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## Manufacturers Professional Liability Insurance Application

**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.**

- If space provided is insufficient, include additional details on a separate attachment
- Please attach all product literature and brochures
- Please attach copies of standard contracts, agreements and purchase orders including subcontractor contracts
- Please attach most recent financial statement
- Attach a copy of the expiring Declarations Page, if available

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

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Limits: \$ \_\_\_\_\_

Retroactive Date: \_\_\_\_\_

Deductible: \$ \_\_\_\_\_

Effective Date: \_\_\_\_\_

### General Information

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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:



## Products / Professional Services

8. a. 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	\$	\$	\$
Most Recent Fiscal Year	\$	\$	\$
Prior Fiscal Year	\$	\$	\$
2 <sup>nd</sup> Prior Fiscal Year	\$	\$	\$

b. Please indicate the percentage of sales to: USA: \_\_\_\_\_% Canada: \_\_\_\_\_%  
Europe: \_\_\_\_\_% Asia: \_\_\_\_\_% Other: \_\_\_\_\_%

If "Other", please indicate the territories and percentage of sales for each: \_\_\_\_\_

c. Is the Applicant Firm compliant with the distance selling regulations and laws in foreign jurisdictions?

☐ Yes ☐ No ☐ N/A

9. Please describe the nature and type of services the Applicant Firm provided and any products developed, manufactured, licensed or sold in the last fiscal year and the percentage of revenue derived from each (must total 100%).

Product / Service	% of Revenue
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%

10. During the past 5 years has the Applicant Firm engaged in any services or developed, manufactured, licensed or sold any products (including any discontinued services or products), or within the next 12 months does it plan to engage in any services or develop, manufacture, license or sell any products, other than those indicated in Question 9 above? ☐ Yes ☐ No If "Yes", please explain:



11. Does the Applicant Firm manufacture, or are any of its products or services used in the development of or incorporated into, (a) firearms, weapons, explosives or ammunition, (b) toys or games, (c) tobacco or alcohol, (d) pharmaceuticals, drugs, laboratory, botanical or biological products, (e) medical or dental products, (f) motor vehicles, aircrafts, trains or watercraft, (g) chemicals, cleaning products, adhesives or pesticides, (h) food or beverages, (i) cosmetics or perfumes, or (j) building or construction materials?

☐ Yes ☐ No If "Yes", please explain and indicate the percentage of current and projected annual revenue for each:

12. Please indicate the percentage of revenue expected for this year from the following (must total 100%).

Products or services made to the specifications of others	%
Products or services made to the specifications of the Applicant Firm	%
Distribution	%
Licensing fees and royalties	%
Website ads for others	%
Other (Describe):	%

13. Please indicate the percentage of current revenues related to products or services that have been in the market for (must total 100%): (a) Less than 1 Year: \_\_\_\_\_% (b) 1 to 2 Years: \_\_\_\_\_%  
(c) 3 to 5 Years: \_\_\_\_\_% (d) More than 5 Years: \_\_\_\_\_%

14. Are the Applicant Firm's products protected by patent? ☐ Yes ☐ No

## Operations

15. 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				%
Engineers and Technicians				%
Sales and Marketing				%
Website Staff				%
All other staff				%
<b>TOTAL STAFF</b>				%



16. 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 16.a, are all independent contractors required to carry professional liability insurance? ☐ Yes ☐ No

c. If "Yes" to Question 16.b., please indicate the minimum professional liability limits: \$ \_\_\_\_\_

17. Does any principal, partner, officer or other professional employee hold any license or designation?

☐ Yes ☐ No If "Yes", please explain and provide details of any services performed in such capacity for clients of the Applicant Firm:

18. Does the Applicant Firm subcontract out work to others? ☐ Yes ☐ No

**If "Yes", please answer questions a–f below.**

a. Please indicate the % of work subcontracted to others: \_\_\_\_\_ %

b. Details of work subcontracted to others:

c. Details of procedures for the selection and screening of subcontractors:

d. Please indicate the minimum E&O limits subcontractors are required to carry: \$ \_\_\_\_\_

e. Does the Applicant Firm obtain certificates of insurance from all subcontractors? ☐ Yes ☐ No

f. Does the Applicant Firm require additional insured status on subcontractors' insurance policies?  
☐ Yes ☐ No

19. Please complete the following for the five largest clients of the Applicant Firm.

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



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## Contracts

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20. Does the Applicant Firm have written contracts or agreements with ALL clients and suppliers?

