



Hartford Financial Products

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important all questions are answered accurately.

NOTICE: THIS PROFESSIONAL LIABILITY INSURANCE IS WRITTEN ON A CLAIMS-MADE BASIS AND PROVIDES COVERAGE FOR THOSE CLAIMS WHICH ARE FIRST MADE WHILE THIS INSURANCE IS IN FORCE AND WHICH ARE THE RESULT OF WRONGFUL ACTS OCCURRING SUBSEQUENT TO THE RETROACTIVE DATE SHOWN IN ITEM 5 OF THE DECLARATIONS PAGE. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, AN EXTENDED REPORTING PERIOD APPLIES. THIS INSURANCE PROVIDED BY THIS POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSES. CLAIM EXPENSES SHALL ALSO BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

Please provide the following:

- *Standard contract(s)/Form(s) used *Descriptive or promotional brochures
- *Resumes of all professional employees *Financial Reports for the past two years (audited, if available)

1. NAME OF APPLICANT: _____

PRINCIPAL BUSINESS ADDRESS: _____

(Please attach an Organizational Chart as well as a list of all secondary or foreign locations)

NAMES AND LOCATIONS OF ALL SUBSIDIARIES FOR WHICH COVERAGE IS DESIRED. Please provide percentage ownership by applicant and their operations.

Please list any affiliates, partnerships, or joint ventures: _____

2. a. Is the applicant directly or indirectly controlled by, owned, or associated or does it own any other business enterprise, partnership, corporation or company? Yes No If yes, please attach an explanation.
- b. Does the applicant, any of its Owners, Partners, Directors, Officers or Employees own (wholly or partly), operate, manage or serve as directors, officers or partners of any other firm or organization? Yes No
- c. If either a) or b) are answered Yes, does the applicant render any services to such business enterprise? Yes No
3. APPLICANT IS A: Corporation Partnership Individual Other _____
4. YEAR ESTABLISHED: _____
5. a. Has applicant changed its organizational format recently (reorganization, acquisitions, divestitures)? Yes No
If Yes, please provide explanation.

b. Has the applicant changed its name recently? Yes No If Yes, please provide explanation and previous name used by the applicant.

6. a. Describe the professional services/operations for others for which coverage is desired.

b. Describe the types of negligent acts, incidents, circumstances, exposures, or E&O claims for which coverage is desired.

7. Is the applicant engaged in any business other than as described in question 6? Yes No If yes, please attached an explanation and estimated receipts.

8. a. Does the applicant subcontract work to others? Yes No If yes, who is/are the subcontractor(s), what services are they providing? _____

b. Does the applicant require subcontractors to carry E&O insurance? Yes No

c. Do contracts with subcontractors have hold harmless agreements that benefit the applicant? Yes No

1. a. Does applicant use written contracts with clients? Yes No

b. Who writes the contracts? _____

c. Who writes and authorizes any changes to the contracts? _____

d. Do contracts contain a hold harmless agreement that benefits the applicant? Yes No

e. Do contracts contain a hold harmless agreement the benefits other parties of the contract? Yes No

1. Does the applicant do work outside the United States? Yes No If yes, where? _____

2. List the total gross receipts for the past three years, projected receipts for the coming year derived from the services for which coverage is desired and total number of transactions.

Year	Gross Receipts	Transactions/Projects
a. Current Projected	\$ _____	_____
b. _____	\$ _____	_____
c. _____	\$ _____	_____
d. _____	\$ _____	_____

3. For the receipts listed above, please give an approximate percentage breakdown derived from each professional service.

TYPE OF SERVICE	PERCENTAGE OF RECEIPTS
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
	Total = 100%

4. Total number of employees _____

5. a. Please list and describe five of the applicant's clients or projects. Please give nature of services performed for the client.

b. Total number of clients _____

15. Has any similar insurance ever been declined or canceled? Yes No If Yes, please explain on a separate sheet of paper.

16. List all professional liability insurance carried for each of the past three years. If none .

Policy Period	Limit of Liability/Deductible/Premium	Insurance Company
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Have any of the applicant's Owners, Principals, Directors, Officers or employees ever been the subject of reprimand or disciplinary or criminal actions by authorities as a result of their professional activities? Yes No If Yes, please attach explanation.

18. Have any professional liability claims ever been made against any proposed Insured(s)? Yes No If Yes, please complete Supplemental Claim Form for each claim.

19. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably give rise to a claim against him or his predecessors in business? Yes No If Yes, please complete Supplemental Claim Form for each.

It is understood and agreed that with respect to Questions 17, 18 and 19 above, that if such knowledge or information exists, any claim or action arising therefrom is excluded from this proposed coverage.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

WARRANTY: The applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this warranty constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application submitted by the applicant.

The applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

NOTE: In applying for coverage, the applicant agrees that in the event of covered losses, he/she will be required to be defended by an attorney appointed by the Company.

The applicant hereby acknowledges that he/she is aware that the limit of liability shall be reduced, and may be completely exhausted, by claims expenses and in such event, the Company shall not be liable for claims expenses or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant hereby further acknowledges that he/she is aware that claims expenses that are incurred shall be applied against the deductible amount.

The applicant understands and accepts that the policy applied for provides coverage on a "claims-made" basis for only those claims that are made against the Insured while the policy is in force and that coverage ceases with the termination of the policy.

This application must be signed and dated by an owner, partner or officer.

Signing this form and tendering premium does not bind the applicant or the Company to complete the insurance. This application must be signed to be considered for quotation.

Applicant's Signature

Print or Type Name & Title

Date (Month/Day/Year)