

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

Miscellaneous 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 number of your:
Principals, partners or officers: _____
Technical personnel: _____
Clerical personnel: _____

11. List the qualifications of key personnel or attach experience resume of each: _____

12. List any professional societies and trade associations relating to the service to be insured in which you or any of your officers are members: _____

13. 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? _____

14. Are you engaged in any other business or professional activity? Yes No

If yes, attach explanation and receipts generated by these activities.

15. a. 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			

b. Are there any planned changes in your operations during the next twelve (12) months? Yes No

If yes, provide explanation: _____

16. 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. %

17. Are Certificates or Insurance required?..... Yes No

18. 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

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

Client	Revenue	Service(s) Performed

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

Company	Limit	Deductible	Policy Term
	\$	\$	
	\$	\$	
	\$	\$	

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

Name of Insurer	Period	Limit	Deductible	Claims Made or Occurrence	Premium

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

23. **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.

24. **After inquiry, have any claims been made during the past five (5) years against any of your office workers or employees?** 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.

25. **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.

It is agreed that if such knowledge exists, any claim or action arising therefrom is excluded from this proposed coverage.

26. Limit of Liability desired: Please note that the Company might require an alternative limit.
 \$500,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 Other _____

27. Deductible desired: Please note that the Company might require an alternative deductible.
 \$2,500 \$5,000 \$10,000 Other _____

28. Desired Effective Date: _____
Month Day Year

29. SUBMIT UNDER SEPARATE COVER WITH THIS APPLICATION:

- (1) A brief resume for all principals, partners and officers.
- (2) Copies of all:
 - (a) advertisements, brochures, descriptive literature;
 - (b) sample contract between applicant and client outlining services to be rendered (if one is used); and
 - (c) latest financial data (annual report and/or balance sheet).

30. **THE APPLICANT AND FIRM ACCEPT NOTICE THAT ANY POLICY WHICH MAY BE ISSUED WILL APPLY ON A "CLAIMS MADE AND REPORTED" BASIS.**

The undersigned authorized person, on behalf of the applicant, attests that to the best of the his/her knowledge and belief the statements set forth herein are true. Although the signing of this Application Form does not bind the undersigned to effect insurance, the undersigned agrees that this application and the said statements shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

The undersigned authorized person on behalf of the applicant declares that the above statements are true, that neither the undersigned person nor the applicant has suppressed or misstated facts and that at the present time the applicant has no reason to anticipate any claims being brought against the applicant or any representative of the applicant or knowledge of any negligent act, error, omission or offense on the applicant's part or any representative of the applicant except as stated herein, and agrees that this Application Form shall be the basis of the contract between the applicant and the Company and shall be deemed a part hereof.

Signing this form does not bind you to complete the insurance. Coverage will become effective upon approval of the application and issuance of the policy. It is agreed that this form will be the basis of the contract. Should a policy be issued, this form will be attached to and become a part of the policy.

The answers given to all questions in this application are complete and correct to the best of my knowledge.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (Applicable in Tennessee and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NEW YORK—WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature and Title of Applicant (must be President or CEO)

Date

Producer's Name

Area Code Phone Number

Producer: Will you make the surplus line filing for this policy? Yes No

Your Surplus Lines Number: _____