Philadelphia Insurance Companies
One Bala Plaza, Bala Cynwyd, Pennsylvania 19004
1.800.873.4552 Fax: 610.617.7940

PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS
APPLICATION FOR CLAIMS-MADE INSURANCE

NOTICE: This is an application for **CLAIMS-MADE INSURANCE.** Such insurance applies only to claims that are first made against you and reported to the Company in writing during the policy period, any subsequent renewal of the policy or any extended reporting period and may additionally limit coverage applicable to acts, errors, omissions or offenses made prior to the inception of the policy period. The limits of liability may be reduced by amounts paid for legal defense and such payments for legal defense may also be applied against the deductible amount.

Please answer **ALL** the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to such evaluation. If a question is not applicable, state "not applicable" not "N/A." If more space is required to answer a question, continue on applicant's letterhead. The application and any supplement(s) must be signed and dated by a principal, partner, or officer of the prospective insured's organization.

1. Applicant's Name: _____

2. Sic #: _____ Fein # _____

3. Home office address: _____
_____ TEL#_____
_____ZIP_____ FAX#_____

4. Date established: _____

5. Is the applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company? Yes ___ No___
If Yes, please attach an explanation.

6. Please list addresses of all branch offices and/or subsidiaries. Include a brief description of their operations and indicate if coverage is desired for these offices.
_____
_____

7. During the past 5 years has the name of the firm been changed or has any other business been acquired, merged into or consolidated with the applicant firm? If Yes, attach a complete explanation detailing any liabilities assumed. Yes___ No ___

8. Describe your firm's nature of business.
_____
_____
_____
_____
_____
_____

9. Staffing - Provide a breakdown of your staff into the following categories:

a) principals, partners or officers _____ **c)** support staff (including part-time) _____

b) professionals (not included in A) _____ **d)** part-time professionals (less than 20 hours/week) _____

TOTAL _____

10. Are any staff members considered "Licensed Professionals" or do any staff members hold any Professional Designations or belong to any Professional Societies/associations? Yes___ No ___

If Yes, provide individual's name and designation/affiliation below:

_____

_____

_____

Note: ***Questions 11 through 15 refer to total gross revenue for a 12 month period, whether or not collected. Such revenue figures should include sub-contracted revenue.***

11. Dates of applicant firm's current fiscal period: From: _____, 19___ To: _____, 19___

12.

	Past Fiscal	Current Fiscal	Estimate for Next
Total Gross Revenue:	$_____	$_____	$_____
Less Direct Recovery Expenses (travel, per diem, copies, etc.):	(-) $_____	(-) $_____	(-) $_____
TOTAL NET BILLINGS	$ _____	$_____	$_____

13. Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Federal government.	_____%
State, county or local government and agency thereof.	_____%
Institutional (schools, hospitals, etc.)	_____%
Lending institutions	_____%
Manufacturing	_____%
Other _____	_____%
_____	_____%
TOTAL	**100%**

14. Does your firm provide services for any clients in which a principal, partner, officer or employee of your firmis also a principal, partner, officer, employee or a more than 3% shareholder of said client? Yes___ No___

If Yes, Please provide a) Client Name, b) Applicant's Relationship with client, and c) approximate annual revenue generated from Client.

15. Were more than 50% of your total gross billings for any one year derived from a single client or contract? Yes___ No ___

If Yes, please specify **a)** client, **b)** services rendered, and **c)** how long you expect this relationship to continue.

_____

_____

_____

16. Describe your firm's five (5) largest jobs or projects during the past three (3) years.

Client Name	Services Provided	Total Gross Billings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. **a)** Do you utilize the services of independent contractors or sub-consultants? Yes___ No ___
b) Approximate percentage of billings attributable to sub-contractors/consultants? _____%

18. Do you ever enter into contracts where your fees for services provided are contingent upon the client achieving cost reductions or improved operating results? If Yes, attach a detailed description of such arrangements. Yes___ No ___

19. **a)** Does your firm secure a written contract or agreement for every project? (Please attach a sample copy) Yes___ No ___

b) Provide the percentage of your revenue where a written contract *is* secured. _____%

c) Do your contracts contain any of the following: (**check all that apply**)

____ Hold harmless or indemnification clauses in your favor?
____ Hold harmless or indemnification clauses in your client's favor?
____ Guarantees or warranties?
____ A specific description of the services you will provide?
____ Payment terms?

20. Describe steps taken to mimimize/ manage business risks:
_____
_____
_____

21. Has any policy of or application for similar insurance on your behalf or on the behalf of any of your principals, partners, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused? Yes___ No ___

22. Do you currently carry Commercial General Liability insurance? Yes___ No ___

23. Please provide the following information on your professional liability (E&O) insurance for the past three (3) years:

Name of Insurer	Limits of Liability	Deductible	Policy Period	Premium
_____	_____	_____	_____/_____/_____	_____
_____	_____	_____	_____/_____/_____	_____
_____	_____	_____	_____/_____/_____	_____

Retroactive Date of current policy (if any): _____/_____/_____

LOSS EXPERIENCE

24. Have any claims, suits, or demands for arbitration been made against the firm, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? Yes___ No ___
If Yes, provide details on a separate sheet, including:
a) name of claimant;
b) type of service provided and allegations made;
c) date claim made;
d)demand amount; and
e) final disposition including indemnity and expense amounts.

