

SMALL BUSINESS PROTECT

Miscellaneous Professional Liability – Renewal Application

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE EXPENSES, AND THAT DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

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

Application Instructions:

If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers. If the answer to a question is none, state “None” or “0” in the space provided.

General Information

1. Proposed Named Insured (Applicant):					
2. Has there been a change in address for any Insured proposed for coverage or any additional locations?					
<input type="checkbox"/> Yes			<input type="checkbox"/> No		
<i>If ‘Yes’, provide details:</i>					
Address					
City		State		Zip	
3. Has there been any change whatsoever in the professional services provided by the Applicant?					
<input type="checkbox"/> Yes			<input type="checkbox"/> No		
<i>If “Yes”, please provide details of the SIC Codes and/or Industry Classes:</i>					
4. Please provide the following:					
Revenues for the last fiscal year (\$):					
Projected revenues for next 12 months (\$):					

5. In the last twelve (12) months, has the Applicant, any of its directors, officers, partners, principals, managing members or employees ever been?		
a) a defendant in any criminal action or proceeding alleging violation of any local, state or federal law or regulation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) a defendant in any lawsuit, administrative or regulatory proceeding action or charge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) subject to any disciplinary action, license revocation, fine or penalty resulting from professional activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) the subject of any investigation by any local, state or federal office or agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) alleged to have committed, or have become aware of, an error or omission in the performance of its/their professional services? Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If "Yes" to (a), (b), (c), (d) or (e), please provide a full narrative detailing the dates, allegations, circumstances, responses, appropriate documents, current status and/or final disposition of such matters.</i>		

Signature

This insurance application, duly completed, together with any supplementary information, must be signed, in ink, by the Applicant. One signed copy will be attached and form a part of any policy issued. Completion of this insurance application does not bind or obligate the Company to offer this insurance.

Signing this form, and tendering any payment, does not bind the Insurers or the applicant to complete the insurance. The insurance application must be signed to be considered for an indication. By signing below you certify that all information you have provided is correct. You herewith authorize Insurers or their representatives to gather any additional information they may deem necessary in order to process this application for quotation or to issue a policy. Your signature below authorizes, but does not obligate Insurers to obtain additional information or to verify the information provided from any regulatory agency, provider of services to you or your business, and any financial institution or credit rating company relating to information about you or your business. By your signature, you herewith authorize the release of information regarding your losses, any financial information, or any regulatory compliance matters to Insurers.

NOTICE: IN NEW YORK, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND 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.

The Applicant hereby acknowledges that the persons or entities proposed for insurance are aware that the limits of liability contained in the policy applied for shall be reduced, and may be completely exhausted, by Defense Expenses and, in such event, Insurers shall not be responsible for the continued defense of any Claim or liable for Defense Expenses or for the amount of any judgment or settlement to the extent that any of the foregoing exceed the limits of liability of such policy



The applicant hereby further acknowledges full awareness of the professional liability insurance policy, its terms and conditions (especially the policy exclusions) including any endorsements and/or agreed amendments.

Note: If the applicant does not understand any part of the Professional Liability coverage then the applicant should contact their relevant Insurance Broker / Advisor and not sign the application.

The applicant hereby further acknowledges that the persons or entities proposed for insurance are aware that Defense Expenses that are incurred shall be applied against the deductible amount.

The undersigned authorized by, and acting on behalf of the applicant and all persons concerned seeking professional liability insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate.

***MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE FIRM ON BEHALF OF ALL INSURED.**

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	