



The Hartford

Name of Insurance Company to which application is made

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important all questions are answered accurately.

NOTICE: THIS PROFESSIONAL LIABILITY INSURANCE IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS AND PROVIDES COVERAGE FOR THOSE CLAIMS WHICH ARE FIRST MADE AND REPORTED TO THE COMPANY WHILE THIS INSURANCE IS IN FORCE AND WHICH ARE THE RESULT OF WRONGFUL ACTS OCCURRING SUBSEQUENT TO THE RETROACTIVE DATE SHOWN IN ITEM 5 OF THE DECLARATIONS PAGE. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, AN EXTENDED REPORTING PERIOD APPLIES. THIS INSURANCE PROVIDED BY THIS POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSES. CLAIM EXPENSES SHALL ALSO BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

Please provide the following:

- An organizational chart Attached or N/A
- Promotional Brochures See Website or Attached
- Attach a sample contracts used with customers. Attached
- Most recent complete annual financial information, audited financial statement is preferred. Attached

1. NAME OF APPLICANT: _____

2. PRINCIPAL BUSINESS ADDRESS: _____

3. SECONDARY AND FOREIGN LOCATIONS: _____

4. WEB-SITE ADDRESS: _____

5. APPLICANT IS A: Corporation Partnership Individual LLC other _____

6. YEAR ESTABLISHED: _____

7. PLEASE ATTACH AN ORGANIZATIONAL CHART.

8. NAMES AND LOCATIONS OF ALL SUBSIDIARIES FOR WHICH COVERAGE IS DESIRED.

<u>Name of Subsidiary, Affiliate or Joint Venture</u>	<u>Description of Operations</u>	<u>% of ownership interest or relationship to Applicant</u>

- 9a. Is the applicant directly or indirectly controlled by, owned, or associated or does it own any other business enterprise, partnership, corporation or company? Yes No **If yes, please attach an explanation.**
- 9b. Does the applicant, any of its owners, partners, directors, officers or employees own (wholly or partly), operate, manage or serve as directors, officers or partners of any other firm or organization? Yes No **If yes, please attach an explanation.**
- 9c. If either a) or b) are answered Yes, does the applicant render any services to such business enterprise? Yes No **If yes, please attach an explanation.**

10a. Has applicant changed its organizational format in the past 12 months (reorganization, acquisitions, divestitures)?
 Yes No
If Yes, please provide explanation.

10b. Has the applicant changed its name recently? Yes No **If Yes, please provide explanation and previous name used by the applicant.**

10c. Is there any pending change in the name of Applicant or pending acquisition or merger? Yes No
If yes, please explain on separate sheet.

11. Describe the professional services/operations for others for which coverage is desired.

12. List the total gross receipts for the past three years, projected receipts for the coming year derived from the services for which coverage is desired and total number of transactions.

YEAR	GROSS RECEIPTS	TRANSACTIONS/PROJECTS
a. Current Projected	\$ _____	_____
b. _____	\$ _____	_____
c. _____	\$ _____	_____
d. _____	\$ _____	_____

13. For the receipts listed above, please give an approximate percentage breakdown derived from each professional service.

TYPE OF SERVICE	PERCENTAGE OF RECEIPTS
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
	Total = 100%

14. Describe the types of negligent acts, incidents, circumstances, exposures, or E&O claims for which coverage is desired.

15. Is the applicant engaged in any business other than as described in question 6? Yes No **If yes, please attach an explanation and estimated receipts.**

16a. Does the applicant subcontract work to others? Yes No **If yes, who is/are the subcontractor(s), what services are they providing on your behalf?**

16b. Does the applicant require subcontractors to carry E&O insurance and obtain evidence of insurance? Yes No **If no, please describe your risk management polices and procedures to address this issue.**

16c. Does the applicant verify sub-contractors has proper licensing in place? Yes No **If no, please describe your risk management polices and procedures to address this issue.**

17a. Does applicant use written contracts with clients? Yes No **If no, does the applicant use engagement letters requiring clients sign – off ?** Yes No

17b. Do contracts with subcontractors have hold harmless agreements that benefit the applicant? Yes No

17c. Who writes and authorizes any changes to the contracts? _____

17d. Do contracts contain a hold harmless agreement that benefits the applicant? Yes No

