



Consultants and Specified Professions Professional Liability

**ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.
THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY
CAREFULLY.**

SECTION I: BACKGROUND INFORMATION

1. Name of Insured:

2. Address:

Website:

3. Date Established:

4. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company? Yes No

5. Does the Applicant have any Subsidiaries? Yes No

If Yes, please list on a separate sheet and advise if coverage is to apply to them.

6. Applicant is: Corporation Partnership Individual

SECTION II: ORGANIZATION OPERATIONS DETAILS

7. Please describe in detail the professional services for which coverage is desired:

8. (a) List total gross receipts derived from activities in question #7:

Gross Receipts

Last Year:

Current Year(based on 12 months):

Forecast for Next Year:

(b) Did the Applicant have a positive net income in the past 12 months? Yes No
If No, please advise net income and steps being taken to correct the negative net income.

(c) What is the Applicant's overall net equity? Positive Negative
If Negative, please advise net equity and steps being taken to correct the negative net equity.

9.(a) Describe the 5 largest jobs or projects during the past 3 years

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Name Of Client	Services Provided	Gross Billings

(b) Does the Applicant anticipate deriving more than 50% of total gross billings for the coming year from a single client? Yes No
If Yes, advise details on a separate sheet.

10. Is the Applicant a licensed Professional(i.e. Lawyer, Accountant....)? Yes No
If Yes, advise type of licensed Professional:

11. (a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients:

(b) Number of non-professional employees (clerks, secretaries, etc.):

(c) Number of independent/sub contractors:

12. Please answer the following question(s) regarding the use of independent contractors.

(a) Does the Applicant desire to provide coverage solely for themselves with respect to liability arising out of work performed by independent contractors? Yes No or

(b) Does the Applicant desire to provide coverage for independent contractors(including them as named insured(s) on your policy),while working on your behalf? Yes No

If Yes to 12b, please answer the following questions:

(1) How will the Applicant utilize each independent/sub contractor?

(2) The total percent of Applicant's work done by independent/sub contractor.

(3) Does the Applicant require Certificates of Professional Liability Insurance from all

independent contractors? Yes No

13. Please provide the following

Name of Partners, Principals Key Employees and Independent Sub Contractors	Professional Qualifications Designations	# of Years in Practice.

14. Does the Applicant design, manufacture or test any product or process for creating a product?

Yes No

If Yes, provide details on a separate sheet.

15. Does any director, officer, employee, partner or independent/sub contractor of the Applicant serve on the Board of Directors of any client or own any financial or equity interest in any client of the Applicant? Yes No

If Yes, attach an explanation.

16. What do you see as your potential exposure to a professional liability claim?

17. Does the Applicant use a written contract with clients? In all cases | Sometimes | No

SECTION III: CLAIMS INFORMATION

Do not complete this section if this is an application for a renewal policy at the same limit of liability with one of the USLI companies.

18. During the past 5 years, has any claim been made or suit brought against the Insured, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors? Yes No

(If Yes, please provide details on a separate supplemental claim application.)

19. Is any owner, partner, officer, director, employee or independent contractor aware of any

circumstance, allegation, contention, or incident which may result in a claim being made against the Insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees or independent contractors? Yes No

(If Yes, please provide details on a separate supplemental claim application.)

SECTION IV: PROFESSIONAL LIABILITY INSURANCE COVERAGE

20. Has any Policy of or Application for professional liability insurance on your behalf or on the behalf of any of your principals, officers, employees, independent contractors, or on behalf of any predecessor(s) in business ever been declined, cancelled or renewal refused? Yes No

If Yes, advise details:

21. Is similar professional liability insurance currently in force? Yes No

Name of Carrier Limit

Retroactive Date (if any)

Deductible

Premium

Policy Period

Length of time coverage has continuously been in force:

SECTION VI: GENERAL LIABILITY INSURANCE

22. Does the Applicant currently have General Liability Insurance? Yes No

If Yes, please advise the following:

Name of Carrier

Limit

Premium

Expiration Date

23. Describe any General Liability Losses in the past 5 years

24. Number of Employed Consultants:

25.(a) Does the Applicant use Independent Contractors? Yes No

If Yes, please answer 25 (b) and (c)

(b) Is General Liability coverage to include Independent Contractors? Yes No

(c) Number of Independent Contractors used:

NAME OF AUTHORIZED AGENT OR BROKER
ADDRESS
LICENSE NO.
MAIL COMPLETED
APPLICATION THROUGH
LOCAL AGENT OR
BROKER TO:

NOTICE TO THE APPLICANT

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Company is hereby authorized, but not required to make an investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not stop the Company from relying on any statement in this Application. The signing of this Application does not bind the undersigned to purchase the Insurance, nor does the review of this Application bind the Company to issue a policy. It is understood the Insurer is relying on this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of this Policy.

