

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 LIABILITY RENEWAL APPLICATION

1. Full Name of Applicant (Firm): _____
Principal Business Address: _____
Policy Number: _____ Expiration Date: _____ Web Site Address: _____

2. Has there been any change in the professional activities for which coverage is desired? Yes No
If yes, list new activities and provide details of each:

3. Are any changes in the nature or size of your business anticipated during the next year? Yes No
If yes, please explain: _____

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

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

5. Have you added any partners or key employees during the last twelve (12) months? Yes No
If yes, please provide details of professional qualifications and experience and attach resumes: _____

6. What percentage of applicant's business involves subcontracting work to others? _____ %
Are Certificates of Insurance required? Yes No

7. List the three (3) largest projects handled during the past year and please provide the following:

Project/Client Name	Services Performed	Revenues

8. Do you carry General Liability Insurance? Yes No
Carrier Name: _____ Limits: _____ Term: _____

9. After inquiry, is the applicant aware of any facts or circumstances or any allegations or contentions of any incident not previously reported to the Company which may result in a claim being made against the applicant, or any of its past or present partners, executive officers, directors, office workers or employees, any predecessors in business or against any corporation that the applicant was 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.

10. Limit of Liability desired:

- \$250,000/\$500,000
- \$500,000/\$500,000
- \$500,000/\$1,000,000
- \$1,000,000/\$1,000,000

11. Deductible: \$2,500 \$5,000 \$10,000 Other: _____

*Please note that the Company may require an alternative limit and/or deductible combination.

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 the applicant attests that to the best of his or 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 are 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 he or she has not suppressed or misstated facts and that at the present time he or she has no reason to anticipate any claims being brought against the applicant or any representative of the applicant, and he or she has no knowledge of any negligent act, error, omission or offense on the part of the applicant 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.

X _____ X _____
APPLICANT'S SIGNATURE AND TITLE DATE

Producer: Will you make the surplus line filing for this policy? Yes No
Your Surplus Lines Number: _____