



Specified Professions Professional Liability Product

SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY APPLICATION

This is an application for a claims made policy. Please read your policy carefully.

SECTION I: BACKGROUND INFORMATION

- Name of Insured: _____
- Address: _____
City: _____ State: _____ Zip Code _____
Phone: _____ Website: _____ E-mail Address: _____
- Date Established: _____
- Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company? Yes No
If **Yes**, please provide names(s) and relationship(s): _____
- Does the Applicant have any Subsidiaries? Yes No
If **Yes**, please list on a separate sheet and advise if coverage is to apply to them.
- Applicant is: Corporation Partnership Individual

SECTION II: ORGANIZATION OPERATIONS DETAILS

- Please describe in detail the professional services for which coverage is desired:

- List total gross receipts derived from activities in question #7:

	Gross Receipts
Last Year:	\$ _____
Current Year(based on 12 months):	\$ _____
Forecast for Next Year:	\$ _____
 - Please indicate the percent of receipts listed in 8a from Foreign Operations (i.e. outside of the U.S. and its territories): _____
 - Did the Applicant have a positive net income in the past 12 months? Yes No
If **No**, please advise net income and steps being taken to correct the negative net income.
 - What is the Applicant's overall net equity? _____ Positive Negative
If **Negative**, please advise net equity and steps being taken to correct the negative net equity.
- Describe the 5 largest jobs or projects during the past 3 years

Name of Client	Services Provided	Gross Billings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
 - Does the Applicant anticipate deriving more than 50% of total gross billings for the coming year from a single client?
If **Yes**, advise details on a separate sheet. Yes No



10. Is the Applicant a licensed Professional(i.e. Lawyer, Accountant....)? Yes No

If **Yes**, advise type of licensed Professional: _____

11. (a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: _____

(b) Number of non-professional employees (clerks, secretaries, etc.): _____

(c) Number of independent/sub contractors: _____

12. Please answer the following question(s) regarding the use of independent contractors.

(a) The total percent of Applicant's work done by independent contractors and subcontractors. _____

(b) Does the Applicant desire to provide coverage for independent contractors (including them as named insured(s) on your policy), while working on your behalf? Yes No

If **Yes** to 12b, please answer the following questions:

(1) How will the Applicant utilize each independent/subcontractor? _____

(2) Does the Applicant require Certificates of Professional Liability Insurance from all independent contractors? Yes No

13. Please provide the following:

**Name of Partners, Principals,
Key Employees and Independent/
Subcontractors**

**Professional
Qualifications/
Designations**

**# of Years
in Practice**

_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Does any director, officer, employee, partner or independent/subcontractor of the Applicant serve as an officer or on the Board of Directors of any client or own any financial or equity interest in any client of the Applicant? Yes No

If **Yes**, attach an explanation.

15. What do you see as your potential exposure to a professional liability claim? _____

16. Does the Applicant use a written contract or letter of engagement with clients? In all cases Sometimes Never

17. Additional Insured(s) to be included for Errors and Omissions (list name, address and relationship to Applicant): _____

18. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in any way or been the subject of any investigation by any state insurance department? Yes No

SECTION III: CLAIMS INFORMATION

Do not complete this section if this is an application for a renewal policy at the same limit of liability with one of the USLI companies.

19. Have you initiated litigation against any of your clients in the past 5 years? Yes No

(If **Yes**, advise how many times you have initiated litigation in the past 5 years along with details for each.) _____



20. During the past 5 years, has any claim been made or suit brought against the Insured, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors? Yes No

(If Yes, please provide details on a separate supplemental claim application.)

21. Is any owner, partner, officer, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the Insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees or independent contractors? Yes No

(If Yes, please provide details on a separate supplemental claim application.)

SECTION IV: PROFESSIONAL LIABILITY INSURANCE COVERAGE

22. Has any Policy of or Application for professional liability insurance on your behalf or on the behalf of any of your principals, officers, employees, independent contractors, or on behalf of any predecessor(s) in business ever been declined, cancelled or renewal refused? *Not applicable in Missouri.* Yes No

If **Yes**, advise details: _____

23. Is similar professional liability insurance currently in force? Yes No

Name of Carrier	Limit	Retroactive Date (if any)	Deductible	Premium	Policy Period
_____	_____	_____	_____	_____	_____

Length of time coverage has continuously been in force: _____

SECTION V: BUSINESSOWNERS PACKAGE INSURANCE

24. Does the Applicant currently have General Liability Insurance? Yes No

If **Yes**, please advise the following:

Name of Carrier	Limit	Premium	Expiration Date
_____	_____	_____	_____

25. Is the Applicant involved in the installation of hardware, electrical work, wiring and/or cable installation of the items for which they are providing consultation services (including work done by Independent Contractors on behalf of Applicant)? Yes No

If Yes, please provide percentage of receipts from these services.

