



**MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION  
(CLAIMS-MADE AND REPORTED BASIS)**

1. **Full Name of Applicant:** \_\_\_\_\_  
**Principal Business Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Website Address:** \_\_\_\_\_

2. **Limit of Liability Desired:**  
 \$250,000 \_\_\_\_\_ \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_ \$2,000,000 \_\_\_\_\_  
 \$3,000,000 \_\_\_\_\_ \$5,000,000 \_\_\_\_\_ Other \_\_\_\_\_

3. **Deductible:**  
 \$2,500 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$25,000 \_\_\_\_\_  
 Other \_\_\_\_\_

4. (a) **Projected annual gross revenues for the current year:** \$ \_\_\_\_\_  
 (b) **Annual gross revenues for three prior years:**  
 (i) **prior twelve months:** Year: \_\_\_\_\_ \$ \_\_\_\_\_  
 (ii) **first prior year:** Year: \_\_\_\_\_ \$ \_\_\_\_\_  
 (iii) **second prior year:** Year: \_\_\_\_\_ \$ \_\_\_\_\_

5. **Describe in detail all professional services performed for others and indicate the percentage of gross revenues derived from each activity:**

Professional Services	Percentage of Gross Revenues
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Is the applicant engaged in any business or profession other than as described in item 4? \_\_\_\_\_  
 If yes, please attach an explanation and estimated revenues.

\_\_\_\_\_

7. Applicant is: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

8. Date Organized: \_\_\_\_\_

9. Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, attach an explanation. Are any activities listed in Question 4 provided to such  
 business enterprise? YES \_\_\_\_\_ NO \_\_\_\_\_

10. a) Number of principles, partners, officers, and professional employees directly engaged in providing services  
 to clients: \_\_\_\_\_

b) Number of non-professional employees (clerks, secretaries, etc): \_\_\_\_\_

11. Please provide the following:

Name in full of ALL Partners/Principles/Key Employees	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE	HOW LNG AS PARTNER/ PRINCIPLE

12. Professional societies and organizations to which the Applicant and its owners, partners, officers and key employee(s) belong.

\_\_\_\_\_

13. Describe Applicant's five largest jobs in the past three years:

<u>Client Name</u>	<u>Professional Services</u>	<u>Gross Revenues</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Does the Applicant Firm use a written contract with client?

\_\_\_\_\_ In all cases \_\_\_\_\_ Sometimes \_\_\_\_\_ Never

15. Does the Applicant utilize the services of independent contractors or subcontractors? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please indicate percentage of gross revenues derived from professional services performed by independent contractors or subcontractors.

\_\_\_\_\_  
\_\_\_\_\_

16. Has any Insurer canceled, rescinded, non-renewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, employees and/or for any other person or entity proposed for this insurance in the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

17. Is similar insurance currently in force? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide:

Description of services being covered: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Prior Acts/Retro Date: \_\_\_\_\_

Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Length of time coverage has been in force: \_\_\_\_\_

18. Has the Applicant and/or any of its directors, officers and/or employees its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance been involved in or have knowledge of any pending or completed governmental regulatory, investigative or administrative proceedings? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Does any person to be insured have knowledge of information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her. YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, please complete a Supplemental Claim Information form for each.

20. After inquiry have any claims been made against any proposed insured(s) during the past three (3) years? YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, please complete a Supplemental Claims Information form for each claim. Also, how many claims have been made in the last three (3) years? \_\_\_\_\_

**It is understood and agreed that with respect to questions 18, 19 and 20 above, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.**

**The policy applied for is solely as stated in the policy, if issued, which provides coverage on a claims made and reported basis for only those claims that are first made against the insured during the policy period, unless the extended reporting period option is exercised in accordance with the terms of this policy. The policy has specific provisions detailing claim reporting requirements.**

**Vela Insurance Services, Inc. or the Company is authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.**

**This application, information submitted with this application and all previous applications and material changes thereto of which Vela Insurance Services, Inc. receives notice is on file with Vela Insurance Services, Inc. and is considered physically attached to and part of the policy if issued. Vela Insurance Services, Inc. and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Vela Insurance Services, Inc., who may modify or withdraw any outstanding quotation or agreement to bind coverage.**

**WARRANTY**

**I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Vela Insurance Services, Inc. or the Company.**

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**