

NEGLEY

ASSOCIATES

UNDERWRITING MANAGERS



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

Consultants Professional Errors and Omissions Liability Application

(This is an Application for a Claims Made and Reported Policy)

PLEASE TYPE OR PRINT LEGIBLY. ALL QUESTIONS MUST BE ANSWERED.

1. Full Name of Applicant (Firm): _____

2. Principal Business Address: (Please list any secondary or foreign locations on a separate sheet)

_____	_____
No.	Street
_____	_____
Town	State

3. Year Established: _____

4. Specify if: Individual Partnership Corporation Other _____

5. Are you owned by, or affiliated with other companies, or do you have any subsidiaries? Yes No
If yes, advise who they are: _____

6. Do you wish to apply for coverage for any of these entities? Yes No
If yes, please identify the entity(ies): _____

7. Within the past five (5) years, have you changed your name, acquired any business, or have you merged or consolidated with any entity? Yes No
If yes, provide the following information (If more space is needed, advise by attachment).

Name of Entity	Date of Transaction	Type of Transaction (acquisition, merger or consolidation)

8. For any of the transactions listed above, did you assume the liabilities (i.e. responsibility for prior acts) for the acquired, merged or consolidated entity? Yes No
If yes, provide details including relevant dates of the liability(ies) assumed: _____

9. Describe the services you provide that you wish to insure: _____

10. Provide the following information regarding your gross annual revenues:

	Past 12 months	Current 12 Months	Estimate for Coming Year
Domestic Operations			

	Past 12 months	Current 12 Months	Estimate for Coming Year
Foreign Operations			

11. Provide a breakdown of your consulting services, average fee, and percent of gross receipts derived from each type of activity:

	Avg. Fee	Gross Receipts
a. Actuarial	\$ _____	_____ %
b. Agricultural/Farming/Forestry	\$ _____	_____ %
c. Benefit	\$ _____	_____ %
d. Business (General)	\$ _____	_____ %
e. Business (Non-profit)	\$ _____	_____ %
f. Communication	\$ _____	_____ %
g. Compensation	\$ _____	_____ %
h. Computer	\$ _____	_____ %
i. Construction	\$ _____	_____ %
j. Environment	\$ _____	_____ %
k. Finance and Investment	\$ _____	_____ %
l. Government/Compliance	\$ _____	_____ %
m. Health Care	\$ _____	_____ %
n. Human Resource/Personnel	\$ _____	_____ %
o. Insurance	\$ _____	_____ %
p. Industrial Engineering	\$ _____	_____ %
q. Manufacturing	\$ _____	_____ %
r. Marketing	\$ _____	_____ %
s. Quality	\$ _____	_____ %
t. Risk Management	\$ _____	_____ %
u. Real Estate Investment	\$ _____	_____ %
v. Security	\$ _____	_____ %
w. Tax/Audit	\$ _____	_____ %
x. Other (describe) _____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %

12. Do you consult on means or methods of financing or obtaining funds?..... Yes No

13. Do you manage, purchase, sell, or maintain any real or personal property?..... Yes No

14. Do you manage, underwrite, or sell any investment or potential investment products including but not limited to, securities, time deposits annuities, futures contracts, partnerships, syndications, or tax shelters? Yes No

15. Do you consult on, supervise, or manage any escrow accounts, trust funds, or insurance plans?..... Yes No

- 16. Do you sell, distribute, design, manufacture, recommend, or test any product or process for creating products? Yes No
- 17. Do you provide any services or consult on product labeling or product safety? Yes No
- 18. Do you prepare, review, or approve architectural, engineering, or construction maps, plans, opinions, estimates, surveys, designs, or specifications? Yes No
- 19. Do you consult, review, or approve the design, construction, demolition or testing of any buildings or structures? Yes No
- 20. Do you provide any services or consult on the set up or management of promotional games, contests, lotteries, sweepstakes or other games with chance? Yes No
- 21. Do you provide any computer services such as data processing, systems analysis, programming or the development, distribution, marketing, licensing, selling or maintaining of computer hardware or software? Yes No
- 22. Do you offer operation management services of any businesses on behalf of the client? Yes No
- 23. Do you have any authority to act on behalf of the client in negotiating services or have authority to enter into contractual relationships for the client? Yes No
- 24. Do you offer any psychological, analysis, evaluation or counseling services, or any alcohol, drug, or other substance abuse counseling, therapy, or rehabilitation? Yes No
- 25. Do you provide any temporary professional and/or services typically provided by attorneys, accountants, stockbrokers, medical professionals, or armed security personnel? Yes No
- 26. Do you make any guarantees or warranties to your clients for any of the services you provide? Yes No

If any answers are yes, to questions 12.-26., please use a separate sheet to provide full details, including a description of the services performed.

27. List your qualifications or attach resume: _____

28. List any professional societies and trade associations relating to the service to be insured in which you are a member of: _____

29. Do you have any certified or licensed professionals on staff? (i.e., architect, engineer, medical practitioner, attorney, CPA, actuary or insurance agent or broker, etc.) Yes No
 If yes, what are the professions and what services are they providing? _____

30. Are you engaged in any other business or professional activity? Yes No
 If yes, attach explanation and receipts generated by these activities.

31. Do you use independent contractors or subcontractors for the services described in question 9. above? Yes No
 If yes, describe the services they provide and the estimated percentage of business involving subcontracting of work to others. %

32. Are Certificates or Insurance required? Yes No

33. Do you use a written contract or agreement describing the services you will provide? Yes No
 If yes, attach representative contract, work order, license agreement or letter of agreement you use with your clients.
 If no, on an attachment, explain how you reach an agreement with your clients regarding the services to be insured.
- a. Percentage of business/projects where contracts/agreements are used? _____ %
- b. Do your contracts/agreements contain:
- Guarantees or warranties? Yes No
 - Hold harmless or indemnification agreement? Yes No
 - Disclaimers? Yes No
 - An arbitration or alternative dispute resolution clause? Yes No
 - An estimate of fees to be charged? Yes No
- c. Has a law firm experienced in your field reviewed your contracts? Yes No
- d. Has a law firm experienced in your field reviewed your procedures? Yes No

34. Briefly describe your five (5) largest jobs or projects during the past five (5) years.

Client	Revenue	Service(s) Performed

35. Provide the following information for General Liability coverage currently in force:

Company	Limit	Deductible	Policy Term
	\$	\$	

36. List your prior Professional Liability Insurance carriers for the past five (5) years (if applicable) as follows:

Name of Insurer	Period	Limit	Deductible	Claims Made or Occurrence	Premium

37. What is the retroactive date of expiring Professional Liability policy? _____

38. **After inquiry, have any claims been made during the past five (5) years against any of you or any of the present partners or to your knowledge against any past directors, partners, or officers?** Yes No
 If yes, on attached SUPPLEMENTAL CLAIMS INFORMATION SHEET give full details including status of claim, amounts demanded or paid and dates of claims.

39. **After inquiry, are you aware of any facts or circumstances or any allegations or contentions of any incident which may result in any claim being made against you, or any of your past or present partners, executive officers, directors, office workers or employees, any predecessors in business or against any corporation that you were formerly employed by, associated with or had an interest in?** Yes No
 If yes, on attached SUPPLEMENTAL CLAIMS INFORMATION SHEET give full details including status of claim, amounts demanded or paid and dates of claims.

