Philadelphia Insurance Companie
One Bala Plaza, Bala Cynwyd, Pennsylvania 19004
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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 o 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 liabilitiesassumed.___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 _____
b) professionals (not included in A) _____
c) support staff (including part-time) _____
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 an 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 firm is 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? I 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 minimize/ 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 Liabilit	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 23 and 24 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.

6. Coverage requested:

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

DEDUCTIBLE / RETENTION: _____

7. 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.**

ARNING: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE OMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY ALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING NY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

OTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD NY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT F CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF ISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT NSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED IVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD NY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY ALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING NY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

OTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR NOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR ILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, HICH IS A CRIME.

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

OTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO EFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR TATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE URPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A RAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL ENALTIES.

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

OTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING NFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL ENALTIES.

SIGNATURES AND ACKNOWLEDGEMENTS

/ we hereby declare that the above statements and particulars are true and that I / we have not suppressed or misstated any aterial facts and I / we agree that this application and its supplement(s) shall be the basis of the contract with the Company. t is understood and agreed that the completion of this application and its supplement(s) does not bind the company to sell or the applicant to purchase the insurance.

NAME	SIGNATURE	TITLE	DATE