

Continental/Marmorstein & Malone

EXCESS AND SURPLUS LINES 305 Route 17 South, Paramus, N.J. 07652 P.O. Box 586
 SPECIAL RISK UNDERWRITER (201) 261-5100 1-800-932-0849 Fax(201) 261-8922

APPLICATION FOR PROFESSIONAL LIABILITY ERRORS & OMISSIONS INSURANCE

1. Name of Firm _____
 Street Address _____
 City _____ State _____ Zip _____
 Website Address _____

2. Please select the limits of liability for which you would like a quotation
- \$250,000 each & every claim/\$250,000 aggregate
 - \$500,000 each & every claim/\$500,000 aggregate
 - \$1,000,000 each & every claim/\$1,000,000 aggregate

3. Describe in detail the nature of the professional or business activities for which insurance is desired _____

4. Date business established _____

5. Is applicant firm a: Corporation LLC Partnership Sole Proprietorship Other

6. Is the firm owned by, associated with or controlled by any other business? __Yes __No
 If Yes, give details _____

7. A) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: _____
 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

B) Number of non-professional employees (clerks, secretaries, etc): _____

8. List the total gross revenue for the past two years derived from those activities in Question 3. In addition, please list projected revenues for the current year.

Prior Year	Current Year	Projection

9. For the revenues listed in question 8, please give the approximate percentage derived from each of the activities listed in Questions 3:

Activity	Revenues
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

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

11. Is the Applicant engaged in any business or profession other than described in Question 3?
 _____ Yes _____ No

If yes, please attach an explanation and estimated revenue.

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.

12. Does the Applicant Firm use a written contract with client? (Need copy of contract service contact)
 In all cases Sometimes

13. What percentage of the Applicant Firm's business involves subcontracting of work to others? _____%. (Is so, need Certificate of Insurance naming our insured as Additional Insured).

14. Does the Applicant Firm provide professional services to business entities in which it retains an ownership interest Yes _____ No _____. If yes, please explain.

15. Has any similar insurance ever been declined or cancelled?
Yes _____ (if yes, attach explanation) No _____

16. Does the applicant currently have Professional Liability Errors & Omissions insurance?
Yes _____ No _____
Description of services being covered: _____
Name of Insurer: _____
Expiration date: _____ Prior Acts/Retro Date: _____
Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____
Length of time coverage has been in force: _____

17. Have any of the individuals listed in Question 7 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes _____ No _____
If yes, please explain: _____

18. Have any claims been made against any proposed insured(s) during the past three years?
Yes _____ No _____
(If yes, provide details – loss summary)

19. Are you or any of the Principals or Partners or Directors or Employees of the firm aware of any circumstances which might give rise to a claim against the firm or any past or present Principal, Partner, Director or Employee? Yes _____ No _____

20. Please include with this application the following items:
a. Current brochure or similar item describing activities or services.
b. Most recent financial statement or annual report.
c. Copies of standard contracts for professional or business activities.

I HEREBY DECLARE that, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the Applicant:

_____ Title _____ Date _____

This Application Form duly completed, together with any supplementary information, must be signed by the persons indicated. Signing this form does not bind the Applicant or the Underwriters to complete the insurance.