*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** |

*Philadelphia Insurance Companies*
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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: _____