant Firm owned or controlled by, or affiliated with, any other entity? Yes No
 - f. Has the name of the Applicant Firm changed in the past 5 years? Yes No



If “Yes” to Questions 4.d., 4.e. or 4.f., please explain:

5. During the past 5 years has the Applicant Firm been involved in any merger, acquisition, consolidation, divestiture, bankruptcy or dissolution, or in the next 12 months does it have any plans for any merger, acquisition, consolidation, divestiture, bankruptcy, dissolution or creation of a new business, subsidiary or division? Yes No If “Yes”, please explain:

6. Please provide the following information for all Related Party Applicants for which coverage is desired:

Entity Name	Relationship to Applicant Firm	Nature of Business	Applicant Firm’s % of Ownership
			%
			%
			%

7. During the past 5 years has any principal, partner, member, officer, director or professional employee of the Applicant Firm provided, or in the next 12 months does any principal, partner, member, officer, director or professional employee of the Applicant Firm plan to provide, professional services for any entity (other than the Applicant Firm) in which he, she or the Applicant Firm has an ownership interest? Yes No
 If “Yes”, please explain:

Professional Services and Clients

8. Please provide total gross revenue for each of the past 3 fiscal years and the next 12 months.

	U.S. Revenue	Foreign Revenue	Total Revenue
Projected 12 Months	\$	\$	\$
Past 12 Months	\$	\$	\$
2 nd Past 12 Months	\$	\$	\$



9. Please describe the nature and type of services the Applicant provided and any products developed, manufactured, licensed or sold in the last fiscal year and the percentage of revenue derived from each.

Service / Product	% of Revenue
	%
	%
	%
	%
	%

10. During the past 5 years has the Applicant Firm engaged in, or within the next 12 months does the Applicant Firm plan to engage in, any services or business activities other than those indicated in Question 9 above?
 Yes No If "Yes", please explain:

11. Please complete the following for the five largest clients of the Applicant.

Client Name	Professional Services/Product Provided	Annual Revenue Derived
		\$
		\$
		\$
		\$
		\$

Operations

12. Please provide the following staffing information for all employees and independent contractors

	Total Number	Average Years of Experience	Average Years with Applicant	Turnover Rate Past 12 Months
Principals, Partners and Officers				%
Licensed Professionals (not included above)				%
Non-Licensed Professionals (not included above)				%
All other staff				%
TOTAL STAFF				%



13. How many staff members are independent contractors? _____
- a. Is the insurance to which this Application applies intended to cover all independent contractors?
 Yes No
 - b. If “No” to Question 13.a, are all independent contractors required to carry professional liability insurance? Yes No
 - c. If “Yes” to Question 13.b., please indicate the minimum professional liability limits: \$ _____

14. Does the Applicant Firm subcontract out work to others? Yes No
If “Yes”, please attach copies of standard subcontractor contracts and answer the following additional questions.
- a. Please indicate the % of work subcontracted to others: _____ %
 - b. Details of work subcontracted to others:

 - c. Details of procedures for screening subcontractors:

 - d. Please indicate the minimum E&O limits subcontractors are required to carry: \$ _____
 - e. Are certificates of insurance required from each subcontractor? Yes No

15. Complete the following for all principals, partners, officers, managing members and licensed professionals of the Applicant Firm.

Name	Title	License Number	Type of License	First Year Licensed	Professional Qualifications*

*Memberships in professional organizations, associations or societies, advanced degrees and certifications

16. Does any principal, partner, officer or other professional employee of the Applicant Firm hold any license or designation (i.e, law license, real estate license, insurance license, C.P.A., etc.)? Yes No
 If “Yes”, please explain and provide details of any services performed in such capacity for clients of the Applicant Firm:



Risk Management

17. Please indicate the types of contracts used in the last fiscal year and attach copies of standard client contracts.

Applicant Firm's Own Contract: _____% Client Contract: _____%

Standard industry Contract: _____% Verbal: _____% Other: _____%

Describe Other: _____

18. Please indicate if standard contracts contain the following provisions:

- a. Limitation of Liability to the benefit of the Applicant Firm: Yes No
- b. Hold harmless or indemnity agreements in favor of the Applicant Firm: Yes No
- c. Disclaimer of the Applicant Firm's warranties: Yes No

19. Are standard contracts, modifications to standard contract, and non-standard contracts (i.e. client contracts, vendor agreements and other contracts) always reviewed by the Applicant Firm's legal counsel before they are implemented? Yes No If "No", please explain: .

20. Does the Applicant Firm:

a.	Have a formal training program for all employees and independent contractors	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Have an in-house office manual	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Have a corporate-wide privacy policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Have a computer security policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Have a document retention and destruction policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Use security and firewall technology including anti-virus software	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Provide training for employees on privacy and information security issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Encrypt electronically-stored personally identifiable information (other than employee information)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain all "No" responses:



21. Please describe risk management policies and procedures put in place to avoid or reduce professional liability claims:

22. Please describe your procedures for resolving fee disputes with clients:

Prior and Current Insurance

23. List the Professional Liability Insurance carried for each of the past 5 years:

Insurance Company	Policy Period	Limit of Liability	Deductible/SIR	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

24. Current policy prior acts limitation or retroactive date: _____

25. Has any insurance carrier ever rescinded, cancelled or non-renewed the professional liability insurance of the Applicant Firm or any predecessor entity? Yes No *(This does not apply in Missouri. Missouri Applicants - Do not answer this question)* If "Yes", please explain:



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.

26. 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.
27. 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.**
28. 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.**
29. 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

Printed Name of Partner, Officer or Principal

Producer Information

Name of Licensed Producer

Name of Insurance Agency

Address of Licensed Producer

Date

Signature of Licensed Producer

RETURN APPLICATION VIA EMAIL: mplsubmissions@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.