

PROFESSIONAL LIABILITY APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

		ELIGIBILITY QUESTIONS					
1.							
2.	2. Please describe your Engineer & Design class:						
3.	, · · · ·						
4.	Yes Yes	No No					
5.	5. During the past 5 years have any Claims, Suits or Demands for Arbitration been brought by or against the Applicant (including all predecessors in business, owners, officers and directors)?						
6.	Is the Applicant aware of any circumstanc omission which may lead to a claim?	Yes	No				
		GENERAL DETAILS					
Name an	d Mailing Address of Applicant						
		State	Zip code				
Name an	d Address of Retail Broker:						
		State	Zip code				
		CONTACT DETAILS					
Contact N	lame						
Telephor	e	Email					

COVERAGE DETAILS

1. Requested Effective Date:						
		es	No			
If yes, please complete questions 3 -6						
. Has the applicant had any computer or information Yes N security incidents during the past three years ?			No			
4. Has the applicant given written notice under the provisions of ar cyber risk, media or network security policy of specific facts or ci which may give or have given rise to a Claim being made agains proposed Insured?	rcumstances	'es	No			
5. Has the applicant failed to encrypt all protected health information and credit card data stored digitally?:				ŸesÁ Á	Þo	Not Applicable
6. Has the applicant failed to maintain computer virus, firewall and sec	ure backup protectio	on? ÁÁ		ŸesÁ /	Á Þo	
7. Is Commercial General Liability (separate head of cover) cover If yes, please complete question 8	age required?			Yes Á	oq i	
8. Does your business provide any one of the following: Construction, Treatment, Cleaning or Security?	Installation, Maintena	ance,		Yes	No	
9. Is Hired and Non Owned Auto coverage required? If yes, please complete question 10 – 12		\$\$\$\$\$\$\$\$ \$	₩₩Ÿes#₩	₩Þo		
10. Are any of your employees who use their vehicle for company by company business more than 2 hours a day or beyond a 75 mile rad		_	on	Yes	No	
11. Do employees transport any passengers on business use?				Yes	No	
12. How many employees use their personal vehicles on business	use?					
13. Is TRIPRA coverage required?				Yes	No	
14. Professional Liability each claim/aggregate limit required: \$50	00,000/\$500,000 Á	₩ \$1,0	000,000	0/\$1,000	,000	\$1,000,000/\$2,000,000

\$1,000 AXXX\$2,500

\$5,000

\$10,000

DECLARATION

15. Professional Liability each claim deductible required:

current retroactive date of the policy:

16. If Professional Liability insurance is currently in force, what is the

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature	Retail Broker's Signature
Date	Date