26. Additional Insured(s) to be included for General Liability (list name, address and relationship to Applicant): _____

27. Has the Applicant had any General Liability claims paid, reserved or pending during the last 5 years? Yes No

If Yes, please provide details.

28. (a) Personal Property Limit (at 80% Coinsurance/Replacement Cost): _____

(b) EDP Equipment Limit \$ _____

(c) Burglar Alarm? Yes No

Functioning Fire/Smoke Detector? Yes No

Aluminum Wiring? Yes No

29. Is the electrical system connected to circuit breakers? Yes No

30. Property Protection Class (1-10): _____



31. Building Construction (please check one):

- Frame - Bldg. is made from a wood frame (2x4's/veneers).
- Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.
- Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel.
- Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls.

32. Has the applicant had any property Claims Paid, Pending or reserved during last 5 years (by year)?

Yes No

If yes, please provide details,

SECTION VI: REQUIRED INFORMATION

- A. USLI Application.
- B. Copy of resumes on technical and key personnel. (for select classes)
- C. Supplemental Application (for select classes)

Virginia Notice: You have an option to purchase a separate limit of liability for the extension period. Policy common conditions I. If you do not elect this option, the limit of liability for the extension period shall be part of an not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: 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 Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.



Ohio Fraud Statement: 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 Fraud Statement: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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.

The states of Florida, Iowa and New York require that we have the name and address of your (insured's) authorized Agent or Broker

Name of authorized Agent or Broker: _____

Address _____

License No. _____

Mail completed application through local Agent or Broker to:

NOTICE TO THE APPLICANT

The undersigned declares that to the best of his/her knowledge and belief that statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations. The Company is hereby authorized, but not required to make an investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not stop the Company from relying on any statement in this application. The signing of this Application does not bind the undersigned to purchase the Insurance, nor does the review of this Application bind the Company to issue a Policy. It is understood the Insurer is relying on this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a Policy be issued and it will be attached and become a part of this Policy.

Signature _____ Date: _____

Must be signed by a Principal, Partner or Officer of the Firm

Name: _____ Title: _____



United States Liability Insurance Group

Claims Adjuster Supplemental

APPLICATION

1. Please provide a percentage breakdown of current 12 month Gross Receipts from the following. If the Applicant is newly established, please advise best estimates.

Independent Claims Adjusting	_____	%
Public Claims Adjusting	_____	%
Other _____	_____	%
Total	100%	

2. Please provide a percentage breakdown of current 12 month Gross Receipts based upon area of specialty. If the Applicant is newly established, please advise best estimates.

_____	_____	%
_____	_____	%
_____	_____	%
Total	100%	

3. Does the Applicant: Provide details below for any "Yes" answers.

	Yes	No	%Receipts
Adjust Aviation, Marine, Environmental, Construction, Petroleum Industry, or Medical Professional Pollution Liability claims?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adjust Catastrophic claims?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Negotiate or place structured settlements?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manage or administer any type of self insurance program?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Decline, accept or interpret coverage on behalf of any insurers?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Conduct surveillance and/or sub-rosa services as a means to investigate claims?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perform appraisals, serve process or provide any other services other than claims adjusting?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Carry weapons?	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. Does the Applicant have any authority to settle losses? Yes No
If "Yes", please indicate for what lines and the amount of settlement authority for each.

5. Please indicate

- a) Average number of claims the Applicant adjusts per year _____
- b) Average dollar value of claims the Applicant adjusts _____

6. Have any personnel of the Applicant ever had their license revoked or suspended or been fined or disciplined in any state insurance department? Yes No

If "Yes", please provide details.

THIS CLAIMS ADJUSTERS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION. THIS SUPPLEMENT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC OPERATION.

SIGNATURE

TITLE

DATE