



# Swett & Crawford

## ERRORS & OMISSIONS LIABILITY INSURANCE FOR ASSOCIATIONS APPLICATION (Claims Made Basis)

- 1. Answer all questions. If the answer requires detail, please attach a separate sheet.
- 2. Application must be signed and dated by owner, partner or officer.
- PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.  
(PLEASE TYPE OR PRINT IN INK)

### 1. APPLICANT INFORMATION

- (a) Full name of applicant: \_\_\_\_\_
- (b) Principal office Business Address (Please list any secondary locations on a separate sheet) \_\_\_\_\_  
\_\_\_\_\_
- (c) Number of Employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Seasonal \_\_\_\_\_ Total \_\_\_\_\_
- (d) Year Established: \_\_\_\_\_ Business phone \_\_\_\_\_
- Individual    Partnership    Corporation    For Profit    Not for Profit    Other \_\_\_\_\_
- (e) Limits Requested (per claim) \_\_\_\_\_ (aggregate) \_\_\_\_\_ Deductible: \_\_\_\_\_
- (f) Effective Date Requested \_\_\_\_\_

### 2. APPLICANT OPERATIONS

- (a) Please attach a list all past and present affiliations with other entities. Describe relationship in detail and indicate period of affiliation.
- (b) Please state the number of:  
 \_\_\_\_\_ (1b) Directors                      \_\_\_\_\_ (2b) Officers                      \_\_\_\_\_ (3b) Inactive Members  
 \_\_\_\_\_ (4b) Active Members                      \_\_\_\_\_ (5b) Clerical Staff                      \_\_\_\_\_ (6b) Other (describe) \_\_\_\_\_
- (c) Please describe the minimum qualifications for membership and submit copy of application form. \_\_\_\_\_  
\_\_\_\_\_
- (d) Please describe briefly the purpose of your association. (If other than bar or medical association, submit copies of articles of incorporation including by-laws and copies of contracts which the association has with others.) \_\_\_\_\_  
\_\_\_\_\_
- (e) Please attach a list the kinds of publications and other printed recorded material including advertisements furnished to members and/or non members Attach a Copy of printed materials.
- (f) Do you:
 

(1f) provide a referral service, legal aid service or computer service to your members or the public?	<input type="radio"/> Yes	<input type="radio"/> No
(2f) promote or sponsor any type of group travel, conventions, parades or other similar events, or assume any liability in connection therewith?	<input type="radio"/> Yes	<input type="radio"/> No
(3f) promote sponsor or provide any form of insurance to your members or non-members?	<input type="radio"/> Yes	<input type="radio"/> No
(4f) act as a fiduciary or administrator under the Employee Retirement income Security Act of 1974?	<input type="radio"/> Yes	<input type="radio"/> No
(5f) develop standard used to evaluate the quality of goods, products manufactured or services rendered		
•by members	<input type="radio"/> Yes	<input type="radio"/> No
•by non-members?	<input type="radio"/> Yes	<input type="radio"/> No
(6f) engage in any form of research development, experimentation, or testing?	<input type="radio"/> Yes	<input type="radio"/> No
(7f) act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others?	<input type="radio"/> Yes	<input type="radio"/> No
(8f) take any disciplinary action or recommend disciplinary action as a result of peer review group activities?	<input type="radio"/> Yes	<input type="radio"/> No
(9f) perform any other activities or services not specifically included in (1f-8f):	<input type="radio"/> Yes	<input type="radio"/> No

PLEASE ATTACH DETAILS FOR ANY 'YES' ANSWERS.



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- (g)
- (1g) Do your computer systems store a four-digit year?  Yes  No
- (2g) If NO, please attach a description of corrective measures taken to resolve the systems problem presented by the year 2000, including the date upon which you anticipate the problem will be solved.
- (3g) Are you, in the course of your operations involved in working to solve the year 2000 problem as a part of your employment?  Yes  No
- (4g) If YES, what percentage of your work is involved? \_\_\_\_\_

### 3. REVENUES

(a) Sources and amounts of total revenue:

Source

(1a) Membership Dues

(2a) Government Funding

(3a) Sale of Publications

(4a) \_\_\_\_\_

(5a) \_\_\_\_\_

TOTAL GROSS REVENUE

Amount Last Fiscal Year

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

Amount This Fiscal Year

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

(b) Total Expenditures for

(1b) Last Fiscal Year

(2b) this Fiscal Year Estimate

\_\_\_\_\_

\_\_\_\_\_

### 4. APPLICANT HISTORY

- (a) Have you or any of your past or present officers, directors or employee ever been convicted of a violation of any law or ordinance?  Yes  No
- (b) Has any insurance company or Lloyd's ever canceled, declined, refused to renew or accepted only on special terms your errors and omissions insurance  Yes  No
- (c) Has any claim or suit ever been brought against you or any of your past or present officers, directors or employee  Yes  No
- (d) Are you or any of your officers, directors or employees, aware of any circumstances that may result in an errors and omissions claim or suit being made or brought against you?  Yes  No
- (e) Please list errors and omissions insurance carried for each of the past four years. IF NONE STATE NONE.

Insurance Company	Policy Number	Limits of Liability	Deductible	Premium	Inception Mo./Day/Yr.	Expiration Mo./Day/Yr.	Was this a Claims Made Policy	
							Yes	No

\* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a 'CLAIMS MADE:' basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy

Signature of Applicant \_\_\_\_\_

Title (Officer.. partner. etc ) \_\_\_\_\_

Date \_\_\_\_\_

Signing this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.

