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**MISCELLANEOUS PROFESSIONAL LIABILITY
INSURANCE APPLICATION**

This is an application for a CLAIMS-MADE 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 EXTENDED REPORTING PERIOD APPLIES. THE 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 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. Has applicant changed its organizational format recently (reorganization, acquisitions, divestitures)? Yes No If Yes, please provide explanation.

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? 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 Please provide a copy of any standard forms used.

9. 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 that benefits other parties of the contract? Yes No Please provide a copy of standard forms used.

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

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

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

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

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

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)