☐ Yes ☐ No If "No", please explain:

21. Please indicate if contracts, agreements and purchase orders contain the following provisions:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Limitation of Liabilities to the benefit of the Applicant Firm:                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Hold harmless or indemnity agreements in favor of the Applicant Firm:          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Hold harmless or indemnity agreements in favor of the Applicant Firm's client: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Hold harmless or indemnification clauses with mutual benefits:                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Disclaimer of the Applicant Firm's warranties or guarantees:                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

22. Are all contracts, agreements and purchase orders, and modifications to such agreements, always reviewed by the Applicant Firm's legal counsel before they are implemented? ☐ Yes ☐ No If "No", please explain:

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## Quality Control and Risk Management

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23. Does the Applicant Firm have a:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Formal training program?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Written Quality Assurance / Quality Control Policy / Procedure?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Written customer complaint and dispute handling procedure?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Written product recall program?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Disaster recovery plan?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Business continuity plan?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Incident response plan for network intrusions and virus incidents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Privacy policy?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



24. Does the Applicant Firm:

- a. Include all necessary and required product labels, instructions and warnings with all of its products? ☐ Yes ☐ No
- b. Have legal counsel review and approve all product labels, instructions and warnings prior to inclusion? ☐ Yes ☐ No
- c. Have legal counsel review all advertising and marketing materials prior to release? ☐ Yes ☐ No

25. Does the Applicant Firm have a procedure to ensure that all advertising and marketing materials are consistent with product characteristics? ☐ Yes ☐ No If "No", please provide complete details:

26. Upon delivery to its customers, what percentage of the Applicant Firm's products / services are returned or require fixes? \_\_\_\_\_%

27. Have any products been recalled in the last 10 years? ☐ Yes ☐ No If "Yes", please provide complete details including the reason for the recall:

28. Does the Applicant Firm warrant or guarantee any standards of performance for its products and / or services including but not limited to delivery / completion timeframes, durability and quality? ☐ Yes ☐ No  
If "Yes", please explain:

29. Please describe the Applicant Firm's procedures for resolving fee disputes with clients:

30. Has the Applicant Firm suffered any known unauthorized access of its computer systems in the past 12 months? ☐ Yes ☐ No

## Prior and Current Insurance

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

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

32. Current policy prior acts limitation or retroactive date: \_\_\_\_\_

33. Please indicate the General Liability insurance (including products and completed operations liability insurance) limits of liability currently carried by the Applicant Firm: \$ \_\_\_\_\_

34. Has any insurance carrier ever rescinded, cancelled or non-renewed the Professional Liability or General Liability insurance of the Applicant Firm or any predecessor entity? ☐ Yes ☐ No If "Yes", please explain:

## Claims Experience and Warranty Statements

**IMPORTANT NOTICE: All known claims and/or circumstances that could result in a professional liability claim are specifically excluded from coverage. Report all such claims and/or circumstances to your current insurer. Failure to disclose such claim or circumstance may result in the proposed insurance being void or subject to rescission.**

35. 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.**

36. 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.**





37. 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.**
38. During the past five years, have any customers made any allegations or complaints relating to the performance or non-performance of the Applicant Firm’s products or services, delayed or late delivery of the Applicant Firm’s services or a problem with the Applicant Firm’s products or services? ☐ Yes ☐ No **If “Yes”, please provide complete details on a separate sheet.**
39. 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.**



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## Please Read Carefully

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The undersigned, acting on behalf of all proposed Insureds, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each Insured proposed for this insurance to facilitate the proper and accurate completion of this Application. The undersigned agree that the particulars and statements contained in this application and any material submitted herewith are their representations and are the basis of the insurance contract. The undersigned further agree that this application and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with this application shall be maintained on file (either electronically or paper) with the Insurer and shall be deemed to be attached hereto as if physically attached. It is further agreed that: (1) if any significant change in the condition of the applicant is discovered between the date of this application and the Policy inception date, which would render this application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately and, upon receipt of such written notice, the Insurer has the right, at its sole discretion, to modify or withdraw any proposal for insurance; (2) any Policy, if issued, will be in reliance upon the truth of such representations and any misrepresentation by the Insured or the Insured's agent that is material to the acceptance of the risk will render the Policy null and void and relieve the Insurer from all liability herein; (3) this application has been completed as respects the entire Applicant Firm; (4) the signing of this application does not bind the undersigned to purchase the insurance.

I understand that the information submitted herein becomes a part of the Applicant Firm's Professional Liability Insurance Application and is subject to the same representations and conditions.

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Dated

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Signature (must be a Partner, Officer or Principal)

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Title of Partner, Officer or Principal

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Printed Name of Partner, Officer or Principal

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

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

**Berkley Service Professionals, a division of Berkley Managers Insurance Services, LLC  
1455 Frazee Road, Suite 500, San Diego, CA 92108 | CA License No. 0H05115**



## Fraud Notice

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**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, RHODE ISLAND, WEST VIRGINIA APPLICANTS:** 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.

**CALIFORNIA APPLICANTS:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**COLORADO APPLICANTS:** 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 FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**FLORIDA APPLICANTS:** 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 OF THE THIRD DEGREE.

**KANSAS APPLICANTS:** 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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 AND MAY BE SUBJECT TO CRIMINAL AND/OR CIVIL FINES OR PENALTIES.

**KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**MAINE, TENNESSEE, VIRGINIA, WASHINGTON APPLICANTS:** 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.

**MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

**NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NEW MEXICO APPLICANTS:** 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.

**OHIO APPLICANTS:** 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.



**OKLAHOMA APPLICANTS:** 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.

**OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES.

**PENNSYLVANIA APPLICANTS:** 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.

**VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.