



d. Were more than 50% of the Applicant's gross revenues for any of the last three years derived from any one client?  
 Yes  No

If Yes, specify client, professional services and duration of contract.

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8. a. Total number of employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_
- Partners/Officers: \_\_\_\_\_ Administrative/Clerical: \_\_\_\_\_  
 Professional/Technical: \_\_\_\_\_ Other (Please Describe): \_\_\_\_\_
- b. Do you have any licensed professionals on staff?  Yes  No  
 If Yes, please provide details. \_\_\_\_\_
9. Does the Applicant utilize the services of independent contractors?  Yes  No
- a. If Yes, do you require independent contractors to carry professional liability insurance?  Yes  No
- b. If Yes, do you require independent contractors to carry Commercial General Liability Insurance?  Yes  No
10. Is Applicant engaged in any business/profession other than as stated in question 7a?  Yes  No  
**If Yes, please provide details by separate attachment.**
11. Does Applicant contemplate any change in services or emphasis planned for the next 12 months?  Yes  No  
**If Yes, please provide details by separate attachment.**
12. Is the applicant a member of any professional associations or organizations?  Yes  No  
 If yes, please list \_\_\_\_\_

**CLAIMS/HISTORY**

**13. PROFESSIONAL LIABILITY COVERAGE FOR LAST 5 YEARS ( if NONE check here [ ] )**

INSURER	LIMITS (per claim/agg)	DEDUCTIBLE	PREMIUM	POLICY PERIOD
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. What is the **retroactive date** of your current Professional Liability policy? \_\_\_\_\_ (mm/dd/yy)
15. Is the applicant insured under a Commercial General Liability policy?  Yes  No  
**If Yes, please attach a copy of the declarations page.**
16. Has any insurer cancelled/refused to renew any similar coverage during the last 5 years?  Yes  No  
**If Yes, please provide details on a separate attachment .**

17. Has any professional liability claim or suit been made against Applicant, any predecessor in business or against any past or present employee/partner/officer(s)? \_\_\_Yes \_\_\_No

**If Yes, please complete the Supplemental Claim Information Form at the end of this application for each claim. Also, please attach five years of currently valued company loss runs.**

18. Is the Applicant aware of any circumstance or incident which may result in any claim against them or any predecessor in business or any past or present employee/partner/officer(s)? \_\_\_Yes \_\_\_No

**If Yes, please provide full details on each incident including name of parties involved, date of treatment and current status on a separate attachment.**

**CYBER/TECHNOLOGY**

Does applicant currently have or has applicant ever had insurance coverage for Cyber / Technology Errors & Omissions? \_\_\_Yes \_\_\_No

1) Please describe your security measures utilized to protect your computer network and systems.

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

2) a. Do you utilize encryption for electronic data at rest? \_\_\_Yes \_\_\_No  
b. Do you utilize encryption for data transmitted via wireless? \_\_\_Yes \_\_\_No

3) Please describe security measures and procedures used to protect sensitive data in your care, custody and control.

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

4) Please describe security measures and procedures used to secure, protect, monitor and track mobile hardware (laptops, communication devices, etc.).

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

5) Have you experienced any security breaches or data loss events? \_\_\_Yes \_\_\_No  
If Yes, please explain the specifics and any action taken to prevent recurrence.

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

**The Applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the Applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made part of the policy.**

**The Applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.**

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

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

\_\_\_\_\_  
**Title (Officer/Principal/Partner)**

**Please include by attachment to this application:**

- 1. Five largest clients and description of services performed and revenue for each
- 2. Resumes of all professionals
- 3. Copies of Association Memberships, Licenses or Certifications, Brochures/Advertisements
- 4. Sample contract between Applicant and their client (s)
- 5. Most current Financial data (Annual Report or Balance Sheet)

SUPPLEMENTAL CLAIM INFORMATION FORM  
*(Complete one form for each claim or incident)*

1. Name of applicant/named insured: \_\_\_\_\_

\_\_\_\_\_

2. Name of other parties or defendants named in suit: \_\_\_\_\_

\_\_\_\_\_

3. Date of alleged error or occurrence, or contact date: \_\_\_\_\_

4. Date claim was made: \_\_\_\_\_

5. Name of claimant: \_\_\_\_\_

6. Name of Insurance Company handling your claim: \_\_\_\_\_

7. Present status of claim or final disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle One:                      **CLOSED**                      **OPEN**

8. Defense costs paid to date inclusive of any deductible: \_\_\_\_\_

9. If closed, total loss paid, inclusive of any deductible: \_\_\_\_\_

If claim is open or pending, what are the insurers reserves?

Defense: \_\_\_\_\_ Loss: \_\_\_\_\_

10. Description of case and events including allegations and assessment of liability: \_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Claimant's last settlement demand: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date