

# Miscellaneous Professional Application



1. a. Applicant Firm Name: \_\_\_\_\_
- b. Principal Business Address: \_\_\_\_\_
- c. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- d. Email Address: \_\_\_\_\_ Website: \_\_\_\_\_
- e. Contact Person Mr./Ms.: \_\_\_\_\_

2. Applicant is:             Individual     Corporation     Partnership     LLC

3. Year Established:            \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. a. Is the Applicant engaged in any business or profession other than describe above?  
 Yes     No            If "Yes", please attach an explanation and estimated revenues.

6. Please indicate the total annual gross revenues derived from the services described in Question 6 for the past three years and the projected revenues for the current year:

YEAR	REVENUE
a. Current	\$ (estimated)
b.	\$ (estimated)
c.	\$ (estimated)
d.	\$ (estimated)

7. For the revenue listed in Question 5a, please indicate the approximate percentage derived from each of the services listed in Question 6:

SERVICE	PERCENTAGE OF REVENUE
	%
	%
	%
	%

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8. a. Is the Applicant controlled, owned by, associated or affiliated with, (or does it own), any other firm or business enterprise?  Yes  No
- b. If "Yes", please attach an explanation and indicate if any services described in Question 6 are provided to such firm or business enterprises.

9. a. During the past five years, has the Applicant's name been changed, or has the Applicant purchased, merged or consolidated with any other business or has the Applicant been purchased?  
 Yes  No If "Yes", please attach an explanation.

10. Please indicate the number of:

- a) Principals, partners, officers and professional employees directly engaged in providing services to clients:

\_\_\_\_\_

\_\_\_\_\_

- b) All other (non-professional/clerical) employees: \_\_\_\_\_

11. Please list professional associations to which the Applicant belongs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Please provide the following:

NAME OF ALL PARTNERS, PRINCIPALS AND KEY APPLICANT EMPLOYEES	PROFESSIONAL QUALIFICATIONS OR DESIGNATIONS	NUMBER OF YEARS IN PRACTICE

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

CLIENT	SERVICES	REVENUE

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14. Does the Applicant use a written contact with the clients?  
 In all cases    Sometimes    Never   Please attach sample copies of all types.
15. Does the Applicant subcontract work to others?  
 Yes    No   If "Yes", please attach an explanation.
16. Has any errors and omission or professional liability insurance ever been declined or cancelled?  
 Yes    No   If "Yes", please attach an explanation.
17. Is any errors and omissions or professional liability insurance currently in force?  
 Yes    No   If "Yes", please indicate: \_\_\_\_\_
- a. Retroactive date of current policy: \_\_\_\_\_
- b. Has the firm ever purchased an extended reporting period endorsement ("tail coverage")?  
 Yes    No   If "Yes", please advise effective date and expiration date: \_\_\_\_\_

From	To	Insurance Company	Limits of Liability	Deductible	Premium
/ / to / /					

18. Does any director, officer, employee or partner of the Applicant have knowledge or information of any act, error or omission, which might reasonably be expected to give, rise to a claim?  
 Yes    No   If "Yes", please attach an explanation.
19. Has the Applicant or any director, officer, employee or partner of the Applicant ever been the subject of disciplinary action as a result of professional activities?  
 Yes    No   If "Yes", please attach an explanation.
20. Please attach a list and status of all errors and omission claims made during the past five years against the Applicant or any other director, officer, employee or partner of the Applicants.  
 If none, please check here:  None

**Please attach the Applicant's most recent annual report / financial statement and principals resumes.**

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date