25. Having inquired all principals, partners and officers, are you aware of any act, error, omission, unresolved job dispute or any other circumstance that is or could be a basis for a claim under the proposed insurance? Yes___ No ___

If Yes, provide details on a separate sheet for each situation, including

a) name of potential claimant,
b) nature of situation,
c) dates and
d) amount of potential damages.

With regard to Questions 24 and 25 above, it is understood and agreed that if any such claim, act, error, omission dispute or circumstance exists, then such claim and/or any claim arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to recision.

26**.** Coverage requested:

LIMITS OF LIABILITY: _____ $ 100,000 _____ $ 750,000
_____ $ 250,000 _____ $1,000,000
_____ $ 500,000

DEDUCTIBLE / RETENTION: _____

27. Attach the following items in support of this application:

____ a) Firm's **Statement of Qualifications** including **resumes** of all key (technical) personnel along with any available marketing material or company brochures.
____ b) Copy of firm's formalized **standard client contract**.
____ c) Copy of outline from firm's **Quality Assurance / Quality Control (QA/QC) manual.**

WARNING: ANY PERSON WHO KNOWINGLY AND WITH THE 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.

NOTICE TO NEW YORK 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 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 KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN 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.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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, WHICH IS A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKE ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO 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.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO 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.

SIGNATURES AND ACKNOWLEDGEMENTS

I / we hereby declare that the above statements and particulars are true and that I / we have not suppressed or misstated any material facts and I / we agree that this application and its supplement(s) shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application and its supplement(s) does not bind the company to sell nor the applicant to purchase the insurance.

_____	_____	_____	_____
NAME	**SIGNATURE**	**TITLE**	**DATE**

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PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS
THIRD PARTY ADMINISTRATORS SUPPLEMENT

Instructions:
A. Please answer ALL the questions. If more space is required to answer a question, continue on applicant's letterhead.
B. This supplement must be signed and dated by a principal, partner, or officer of the prospective insured's organization and will be attached to the policy, should one be issued.

1. Give approximate percentage of revenues derived from ALL operations:

OPERATIONS	% OF RECEIPTS
Health and Welfare Plan Administration	
Single Employer Plans	_____%
Multiemployer benefit plans (Taft-Hartley Trusts)	_____%
Multiemployer Employer Welfare Arrangements (MEWA's)	_____%
Multiple Employer Trusts (MET's)	_____%
Health Maintenance Organizations (HMO's)	_____%
Preferred Provider Organization (PPO's)	_____%
Other:_____	_____%
Pension Plan Administration	_____%
Profit Sharing Plan Administration	_____%
Insurance Related Services:	
Lines of business: _____	
_____	
_____	
Claims administration	_____%
Acting as insurance agent/broker	_____%
Acting as advisor/consultant	_____%
Premium collection/billing	_____%
Underwriting/Policy issuance	_____%
Providing Actuarial Services	_____%
Providing Cost Containment Services	
Utilization Review	_____%
Case Management	_____%
Continued Stay Review	_____%
Discharge Planning	_____%
D.R.G. Review	_____%
Managed Care	_____%
PPO Discounts	_____%
Second Surgical Opinion	_____%
Providing Cost Management Services	_____%
Providing Employee Wellness or other health-related program literature or corresponcence	_____%
Acting as an Administrator for Credentialing services (verification of a health care provider's credentials)	_____%
Employee Assistance Programs	_____%
Acting as a Notary Public	_____%
Computer Services	
Electronic data processing/collection	_____%
Electronic data consulting	_____%
Software design, development or customization	_____%
Other:_____	_____%
TOTAL	____100%____

2. Number of Plan Sponsors: _____
Number of Participants for Plans Administered by the Applicant: _____

Total Annual Contributions to the Plans Administered by the Applicant: _____
Total Annual Benefit Payments issued in the Administration of all such plans _____

3. What is the average length of claims examining experience in years per claims examiner? _____

4. If your operation contains controls to guard against the following, please indicate:

____	Overpayments	____	Underpayments	____	Late payments
____	Payments from incorrect plan	____	Payments to ineligibles	____	Unfair/Unjust enrichment
____	Improper refusal of benefits	____	Failure to follow payment guidelines or procedures		

5. Does your computer system print checks? ____ Yes ____ No

6. What is the average claims turnaround time in working days during the last twelve months? _____

7. What percentage of claims are processed within fifteen calendar days? _____

8. Does the applicant have authority to make decisions about coverage or benefits entitlement? ____ Yes ____ No

9. How do you determine denial of claims/benefits? _____

_____

_____

10. What percentage of claims/benefits were denied in the past twelve months? _____

11. What is the appeal process for denied claims/benefits? _____

_____

_____

12. What percentage of denials were appealed in the past twelve months? _____

THIS THIRD PARTY ADMINISTRATORS 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 APPLICATION.

Name: _____ Title: _____
(Please Print)

Date: _____ Signature: _____