

ADMIRAL INSURANCE COMPANY

6455 East Johns Crossing, Suite 240

Duluth, GA 30097

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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:	Past 3 Years:	
Estimate for Coming Year: \$ _____	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
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Signature of Applicant

Date