



**APPLICATION**  
**CONSULTANTS ERRORS AND OMISSIONS INSURANCE**  
**CLAIMS MADE POLICY**

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE IS ANY QUESTION, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

QUESTIONS	ANSWERS
1. Full name and address of Applicant.	1.
2. Address(es) of Branch Office(s).	2.
3. Date Established.	3.
4. The Applicant is:	4. <input type="checkbox"/> Individual; <input type="checkbox"/> Partnership; <input type="checkbox"/> Corporation; <input type="checkbox"/> _____.
5. Furnish the number of Partners and Staff:  a) Principals/Partners; b) Professional Staff; c) Other Employees.	5. <u>Full Time</u> <u>Part Time</u>  a)                    _____                    _____ b)                    _____                    _____ c)                    _____                    _____
6. a) Furnish the following information on all principals and key employees:	
<u>Full Name</u>	<u>No. Years Experience</u>
<u>Professional Qualifications</u>	<u>How Long a Principal</u>
b) Attach resumes of the principals and key employees.	
b)                    _____	
7. a) Furnish estimated gross receipts for the NEXT fiscal year;	7. a)                    \$ _____
b) Furnish gross receipts for the current year and the past TWO years.	b) 19__                    \$ _____ 19__                    \$ _____ 19__                    \$ _____

**QUESTIONS**

**ANSWERS**

8. Describe in detail the professional activities for which coverage is desired and indicate the percentage of gross receipts derived from each.

8.	<u>Professional Activity</u>	<u>%</u>
a)	_____	_____
b)	_____	_____
c)	_____	_____
d)	_____	_____
Total		100%

9. Furnish the details of the FOUR largest contracts undertaken during the last THREE years and the gross receipts derived from them.

<u>Client</u>	<u>Detail</u>	<u>Gross Receipts</u>
a) _____	_____	\$ _____
b) _____	_____	\$ _____
c) _____	_____	\$ _____
d) _____	_____	\$ _____

10. a) Is the Applicant a member of any Professional Organizations, Associations, or Societies?  
b) If "Yes," furnish full details.

10. a) YES/NO  
b)

11. Answer the following:  
a) Does the Applicant sell, promote, or perform any service other than the consulting services described in Question 8?  
b) Does the Applicant consult on means or methods of financing or obtaining funds, including, but not limited to, loans, grants, mergers, acquisitions, capitalizations, divestitures, or liquidations?  
c) Is the Applicant involved in the management, purchase, sale or maintenance of any real or personal property, or in any activity related to investments or investing, including, but not limited to, securities, time deposits, annuities, futures contracts, partnerships, syndications or tax shelters?  
d) Does the Applicant consult on, supervise or manage any escrow accounts, trust funds, or insurance plans?

11.  
a) YES/NO  
b) YES/NO  
c) YES/NO  
d) YES/NO

**QUESTIONS**

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11. e) Does the Applicant sell, distribute, design, manufacture, recommend, or test any product or any process for creating a new product?

f) Does the Applicant prepare, review or approve architectural, engineering or construction maps, plans, opinions, estimates, surveys, designs, or specifications, or is the Applicant otherwise involved in any way with the design, construction, demolition, or testing of any buildings or structures or any components thereof?

g) Has the Applicant agreed to manage the operations of any business on behalf of any client, or does the Applicant assist in negotiating or have authority to enter into contractual relationships on any client's behalf?

h) If "Yes," to any of the above, furnish full details.

11. e) YES/NO

f) YES/NO

g) YES/NO

h)

12. Furnish the following:

a) Copies of brochures, and descriptive literature;

b) A sample contract or letter of engagement between the Applicant and clients outlining the services to be rendered;

c) Sample consulting report issued to a client.

12.

a)

b)

c)

13. a) Does the Applicant use Subcontractors to perform professional services?

b) If "Yes," furnish the following?

1) The number of subcontractors hired in the last year;

2) Percentage of gross receipts derived from the subcontractors' work;

3) Type of work done by the subcontractors;

4) Furnish the qualifications required of a subcontractor by the applicant. Is there a minimum experience requirement;

5) a. In what geographic areas are subcontractors used;

13. a) YES/NO

b)

1) \_\_\_\_\_

2) \_\_\_\_\_ %

3)

4)

5) a.

