## ADMIRAL INSURANCE COMPANY

NeitClem Wholesale Ins Brkg, Inc. Los Angeles CA

Phone: 323-258-2600 — Fax: 323-258-2676

Internet: <a href="http://www.neitclem.com">http://www.neitclem.com</a>

## CONSULTANTS E&O INSURANCE CLAIMS MADE POLICY

Name of Applicant: (If Partnership or Corporation, show firm)					
Address:					
Street	City	State	Zip Code		
Address(es) of Branch Office(s):					
The Applicant is: o Individual	o Portnorchir	a Corneration	o Othor		
	_	o Corporation	i ooner		
a) Principals/Partners b) Professional Staff c) Other Employees	d Staff: Full Time	Part Time			
Furnish the following information Full Name	on all employees No. Years Experience	and attach the resum Professio Qualific	onal	als and key employees:  How Long  a Principal	
<ul><li>a) Furnish estimated gross receipts</li><li>b) Furnish gross receipts for the</li></ul>	pts for the NEXT current year and t	fiscal year: he past TWO years:	\$(year) (year)(year)	\$ \$\$ \$	
Describe in detail the professional	activities for which	ch coverage is desire	ed and indicate the	e percentage of gross	
receipts derived from each.  Professional Activ	ity	Percentage			
	Total	100%			
Furnish the details of the FOUR laderived from them.	argest contracts un		last THREE years		
<u>Client</u>		<u>Details</u>	\$	Gross Receipts	
			\$ \$!		

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	Yes", furnish full details:		
Ans	ewer the following:		
a)	Does the Applicant sell, promote, or perform any service other than the consulting services described in Question 8?	Yes	No
b)	Does the Applicant consult on the means or methods of financing or obtaining funds, including, but not limited to, loans, grants, mergers, acquisitions, capitalization's, divestitures, or liquidations?	Yes	No
c)	Is the Applicant involved in the management, purchase, sale or maintenance of any real or personal property, or any activity related to investments or investing, including, but not limited to, securities, time deposits, annuities, futures contracts, partnerships, syndication's or tax shelters?	Yes	No
d)		Yes	No
e)	Does the Applicant sell, distribute, design, manufacture, recommend, or test any product or any process for creating a new product?	Yes	No
f)	Does the Applicant prepare, review or approve architectural, engineering or construction maps, plans, opinions, estimates, surveys, designs, or specifications, or is the Applicant otherwise involved in any way with the design, construction, demolition, or testing of any buildings or structures or any components thereof?	Yes	No
g) h)	Has the Applicant agreed to manage the operations of any business on behalf of any client, or does the Applicant assist in negotiating or have any authority to enter into contractual relationships on any client's behalf?  If "Yes", to any of the above, furnish full details on a separate sheet of paper.	Yes	No
a) C b) <i>A</i>	nish the following: Copies of brochures and descriptive literature; A sample contract or letter of engagement between the Applicant and clients outlining the ample consulting report issued to a client.	services to	be rendered
	es the Applicant use Subcontractors to perform professional services? Yes No owing:	If "Yes", f	urnish the
<ul><li>a)</li><li>b)</li><li>c)</li></ul>	The number of subcontractors hired in the last year  Percentage of gross receipts derived from the subcontractor's work  Type of work done by the subcontractor's  Furnish the qualifications required of a subcontractor by the applicant. Is there a minimum.		
d)	Furnish the qualifications required of a subcontractor by the applicant. Is there a minimi requirement?	um experien	ice
e)	In what geographic areas are subcontractors used? Are any used outside the USA? Yes No If "Yes", please advise areas of the	world	
f)	How is the work of the subcontractor supervised by the Applicant?		
g)	Are the subcontractors required to have their own Errors & Omissions Insurance?	Yes 1	No

14.	•	<u>Insura</u>	ince Company	<b>Policy Limit</b>	<u>Expiratio</u>	on Date
	1) General Liabi	lity				
	2) Fidelity	11-1-11-	· 1		V N.	
	<ul><li>b) Does the general</li><li>c) Does the general</li></ul>			njury coverage?		Yaq Na
13)	Is the Applicant enga Yes N	ged in any business	full details	employed by any ou	ier iiriii, iuii or pari	t-time:
	1					
16.	During the past FIVE years, has the name of the Applicant been changed or has any other business been purely merged or consolidated with the Applicant? Yes No If "Yes", furnish full details					
	Has the named Appliany predecessor in but for the last THREE y	siness? Yes ears.				nissions coverage
	<u>Insurer</u>	Policy No.	Limits of Liability	Deductible	<u>r remium</u>	Mo./Day/Yr.
		oiring policy a CLA			No	
18.	Is the Applicant's exp If "Yes", furnish full Has any application f declined, or has any s Yes N	or this type of insurational insurance even	IMS MADE police ance made by the er been cancelled,	Applicant or their pronon-renewed, refuse	redecessors in busir	erms imposed?
18.	Is the Applicant's exp If "Yes", furnish full Has any application f declined, or has any s Yes N	or this type of insurational insurance even by If "Yes", furnish	IMS MADE police ance made by the er been cancelled, a full details.	Applicant or their pronon-renewed, refuse	redecessors in busir ed, or had special te	erms imposed?
18. 19.	Is the Applicant's explication of the same and application of the declined, or has any same and the same and	oiring policy a CLA details.  or this type of insuration insurance even by If "Yes", furnish made during the last	ance made by the er been cancelled, a full details.	Applicant or their pronon-renewed, refuse	redecessors in busing ed, or had special to the spe	erms imposed?
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18.	Is the Applicant's exp If "Yes", furnish full Has any application f declined, or has any sYesN  Has any Claim been r officers, partners, directly green for the Claim v b) Name of the Claim v b) Name of the Claim v	or this type of insurational insurance even and a during the last ectors, or employees to If "Yes", furnish was made imant	ance made by the er been cancelled, a full details	Applicant or their pronon-renewed, refuse ast the Applicant, and ally or otherwise on a	redecessors in busined, or had special te	esent owners, d omissions?
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21.	Are there any other facts, which, if disclosed to the Company, may influence their assessment of this Application?  Yes No If "Yes", furnish details
22.	Does the Applicant agree that this Application is for a CLAIMS MADE policy? Yes No
23.	Limit of Liability required? \$  (Each Claim / Aggregate)  Amount of Deductible required? \$
and	e hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts. I/we agree that this declaration shall be the basis of the contract between me/us and the Company and that the Application will n a part of the policy.
	Name of Firm:
	By:
	Title:
	Date:
*Sig	gning this form does not bind the Applicant or the Company to complete the insurance.