



Name of Insurance Company to which Application is made _____

FLORIDA
THE HARTFORD PROFESSIONAL CHOICE LIABILITY POLICY
INSURANCE 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 that 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 8 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. THE INSURANCE PROVIDED BY THIS POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS. DEFENSE COSTS SHALL ALSO BE APPLIED AGAINST THE RETENTION AMOUNT.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- Organizational chart including Applicant's ownership % and complete description of services provided by each subsidiary
- Promotional Brochures
- Sample contracts used with customers.
- Most recent complete annual financial information
- Description of risk management practices
- Resumes Of Principals

A. GENERAL INFORMATION

- 1) NAME OF APPLICANT: _____
- 2) ADDRESS: _____
- 3) YEAR ESTABLISHED: _____ 4) WEB-SITE ADDRESS: _____
- 5) NUMBER OF EMPLOYEES: _____
- 6) 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 REVENUES	TRANSACTIONS/PROJECTS
Current Projected	\$ _____	_____
200 _____	\$ _____	_____
200 _____	\$ _____	_____

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

TYPE OF SERVICE

PERCENTAGE OF RECEIPTS

_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	Total = 100%

B. PROFESSIONAL SERVICES

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

2) Do you provide any service as an accountant, actuary, architect, attorney, construction manager, engineer, design, insurance agent/broker, investment advisor, or real estate agent/broker? Yes No **If "Yes", please attach an explanation and estimated receipts.**

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

4) Is the Applicant engaged in any business other than as described above? Yes No **If yes, please attach an explanation and estimated receipts.**

5) Please provide the percentage of the Applicant's services rendered to each category based on client's revenue size:

Percentage of Services	Size of Client
_____ %	Individuals/Consumers
_____ %	Less than 50 million in revenues
_____ %	50-500 million in revenues
_____ %	Greater than 500 million in revenues

6) 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7) Total number of clients: _____

8) Does the Applicant do work outside the United States? Yes No **If yes, where?** _____

9) What is the average contract amount (your Annual revenues) for Professional Services:

10) What is the average contract length for Professional Services:

11) What is your longest contract length for Professional Services:

C. Ownership & Control

- 1) a. 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.**
- b. 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.**
- c. 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.**
- 2) a. In the past 12 months, or in the next 12 months, has or does the Applicant plan to reorganize, acquire, divest or changed its name? Yes No **If Yes, please provide explanation.**
- b. If the Applicant acquired another entity, did the Applicant acquire the assets or the assets and liabilities of such entity? Assets Assets & Liabilities

D. Contracts, Subcontractors & Risk Management

- 1) What percentage of the time does the Applicant use standardized written contracts? _____%
- 2) Do standard contracts contain:
- Hold harmless agreement that benefits the Applicant Yes No;
 - Hold harmless agreement that benefits other parties of the contract Yes No;
 - Guarantees or Warrantees Yes No;
 - Limitation of the Applicant's liability Yes No;
 - Provisions for Liquidated Damages Yes No;
 - Integration/Globalization Provisions Yes No;
 - Specific Description of the professional services Applicant is to provide Yes No;
 - Payment Terms Yes No
- 3) What percentage of the time does the Applicant modify its standard contracts? _____%
- 4) a. Does in-house or outside legal counsel review all contracts? Yes No
- b. Which one? in-house legal counsel outside legal counsel both
- 5) Who writes and authorizes any changes to the contracts? _____
- 6) What percentage of revenues does the Applicant subcontract work to others? _____%
- 7) a. Does the Applicant require subcontractors to carry E&O insurance and obtain evidence of insurance? Yes No
- b. Do contracts with subcontractors have hold harmless agreements that benefit the Applicant? Yes No
- 8) Does the Applicant utilize any of the following:
- Written Procedures Manual? Yes No

E. Insurance History

1) Has any similar insurance ever been declined, canceled or non-renewed?

Yes No **If Yes, please explain on a separate sheet of paper.**

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

Insurer	Policy Period	Limit	Deductible	Premium	Retroactive Date

3) Please List your current General Liability insurance for the most recent year:

Insurer	Policy Period	Limit	Deductible	Premium	Retroactive Date

F. Loss History

1) 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.**

2) Has there been or is there now any pending litigation, claim or arbitration against or civil, criminal, administrative or regulatory action or proceeding of the Applicant or any person or entity proposed for insurance? Yes No **If Yes, please complete Supplemental Claim Form for each claim.**

3) Does any person or entity proposed for insurance have knowledge or information of any act, error or omission which might reasonably give rise to a claim under the proposed policy? Yes No **If Yes, please complete Supplemental Claim Form for each.**

It is understood and agreed that with respect to Questions F, 1), 2), and/or 3) above, that if such reprimand, disciplinary or criminal actions; litigation, claim, arbitration, civil, criminal, administrative or regulatory action or proceeding; or knowledge or information, exists, any claim or action for, based upon, arising from or in any way related thereto is excluded from this proposed coverage.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

The Applicant represents 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 representation 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 defense costs and in such event, the Company shall not be liable for defense costs 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 defense costs 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 and first reported" 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.

FRAUD WARNING STATEMENTS

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.

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.

President or Chief Executive Officer of Applicant's Signature

Print or Type Name & Title

Date (Month/Day/Year)

NAME OF PRODUCER: _____

LICENSE NUMBER: _____

ADDRESS: _____
