



MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE SECTION
(APPLICANTS: Please complete this Section only if requesting this coverage.)

A. GENERAL INFORMATION

1. Name of **Applicant**:

2. Has the **Applicant** been established for less than 3 years? Yes No
If "Yes", please attach a list of all the principals and their resumes.

B. OPTIONAL COVERAGES REQUESTED

1. Does the **Applicant** desire an optional proposal including coverage for prior acts? Yes No
If "Yes", please enter the retroactive date requested: _____
2. Has the **Applicant** maintained professional liability insurance coverage continuously since this retroactive date? Yes No
If "No", please explain. _____

C. PROFESSIONAL SERVICES INFORMATION

1. Please describe the professional services offered by the **Applicant**:

- Important: Only those services which are listed as professional services on the Declarations for this Coverage Section of the Policy shall be made a part of the coverage offered.**
2. Is the **Applicant** engaged in any business or profession other than those described in Question 1? Yes No
If "Yes", please describe, including the estimated revenues.



3. Please indicate the total annual gross revenues derived from the professional services described in Question 1 for the past three years and the projected revenues for the year ahead:

Description of Services	Revenues for two year's prior	Revenues for one year prior	Revenues as of the current year end	Projected revenues for year ahead
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

4. If the projected revenues for the coming financial year exceed the revenues for the immediate year, please explain how this projected increase will be accomplished: _____

5. Please indicate the number of:
- a) Directors, officers and professional employees directly engaged in providing services to clients: _____
- b) All other (non-professional/clerical) employees: _____

6. Does the **Applicant** provided services to any governmental entities? Yes No

7. Do the services provided by the **Applicant** to government entities account for more than 50% of the revenues for the immediately preceding year or the projected revenues for the year ahead? Yes No
 If "Yes", please explain. _____

8. Does the **Applicant** provide services to any bank, savings and loan or other financial institution, or does it plan to do so? Yes No
 If "Yes", please explain. _____

D. PROFESSIONAL CREDENTIALS

1. Do any of the **Applicant's** employees hold any professional licenses or certifications? Yes No
 If "Yes", please identify below:

Names of all directors, officers and key employees	Professional Qualifications/Designations	Number of years in practice	Number of years with Applicant

2. Does the **Applicant** pay for continuing education to maintain any professional licenses or certification? Yes No

3. Please list the professional associations that the **Applicant** belongs to:
- _____
- _____
- _____

E. CLIENT MANAGEMENT

1. Please indicate the **Applicant's** five largest jobs/projects during the past three years, showing client's name, services provided and gross revenues for each:

CLIENT	SERVICE	REVENUE	YEAR



2. Does any director, officer or employee of the **Applicant** serve on the board of directors of any of the **Applicant's** clients? Yes No
If "Yes", please explain. _____
3. Does the **Applicant** have formal criteria in place for accepting new clients? Yes No
4. Does the **Applicant** have a formal conflict of interest policy? Yes No
5. Does the **Applicant** have a formal client confidentiality policy? Yes No

F. SERVICE AGREEMENTS AND QUALITY CONTROL

Does the **Applicant**:

1. Require written service agreements with all clients? Always Sometimes Never
Please attach a sample.
2. Negotiate and agree to contract fees in advance? Always Sometimes Never
3. Have its written service agreements reviewed by a law firm experienced in the **Applicant's** field? Always Sometimes Never
4. Confirm all changes to service agreements in writing? Yes No
5. Provide warranties or guarantees to its clients? Yes No
6. Describe services in a brochure or promotional material? Yes No
If "Yes", please attach a sample of brochures and promotional material.
7. Subcontract work to others? Yes No
If "Yes", please attach an explanation.
8. Have a written procedural manual for employees to follow? Yes No
9. Have a formalized training program for newly hired employees? Yes No
10. Have a formal procedure for handling client complaints? Yes No
11. Include alternative dispute resolution or mediation procedures in their service agreements, as a means of resolving complaints? Yes No
12. Conduct audits or reviews of the services performed by employees? Yes No
If "Yes", how often? Annually ____ Semi-Annually ____ Quarterly ____ Other ____

Please attach the following additional required underwriting information:

- Samples of the most recent contract and service agreements used with clients (within the last year)
- Resumes, if the **Applicant** has been in business for less than 3 years
- Most recent audited, reviewed or compiled financial statements, whichever are available