

## Professional Liability Insurance Application for Miscellaneous Services

Coverage provided by Nautilus Insurance Company, an Arizona 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 <sup>nd</sup> 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				%
<b>TOTAL STAFF</b>				%

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: \_\_\_\_\_

Dated	Signature of Licensed Producer
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