17e. Do contracts contain a hold harmless agreement that benefits other parties of the contract? Yes No

17f. What is the average contract length for Professional Services: _____

17g. What is your longest contract length for Professional Services: _____

17h. What is the average contract amount (your Annual revenues) for Professional Services: _____

17i. What is your largest contract amount (your Annual revenues) for Professional Services: _____

18a. List your five largest projects during the last three years:

<u>CLIENT</u>	<u>SPECIFIC SERVICES YOU PROVIDED</u>	<u>LENGTH</u>	<u>REVENUE</u>

18b. Did legal counsel review ALL of the above contracts? Yes No

19. Does the applicant do work outside the United States? Yes No **If yes, where?** _____

20. Total number of employees _____

21. Please list and describe five of the applicant's clients or projects. Please give nature of services performed for the client.

22. Total number of clients _____

23. Has any similar insurance ever been declined, canceled or non-renewed? Yes No **If Yes, please explain on a separate sheet of paper.**

24. List all professional liability insurance carried for each of the past three years. If none .

Insurance Company	Policy Period	Limit of Liability	Deductible	Premium	Retroactive Date

25. Have any of the applicant's Owners, Principals, Directors, Officers or employees ever been the subject of reprimand or disciplinary or criminal actions by authorities as a result of their professional activities? Yes No **If Yes, please attach explanation.**

26. Have any professional liability claims ever been made against any proposed Insured(s)? Yes No **If Yes, please complete Supplemental Claim Form for each claim.**

27. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably give rise to a claim against him or his predecessors in business? Yes No **If Yes, please complete Supplemental Claim Form for each.**

It is understood and agreed that with respect to Questions 25, 26 and 27 above, that if such knowledge or information exists, any claim or action arising therefrom is excluded from this proposed coverage.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

WARRANTY: The applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this warranty constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application submitted by the applicant.

The applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

NOTE: In applying for coverage, the applicant agrees that in the event of covered losses, he/she will be required to be defended by an attorney appointed by the Company.

The applicant hereby acknowledges that he/she is aware that the limit of liability shall be reduced, and may be completely exhausted, by claims expenses and in such event, the Company shall not be liable for claims expenses or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant hereby further acknowledges that he/she is aware that claims expenses that are incurred shall be applied against the deductible amount.

The applicant understands and accepts that the policy applied for provides coverage on a "claims-made" basis for only those claims that are made against the Insured while the policy is in force and that coverage ceases with the termination of the policy.

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

KENTUCKY APPLICANTS: 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.

MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A

STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR ANY INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

This application must be signed and dated by an owner, partner or officer.

Signing this form and tendering premium does not bind the applicant or the Company to complete the insurance. This application must be signed to be considered for quotation.

Applicant's Signature

Print or Type Name & Title

Date (Month/Day/Year)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

Hartford Financial Products
2 Park Avenue
New York, N.Y. 10016



The Hartford

**HARTFORD FINANCIAL PRODUCTS
MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION
CLAIM OR CIRCUMSTANCE FORM**

1. Name of Insured as it appears on your policy.

2. Names(s) of individuals of the insured involved in the claim or potential claim.

Please indicate each such individual's status at the insured (employee, principal, officer, etc.) at the time of the event and their current status.

3. Names(s) of claimant(s) or potential claimant(s).

4. Date of alleged error, i.e., date when services were rendered or when the insured had dealings with the claimant(s) which now form the basis for this report.

5. Date on which the insured first had reason to believe that a claim might be made.

6. Date of claim. Please attach copy of claim letter, if one was sent to the insured.

7. Other defendants or potential defendants.

8. Describe in detail the incident or alleged error which gives rise to this claim. Please feel free to use additional sheets if necessary.

9. Amount of damages sought.
10. Has a lawsuit been filed? If so, please attach a copy of the summons and complaint and tell us the date on which you were served.
11. Do you have other insurance coverage for this claim presently in force or do you have prior policies which might apply to this claim? Examples of other insurance which might apply to this claim include general liability, directors and officers, fidelity, etc. If you do have other insurance which might apply to this claim, kindly submit a copy of such other insurance coverage.

DATE _____ SIGNED _____