

# Philadelphia Insurance Companies

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## PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION FOR CLAIMS-MADE INSURANCE

**NOTICE:** This is an application for **CLAIMS-MADE INSURANCE**. Such insurance applies only to claims that are first made against you and reported to the Company in writing during the policy period, any subsequent renewal of the policy or any extended reporting period and may additionally limit coverage applicable to acts, errors, omissions or offenses made prior to the inception of the policy period. The limits of liability may be reduced by amounts paid for legal defense and such payments for legal defense may also be applied against the deductible amount.

Please answer **ALL** the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to such evaluation. If a question is not applicable, state "not applicable" not "N/A." If more space is required to answer a question, continue on applicant's letterhead. The application and any supplement(s) must be signed and dated by a principal, partner, or officer of the prospective insured's organization.

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1. Applicant's Name: \_\_\_\_\_
2. Sic #: \_\_\_\_\_ Fein #: \_\_\_\_\_
3. Home office address: \_\_\_\_\_ TEL# \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_ FAX# \_\_\_\_\_
4. Date established: \_\_\_\_\_
5. Is the applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company? \_\_\_Yes \_\_\_No  
If Yes, please attach an explanation.
6. Please list addresses of all branch offices and/or subsidiaries. Include a brief description of their operations and indicate if coverage is desired for these offices.  
\_\_\_\_\_  
\_\_\_\_\_
7. During the past 5 years has the name of the firm been changed or has any other business been acquired, merged into or consolidated with the applicant firm? If Yes, attach a complete explanation detailing any liabilities assumed. \_\_\_Yes\_\_\_No
8. Describe your firm's nature of business.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Staffing - Provide a breakdown of your staff into the following categories:  
a) principals, partners or officers \_\_\_\_\_ c) support staff (including part-time) \_\_\_\_\_  
b) professionals (not included in A) \_\_\_\_\_ d) part-time professionals (less than 20 hours/week) \_\_\_\_\_

TOTAL \_\_\_\_\_

10. Are any staff members considered "Licensed Professionals" or do any staff members hold any Professional Designations or belong to an Professional Societies/associations?  Yes  No

If Yes, provide individual's name and designation/affiliation below:

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

**Note:** Questions 11 through 15 refer to total gross revenue for a 12 month period, whether or not collected. Such revenue figures should include sub-contracted revenue.

11. Dates of applicant firm's current fiscal period: From: \_\_\_\_\_, 19\_\_\_\_ To: \_\_\_\_\_, 19\_\_\_\_

12.	<u>Past Fiscal</u>	<u>Current Fiscal</u>	<u>Estimate for Next</u>
Total Gross Revenue:	\$ _____	\$ _____	\$ _____
Less Direct Recovery Expenses (travel, per diem, copies, etc.):	(-) \$ _____	(-) \$ _____	(-) \$ _____
<b>TOTAL NET BILLINGS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

13. Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Federal government.	_____ %
State, county or local government and agency thereof.	_____ %
Institutional (schools, hospitals, etc.)	_____ %
Lending institutions	_____ %
Manufacturing	_____ %
Other _____	_____ %
_____	_____ %
<b>TOTAL</b>	<b>100</b>

14. Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client  Yes  No  
 If Yes, Please provide a) Client Name, b) Applicant's Relationship with client, and c) approximate annual revenue generated from Client.

15. Were more than 50% of your total gross billings for any one year derived from a single client or contract  Yes  No  
 If Yes, please specify a) client, b) services rendered, and c) how long you expect this relationship to continue.

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

16. Describe your firm's five (5) largest jobs or projects during the past three (3) years.

Client Name	Services Provided	Total Gross Billings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. a) Do you utilize the services of independent contractors or sub-consultants  Yes  No  
 b) Approximate percentage of billings attributable to sub-contractors/consultants \_\_\_\_\_ %

18. Do you ever enter into contracts where your fees for services provided are contingent upon the client achieving cost reductions or improved operating results? I Yes, attach a detailed description of such arrangements.  Yes  No

19. a) Does your firm secure a written contract or agreement for every project? (Please attach a sample copy) \_\_\_ Yes \_\_\_ No

b) Provide the percentage of your revenue where a written contract is secured. \_\_\_\_\_%

c) Do your contracts contain any of the following: **(check all that apply)**

- \_\_\_ Hold harmless or indemnification clauses in your favor
- \_\_\_ Hold harmless or indemnification clauses in your client's favor
- \_\_\_ Guarantees or warranties
- \_\_\_ A specific description of the services you will provide
- \_\_\_ Payment terms?

20. Describe steps taken to minimize/ manage business risks:

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

21. Has any policy of or application for similar insurance on your behalf or on the behalf of any of your principals, partners, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused \_\_\_ Yes \_\_\_ No

22. Do you currently carry Commercial General Liability insurance \_\_\_ Yes \_\_\_ No

23. Please provide the following information on your professional liability (E&O) insurance for the past three (3) years:

Name of Insurer	Limits of Liabilit	Deductible	Policy Period	Premium
_____	_____	_____	_____/_____/_____	_____
_____	_____	_____	_____/_____/_____	_____
_____	_____	_____	_____/_____/_____	_____

Retroactive Date of current policy (if any): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### LOSS EXPERIENCE

24. Have any claims, suits, or demands for arbitration been made against the firm, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years \_\_\_ Yes \_\_\_ No

If Yes, provide details on a separate sheet, including:

- a) name of claimant;
- b) type of service provided and allegations made;
- c) date claim made;
- d) demand amount; and
- e) final disposition including indemnity and expense amounts.

25. Having inquired all principals, partners and officers, are you aware of any act, error, omission, unresolved job dispute or any other circumstance that is or could be a basis for a claim under the proposed insurance \_\_\_ Yes \_\_\_ No

If Yes, provide details on a separate sheet for each situation, including a) name of potential claimant, b) nature of situation, c) dates and d) amount of potential damages.



**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**SIGNATURES AND ACKNOWLEDGEMENTS**

I / we hereby declare that the above statements and particulars are true and that I / we have not suppressed or misstated any material facts and I / we agree that this application and its supplement(s) shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application and its supplement(s) does not bind the company to sell or the applicant to purchase the insurance.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE