HISCOX

Professional Liability Errors and Omissions Insurance
Application

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:

   Website:

2. Limit of liability desired:

   $500,000 ☐ $1,000,000 ☐ $2,000,000 ☐ Other $

3. Deductible desired:

   $5,000 ☐ $10,000 ☐ $25,000 ☐ Other $

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

5. Is the applicant engaged in any business or profession other than as described in Item 4? Yes ☐ No ☐

   If Yes, please describe/attach an explanation and estimated revenues:

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

	Year	Amount
a.	Current Projected:	$
b.		$
c.		$

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

Activity	% of 6.a. receipts
	%
	%
	%
	%

8. Applicant is a/an:

   Corporation ☐ Partnership ☐ Individual ☐

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9. Date established: ☐

10. Is the applicant firm controlled, owned or associated with any other firm, corporation or company? Yes ☐ No ☐

If Yes, please describe/attach an explanation:

Are any activities listed in Question 4. provided to such business enterprise? Yes ☐ No ☐

11. a. Number of principals, 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 information about the applicant's key employees:

Name in full of ALL partners/ principals/key employees	Professional qualifications	Date qualified	How long in practice?	How long as partner/ principal?

13. To what professional association(s) does the applicant 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.

Project/client name	Nature of the services	Revenue obtained
		$
		$
		$
		$
		$

15. Does the applicant use a written contract with a client:

In all cases ☐ Sometimes ☐ Never ☐

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

Does the applicant 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, non-renewed or cancelled? Yes ☐ No ☐

If Yes, please describe/attach an explanation:

18. Is similar insurance currently in place? Yes ☐ No ☐

If Yes, please provide the following professional insurance information:

Description of covered services:

Company	Expiration Date	Limits	Deductible	Premium
		$	$	$

Prior Acts/Retroactive date on policy? mm/dd/yy

19. Please 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 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 the 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 Claims Information Form for each.

22. After inquiry have any claims been made against any proposed Insured(s) during the past five (5) years? Yes ☐ No ☐

If Yes, please complete a Supplemental Claims Information Form for each claim.

How many claims have been made in the past three (3) years?

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It is understood and agreed that with respect to questions 20, 21 and 22, that is 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 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 further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I 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 with the Underwriters.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated.

Signing of this form does not bind the applicant or the Underwriters to complete this insurance.

A copy of this application should be retained for your records.