Signature of Applicant or Insured:

Date:

Must be signed by a Principal, Partner or Officer of the Firm

Computer Consultants Supplemental

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

- 1. Please briefly describe the primary computer services for which coverage is desired:**
- 2. Please indicate the percentage of Applicant's annual revenue from the last fiscal period involving:**

26. Is the Applicant involved in the installation of equipment or physical application of the items for which they are providing consultation services(including work done by Independent Contractors on behalf of Applicant)? Yes No

27. Additional Insureds to be included(List name, address and relationship to Applicant):

SECTION VII: PERSONAL PROPERTY INSURANCE INFORMATION

28.(a) Personal Property Limit (at 80% Coinsurance/Replacement Cost):

If Limit is greater than \$25,000, please answer 28 (b) and (c) below:

(b) Protection Class (1 through 10)

(c) Burglar Alarm	Yes	No	Central station	Yes	No
Sprinklers	Yes	No	Central station	Yes	No
Fire Alarm	Yes	No	Central station	Yes	No

29. If located in first tier coastal country distance from water (ocean, bay or inlet)

30. Previous Carrier:

Expiration Date:

Premium:

31. Property Claims Paid or Pending during last 5 years (by year):

SECTION VIII: REQUIRED INFORMATION

A. USLI Application.

B. Copy of resumes on technical and key personnel.

FRAUD STATEMENT: 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.

THE STATES OF FLORIDA AND NEW YORK REQUIRE THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

Advise details next to each item which may help in understanding Applicant's operations.

- _____ % Training and Education
- _____ % Records Management/ Retrieval
- _____ % Hardware Maintenance Services
- _____ % Package Software Installations
- _____ % Graphics/ Presentation Materials
- _____ % Basic Computer Security
- _____ % Computer Security (High Tech)
- _____ % Custom Software Development
- _____ % Equipment Evaluation & Selection
- _____ % EDP Audit
- _____ % Needs Evaluation
- _____ % Packaged Software Development/Sales
- _____ % Hardware Manufacturing/Sales
- _____ % Web Site Design
- _____ % Other

Total (must equal 100%)

Gross receipts from these activities last year \$ _____

3. Does the Applicant provide any services other than those services listed above in #2? Yes No
If yes, please provide details on a separate sheet.

4. Is the Applicant an Internet Service Provider and/or does it provide any internet access, online publishing, and/or services as a web portal, web host, web search engine, e-mail service, chat room, online database or bulletin board?

If "Yes" please provide details on a separate sheet and % of receipts.

Yes No % Receipts _____

5. Does the Applicant provide any consulting services which enable or affect any of the following? (Please provide details below).

- ▮ CAD/CAM design or control, robotics or process control of industrial equipment? Yes No %Receipts
- ▮ Mechanical, electrical, chemical, civil or architectural design or engineering? Yes No %Receipts
- ▮ Fund transfers or financial transactions? Yes No %Receipts
- ▮ Aircraft, air-ground equipment, military defense and/or weaponry of any kind? Yes No %Receipts
- ▮ Medical, dental or healthcare diagnosis, monitoring or treatment? Yes No %Receipts
- ▮ Pharmaceutical formulation, production or prescriptions? Yes No %Receipts

- | 911 or other emergency response and/or dispatch? Yes No %Receipts
- | Energy, power plant, utility or pollution monitoring, supply or distribution? Yes No %Receipts
- | Computer security services intended to protect financial assets or privileged government information not intended for public usage/consumption? Yes No %Receipts

THIS COMPUTER CONSULTANTS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION. THIS SUPPLEMENTAL APPLICATION IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.

SIGNATURE

TITLE

DATE