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| **ABCO Insurance Agency****403 Marlton Pike E, Suite 100****Cherry Hill, NJ 08034** | **APPLICATION FOR****PROFESSIONAL LIABLITY INSURANCE****(CLAIMS-MADE FORM)** |
| **General Applicant Information** |
| 1. | Name of Applicant: |       |
|  |       |
| 2. | Principal Address: |       |
|  |       |
| 3. | City: |       | County: |       | State: |       | Zip Code: |       |
| 4. | Phone: |       | Website Address: |       |
| 5. | Does the Applicant practice as: | [ ]  Corporation [ ]  Partnership [ ]  Individual [ ]  LLC |
|  | [ ]  Other: |       |  |
| 6. | Date Applicant was established: |    | / |    | / |    |  |
|  |  | MM |  | DD |  | YY |  |
| **Applicant Practice** |  |  |
| 7. | Please describe in detail the professional activities for which coverage is desired: |
|  |       |
|  |       |
|  |       |
| 8. | Does any member of the Applicant provide professional services other than those mentioned in question 7.? |
|  | (If “yes”, please provide full details) |  | [ ]  Yes [ ]  No |
| 9. | To what professional association(s) does the Applicant belong? |  |
|  |       |
|  |       |
| 10. | Has any one client (including affiliated clients) account for 25% or more of the Applicant’s gross revenues during the past |
|  | 12 months? If “yes”, please provide the name(s) of the client(s) and percentage. | [ ]  Yes [ ]  No |
| 11. | List the total gross revenues for the past two years derived from those activities in Question 7. In addition, please list  |
|  | projected revenues for the current year (For insurance agents and brokers, please provide total gross commissions). |
|  | **Year** | **Amount** |  |
|  | a. Current Projected | $ |       |  |
|  | b. Past Fiscal Year | $ |       |  |
|  | c. Second Past Fiscal Year | $ |       |  |

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| 12. | For the revenue listed in question 11., please provide the approximate percentage derived from each of the activities listed  |
|  | under Question 7. |  |
|  | **Activity** | **% if 11.a. Revenues** |
|  |       |  |       | % |  |
|  |       |  |       | % |  |
|  |       |  |       | % |  |
| 13. | Please include a list of the Applicant’s five largest jobs or projects during the past three (3) years. (Do not complete for |
|  | Insurance Agents and Brokers) |  |
|  |  |  |  |  |  |  |
|  | Project / Client Name | Service Performed for Client | Revenue from those Services | Date Service Began | Former Employer of Applicant (Yes or No) | Pct. of gross revenue |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
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| **Staff Information** |  |
| 14. | Please provide the following: **(Please include all principal and key employee resumes)** |
|  |  |  |  |  |  |  |
|  | Name of all Principals, Partners, Owners and Key Employees | Professional Qualifications | Years with Applicant Firm | Years in Practice | Continuing Education(Yes or No) | Position with Firm |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
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| 15. | Provide information on the Applicant’s Staff: |
|  |  | Full Time |  | Part Time |  |
|  | a. Total Number: |       |  |       |  |
|  | b. Number hired within the past 12 months |       |  |       |  |
|  | c. Number terminated, retired, or resigned within the past 12 months: |       |  |       |  |
| 16. | Does any current member of the Applicant provide any professional services to any client in which any Applicant member |
|  | or SPOUSE serves as a director, officer or partner or own any equity or financial interest, or is the Applicant owned by,  |
|  | Associated with or controlled by any other entity? (If “yes”, please provide full details)  | [ ]  Yes [ ]  No |

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| 17. | In the past (5) five years, has any professional liability claim or suit ever been made against the Applicant or any of its |
|  | predecessor firms if any? If “Yes”, how many      ?  | [ ]  Yes [ ]  No |
|  | Please complete the **Claim Supplement** and provide currently valued company loss runs. |  |
| 18. | Does any principal, owner, partner or employee know of any incident, act, error or omission that could result in a claim or  |
|  | suit against the Applicant or any predecessor firms? If “yes”, how many      ?  | [ ]  Yes [ ]  No |
|  | Please complete the **Claim Supplement** and provide currently valued company loss runs. |  |
| 19. | Have all matters in Question 17. and 18. been reported to the Applicant’s former or current insurer(s) or to the former  |
|  | Insurer of any predecessor firm or former insurer of a current member of the Firm? | [ ]  Yes [ ]  No |
| 20. | Has any principal, owner, partner or employee for whom coverage is sought been the subject of a disciplinary complaint |
|  | made to any court, administrative agency or regulatory body? (If “yes”, provide full details and documentation) |
|  |  | [ ]  Yes [ ]  No |
| 21. | Please list the Applicant’s Professional Liability Insurance Coverage carried during the past three (3) years, including any |
|  | periods without coverage. |  |
|  |  | Name of Insurer | Policy PeriodFrom: MM/DD/YYTo: MM/DD/YY | Limits of Liability | Deductible / Retention | Premium |  |
|  |  |       |       |       |       |       |  |
|  |  |       |       |       |       |       |  |
|  |  |       |       |       |       |       |  |
|  |  |       |       |       |       |       |  |
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| 22. | Does the current policy have a prior acts limitation or retroactive date? (This should be the date which the Applicant first |
|  | purchased claims made coverage that has been continuously renewed). If “yes”, please indicate date: |
|  |  |    | / |    | / |    |  |
|  |  | MM |  | DD |  | YY |  |
| 23. | Has the Applicant ever purchased an extended reporting endorsement? | [ ]  Yes [ ]  No |
|  | (If “yes”, please provide date purchased and term of endorsement) |
| 24. | In the past five (5) years, has the Applicant or any of its members ever had professional liability insurance or similar |
|  | insurance declined, cancelled or non-renewed? (If “yes”, please provide full details) | [ ]  Yes [ ]  No |
| Limits Desired: |       |  | Deductible Desired: |       |  |
| Desired Effective Date: |    | / |    | / |    |  |  |  |
|  | MM |  | DD |  | YY |  |  |  |
| The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof. |
| This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. |
|  |       |       |
| Signature of the Insured, Owner, Partner or Principal | Title | Date |