

APPLICATION FOR PROFESSIONAL LIABILITY ERRORS & OMISSIONS INSURANCE

IF COVERAGE IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

NOTICE: THIS INSURANCE COVERAGE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Name of Applicant:
Address:
Web-site Address:

2. Limit of liability desired:
 \$500,000 \$1,000,000 \$2,000,000 Other

3. Deductible:
 \$5,000 \$10,000 \$25,000 Other

4. Please describe in detail the professional activities for which the coverage is desired:

5. Is the applicant engaged in any business or profession other than described in item 4?

If yes, please attach an explanation and estimated revenues.

a) 6. List the total gross revenues for the past two years derived from those activities in Question 4. In addition, please list projected revenues for the current year.

| YEAR | AMOUNT |
|-------------------------|-------------------------|
| a) Current Year | \$ <input type="text"/> |
| b) <input type="text"/> | \$ <input type="text"/> |
| c) <input type="text"/> | \$ <input type="text"/> |

7. For the revenues listed in question 6a), please give the approximate derived from each of the activities listed in Question 4.

| ACTIVITY | % OF 6a) REVENUES |
|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> % |

8. Applicant is: Corporation Partnership Individual

9. Year Established:

10. Is the applicant firm controlled, owned or associated with any other firm, corporation or company? Yes No. If yes, attach an explanation. Are there any activities listed in Question 4 provided to such business enterprises? Yes No.

11. 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.)

12. Please provide the following:

| Name in full of ALL Partners/Principles/ Key employees | PROFESSIONAL QUALIFICATIONS | DATE QUALIFIED | HOW LONG IN PRACTICE | HOW LONG AS PARTNER/ PRINCIPAL |
|--|--------------------------------|-------------------|-------------------------|--------------------------------------|
| <input type="text"/> | | | | |
| <input type="text"/> | | | | |
| <input type="text"/> | | | | |
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| <input type="text"/> | | | | |
| <input type="text"/> | | | | |
| <input type="text"/> | | | | |

13. To what professional association(s) does the Applicant Firm belong:

14. Please include a list of Applicant Firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

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

- All cases Sometimes Never

Please attach a copy of your standard contract(s).

16. What percentage of the Applicant Firm's business involves subcontracting of work to others? %

Does the Applicant Firm provide professional services to business entities in which it retains an ownership interest?

- Yes No. If yes, please explain.

17. Has any similar insurance ever been declined or cancelled? Yes No. (If yes, attach explanation.)

18. 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:

19. Attach most recent audited financial statements (or recent tax returns) and descriptive or promotional materials.

a) Estimated gross receipts for current fiscal period: \$

b) Estimated cost of goods sold for current fiscal period: \$

20. Have any of the individuals listed in Question No. 12 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No. If yes, please explain.

21. Does any person to be insured have knowledge or 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.

22. 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 Claim 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 20, 21 and 22 above, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense 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/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I HERBY DECLARE that, after inquiry the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract Underwriters.

Signature of person authorized to execute on behalf of the Applicant

_____ Title:

Date:

This Application Form duly completed, together with any supplementary information, must be signed in ink by the person indicated. Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.

THIS APPLICATION MUST BE SUBMITTED TO:
IRVING WEBER ASSOCIATES, INC.
50 ROUTE 111 SUITE 303
SMITHTOWN, NY 11787-3700
TEL. 631-366-3900 / 800-243-1811 FAX 631-366-2211