

**ADMIRAL INSURANCE COMPANY**

6455 East Johns Crossing, Suite 240

Duluth, GA 30097

Phone: 770-476-1561 — Fax: 770-418-9597

Internet: <http://www.admiralins.com>

**INDICATION FOR SMALL PREMIUM  
PROFESSIONAL LIABILITY INSURANCE  
(CLAIMS-MADE FORM)**

1. Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Date Firm Established: \_\_\_\_\_

3. How many years' experience do you have in this type of business? Years: \_\_\_\_\_

4. Number of Employees: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Total: \_\_\_\_\_

5. Do you hire Independent Contractors? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, do you require them to carry their own professional liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Describe in detail the professional activities for which coverage is desired and indicate the gross receipts/revenue derived from these activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gross Annual Receipts/Revenue: Estimate for Coming Year: \$ \_\_\_\_\_ Past 3 Years: Year: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

7. Limit of Liability desired: \_\_\_\_\_ \$250,000 \_\_\_\_\_ \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_ Other \$ \_\_\_\_\_

8. Deductible desired: \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$2,500 \_\_\_\_\_ \$5,000 \_\_\_\_\_ Other \$ \_\_\_\_\_

9. Have any claims ever been made against you or your firm in the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Have there been any known incidents which might give rise to a professional liability claim? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Has any insurer canceled or refused to renew any similar insurance during the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Do you currently carry Professional Liability Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please complete the following concerning your expiring coverage:

Policy Period	Insurer	Claims Made or Occurrence	Limits of Liability	Deductible	Retro Date
_____	_____	_____	_____	_____	_____

Signature of Applicant

Date