**QUESTIONS**

**ANSWERS**

<p>13.</p> <p>b. Are any used outside the U.S.A.? If "Yes," please advise areas of the world;</p> <p>6) How is the work of the subcontractor supervised by the Applicant;</p> <p>7) Are the subcontractors required to have their own Errors &amp; Omissions Insurance;</p>	<p>b. YES/NO</p> <p>6)</p> <p>7) YES/NO</p>												
<p>14.</p> <p>a) Furnish the following information about other insurance carried by the Applicant:</p> <p>1) General Liability;</p> <p>2) Fidelity.</p> <p>b) Does the general liability insurance include personal injury coverage?</p> <p>c) Does the general liability insurance include products/completed operations coverage?</p>	<p>14.</p> <table border="0"> <tr> <td>a)</td> <td><u>Insurance Co.</u></td> <td><u>Policy Limit</u></td> <td><u>Expiration Date</u></td> </tr> <tr> <td>1)</td> <td>_____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>2)</td> <td>_____</td> <td>\$ _____</td> <td>_____</td> </tr> </table> <p>b) YES/NO</p> <p>c) YES/NO</p>	a)	<u>Insurance Co.</u>	<u>Policy Limit</u>	<u>Expiration Date</u>	1)	_____	\$ _____	_____	2)	_____	\$ _____	_____
a)	<u>Insurance Co.</u>	<u>Policy Limit</u>	<u>Expiration Date</u>										
1)	_____	\$ _____	_____										
2)	_____	\$ _____	_____										
<p>15.</p> <p>a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?</p> <p>b) If "Yes," furnish full details.</p>	<p>15. a) YES/NO</p> <p>b)</p>												
<p>16.</p> <p>a) During the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant?</p> <p>b) If "Yes," furnish full details.</p>	<p>16. a) YES/NO</p> <p>b)</p>												
<p>17.</p> <p>a) Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business?</p> <p>b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.</p>	<p>17. a) YES/NO</p> <p>b)</p>												

**QUESTIONS**

**ANSWERS**

17.		Limits of Liability	Deductible	Premium	Expiration Mo./Day/Yr.
<u>Insurer</u>	<u>Policy No.</u>				
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

- c) Is the Applicant's expiring policy a CLAIMS MADE policy? c) YES/NO
- d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy. d) \_\_\_\_\_

18. a) Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed?

18. a) YES/NO

b) If "Yes," furnish full details.

b)

19. a) Has any Claim been made during the last FIVE years against the Applicant, any of their past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions?

19. a) YES/NO

- b) If "Yes," furnish the following:
- 1) Date the Claim was made;
  - 2) Name of the Claimant;
  - 3) Value of the Claim;
  - 4) If the Claim is settled or outstanding;
  - 5) Amount of the settlement;
  - 6) Brief Description.

- b)
- 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
  - 4) \_\_\_\_\_
  - 5) \_\_\_\_\_
  - 6) \_\_\_\_\_

20. a) Is the Applicant aware of any circumstances, or any allegation or contentions, as to any incident which may result in a Claim being made against the Applicant or any past or present owners, partners, officers, employees, or predecessors in business?

20. a) YES/NO

- b) If "Yes," furnish the following:
- 1) Date the Applicant first became aware of any such alleged negligent act, error or omission;

- b)
- 1) \_\_\_\_\_

**QUESTIONS**

**ANSWERS**

<p>20.</p> <p>2) Name of the potential Claimant;</p> <p>3) Estimated value;</p> <p>4) Brief description.</p>	<p>2) _____</p> <p>3) _____</p> <p>4) _____</p>
<p>21. a) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application?</p> <p>b) If "Yes," furnish full details.</p>	<p>21. a) YES/NO</p> <p>b)</p>
<p>22. Does the Applicant agree that this Application is for a CLAIMS MADE policy?</p>	<p>22. YES/NO</p>
<p>23. a) Limit of Liability required?</p> <p>b) Amount of deductible required?</p>	<p>23. a) \$ _____</p> <p style="text-align: center;">(Each Claim /Aggregate)</p> <p>b) \$ _____</p>

I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this declaration shall be the basis of the contract between me/us and the Company and that this Application will form a part of the policy.

\*Name of Firm: \_\_\_\_\_

By: \_\_\_\_\_

(Owner, Partner, or Senior Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_ 19 \_\_\_\_\_

*\* Signing this form does not bind the Applicant or the Company to complete the insurance.*