



PROFESSIONAL LIABILITY INSURANCE (E&O) APPLICATION

Email: Underwriting@SuretyOne.org | Facsimile: 919-834-7039 | Mail: P.O. Box 37284, Raleigh, NC 27627

The term **Applicant** means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

I. GENERAL INFORMATION

1. **Applicant** Information:
 - Name of **Applicant**: _____
 - Street Address: _____
 - City, State, ZIP Code: _____
 - Website Address: _____
 - Year **Applicant's** business was established: _____
 - Description of **Applicant's** operations: _____
2. **Applicant's** Standard Industrial Classification (SIC) code, if known (4-digit number): _____
3. Is the **Applicant** a subsidiary of a foreign parent? Yes No
4. Does the **Applicant** currently file, or does it anticipate filing in the next 6 months, any documents with the Securities and Exchange Commission or similar foreign authority regarding any equity or debt securities? Yes No

II. ORGANIZATION INFORMATION

1. Describe all entities the **Applicant** owns (Check here if not applicable):

Name	% Owned	Year Started	Description of Operations	Entity Type*
	%			
	%			
*Entity Type: FP=For-Profit (other than Partnership); NP=Non-Profit; GP=General Partnership; LP=Limited Partnership; LLC=Limited Liability Company				

To enter more information, please attach a separate page to the Application.

2. In the next 12 months (or during the past 24 months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:
 - a. Any actual or proposed merger, acquisition, or divestiture? Yes No
 - b. Any creation of a new business, subsidiary, or division? Yes No
 - c. Any registration for a public offering or a private placement of securities? Yes No

- d. Any reorganization or arrangement with creditors under federal or state law? Yes No
- e. Any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs? Yes No

If any of the questions above were answered Yes, please attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances.

III. PROFESSIONAL INFORMATION

1. Describe, in detail, all professional services offered by the **Applicant**:

Professional Services	% of Total Revenue	% of Revenue Sub-Contracted
	%	%
	%	%
	%	%

To enter more information, please attach a separate page to the Application.

2. Indicate **Applicant's** revenue for the following years:

Prior Fiscal Year	Current Fiscal Year	Estimated for Next Fiscal Year
\$	\$	\$

3. Describe the **Applicant's** 5 largest projects or jobs during the past 3 years:

Client Name	Services Rendered	Annual Revenue Derived From the Project or Job
		\$
		\$
		\$
		\$
		\$

4. If sub-contractors are used, does the **Applicant** require evidence of professional liability insurance? Yes No
5. Is a written contract or agreement required for each client? Yes No
*If Yes, please attach a sample. If No, please attach an explanation detailing how responsibilities are defined between the **Applicant** and their client.*
6. Has the **Applicant** sued to collect past or overdue fees from clients within the past 2 years? Yes No
If Yes, please attach an explanation.
7. Does the **Applicant** use:
- a. A procedure manual? Yes No
- b. A formal training program? Yes No
8. Indicate the number of **Applicant's** employees:

Principals/Partners, Officers, Professionals	Clerical/Non-Professional

9. Indicate the following information for all Principals/Partners, Officers, and professional employees:

Name	Title	Professional Designation	# of Years Experience in Practice	# of Years With Applicant

To enter more information, please attach a separate page to the Application.

10. List all professional associations to which the **Applicant** belongs: _____

IV. CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

Requested Limit	Requested Retention	Requested Effective Date	Coverage Currently Purchased	Current Insurer
\$	\$		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Expiring Limit	Expiring Retention	Expiring Premium	Date Coverage First Purchased	Current Retroactive Date
\$	\$	\$		

1. What is the **Applicant's** preference for defense coverage? Duty to Defend Reimbursement

V. LOSS INFORMATION

1. Is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage for which the **Applicant** is applying? Yes No
If Yes, please attach an explanation.

*With respect to the information required to be disclosed in response to the question above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.*

2. Has any person or entity proposed for this insurance been a party to any professional liability claims, any disciplinary actions, or been cited by any regulatory agency or professional association during the past 5 years? Yes No
If Yes, please complete the table below:

Date of Such Claim	Nature of Claim	Amount Paid for Defense	Amount Sought or Paid for Damages	Covered by Insurance?	Corrective Procedures Implemented	Current Status
		\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		

To enter more information, please attach a separate page to the Application.

VI. REQUIRED ATTACHMENTS

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Copies of standard contracts and engagement/proposal letter used with clients if policy limit requested is greater than \$1,000,000
- Resumes / CVs of all Principals, Partners, and key employees if in business less than 3 years
- Brochures, advertisements, or other descriptive literature about the **Applicant** firm, its operations, and activities, if not available on website
- Most recent annual financial statement, if:
 - **Applicant** is a public company; or
 - **Applicant** is not a public company, but revenues exceed \$7,000,000 or policy limit requested is greater than \$3,000,000

VII. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND ANY COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Signature* of **Applicant's** Authorized Representative
(Partner, Principal or Officer)

Name (Printed)

Title

Date