



Swett & Crawford

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAME OF APPLICANT: _____

ADDRESS: _____

2. LIMIT OF LIABILITY DESIRED:

\$250,000 _____ \$500,000 _____ \$1,000,000 _____ Other _____

3. DEDUCTIBLE:

\$1,000 _____ \$2,500 _____ \$5,000 _____ \$10,000 _____ Other _____

4. Please describe in detail the professional activities for which coverage is desired: _____

5. Is the applicant engaged in any business or profession other than as described in Item 4? Yes No
(If yes, please attach an explanation and estimated receipts.)

6. List the total gross receipts for the past three years derived from those activities in Question 4. In addition, please list projected receipts for the current year.

YEAR	AMOUNT
(a) Current Projected	\$ _____
(b) _____	\$ _____
(c) _____	\$ _____
(d) _____	\$ _____

7. For the receipts listed in question 6a), please give the approximate percentage derived from each of the activities listed in Question 4

ACTIVITY	% OF 6(a) RECEIPTS
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

8. Applicant is: Corporation Partnership Individual

9. Year Established: _____





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10. Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company? Yes No
 (If yes, attach an explanation.)
 Are any activities listed in Question 4 provided to such business enterprise? Yes No

11. (a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: _____
 (b) Number of non-professional employees (clerks, secretaries, etc.): _____

12. Please provide the following:

Name in full of ALL Partners/Principals/Key Employees.	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE	HOW LONG AS PARTNER/PRINCIPAL

13. To what professional association(s) does the Applicant Firm belong? _____

14. Please include a list of Applicant Firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

15. Does the Applicant Firm use a written contract with clients?
 In all cases Sometimes Never
 (Please attach a copy of your standard contract.)

16. What percentage of the Applicant Firm's business involves subcontracting of work to others? _____ % Does the Applicant Firm provide professional services to business entities in which it retains an ownership interest Yes No
 If yes, please explain. _____

17. Has any similar insurance ever been declined or cancelled? Yes No (If yes, attach explanation.)

18. Is similar insurance currently in force? Yes No
 If yes, please provide:
 Name of Carrier: _____
 Expiration Date: _____
 Limit: _____ Deductible: _____ Premium: _____
 Length of time coverage has been in force: _____

19. Attach current annual report and descriptive or promotional materials.



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20. Have any of the individuals listed in question No. 12 ever been the subject of disciplinary action by authorities as a result of their professional activities? If yes, please explain.

21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him. Yes No (if so, attach full particulars).

22. Attach list and status of all errors and omissions claims made against any proposed Insured(s) during the past three years. If None, please check here: NONE

23. It is agreed with respect to questions # 20, 21 and 22 above, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT TO THE BEST OF HIS KNOWLEDGE THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

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 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.

PRODUCER: _____

ADDRESS: _____

APPLICANT'S SIGNATURE _____

TITLE _____

DATE _____

