



**MONARCH E&S
INSURANCE SERVICES**

40 W. Cochran Street, Simi Valley, CA 93065 Telephone: 805-577-6800 Fax: 805-577-1915
Lic.# 0697233

**MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
APPLICATION**

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS LIMITED TO LIABILITY FOR WRONGFUL ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE.

THE LIMITS OF LIABILITY AVAILABLE TO PAY DAMAGES, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR CLAIMS EXPENSES AND DAMAGES SHALL ALSO BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

Complete this application in full and attach all required materials. If coverage is bound, this application and the materials submitted with it will be attached to the Policy and will constitute a part thereof.

1. Name of Applicant: _____
2. _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

3. a) Please provide the following information for all subsidiaries for which coverage is desired (attach a schedule if necessary):

<u>NAME</u>	<u>LOCATION</u>	<u>NATURE OF BUSINESS</u>	<u>PERCENTAGE OWNED BY APPLICANT</u>

b) Please provide the following information for all additional named insureds for which coverage is desired (attach a schedule if necessary):

<u>NAME</u>	<u>NATURE OF BUSINESS</u>	<u>RELATIONSHIP TO APPLICANT</u>

3. a) Please provide the date the Applicant was established: _____ / _____ / _____

b) Applicant is: Individual Partnership Corporation Other (specify)

- c) Has the name of the Applicant ever changed? Yes No
- d) Has the Applicant ever been involved in a merger, acquisition or consolidation with another entity? Yes No
- e) Is the Applicant wholly or partly owned, controlled or related to any other entity? Yes No
- f) Does the Applicant own or control any other entity? Yes No

If the Applicant responded “yes” to any part of question 3, please provide complete details on a separate sheet.

- 4. Please describe in detail the Professional Services performed by the Applicant or any of the entities identified in Question 2 for which coverage is desired:

- 5. a) During the past 5 years, has the Applicant or any of the entities identified in Question 2 engaged in any business or profession other than as described in Question 4? Yes No
- b) Does the Applicant or any of the entities identified in Question 2 provide any Professional Services over the Internet? Yes No
- c) Does the Applicant or any of the entities identified in Question 2 provide any Professional Services outside the United States? Yes No

If the Applicant responded “yes” to any part of question 5, please provide complete details on a separate sheet.

- 6. a) Please indicate the Applicant’s fiscal year end date: ____ / ____ (month / day)
- b) Please indicate the following for the Professional Services identified in Question 4:

Gross Revenue	Past 12 Months	Current 12 Months	Projection for Next Year

- c) Please attach a copy of the Applicant’s most recent Financial Statement (10K) or copies of the Applicant’s most recent audited financials, or the Applicant’s current annual report.
If such attachments are not included, please explain on a separate sheet.

- 7. a) For the Gross Revenue indicated in Question 6 b) for “Current 12 Months”, please complete the following: Where percentages are asked for, the total should equal 100%.
Please indicate which of the following is being supplied:
 Transactions Projects Engagements

Professional Services	Percentage of Gross Revenues from Question 6 b)	No. of Transactions/ Projects/Engagements

b) Complete the following for the Applicant's 5 largest clients:

Client	Professional Services Provided	Revenues
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

c) Does any one client of the Applicant represent more than 20% of the Applicant's gross annual billings? Yes No

If the Applicant responded "yes" to question 7 c), please provide complete details on a separate sheet.

8. Please indicate the number of personnel in each of the following categories:

a) Principals, partners, directors, officers and professional employees: _____
(Professional Employees are employees performing professional services on behalf of the Applicant)

b) non professional (clerical) employees: _____

c) independent contractors performing professional services on behalf of the Applicant: _____

9. Does the Applicant use subcontractors? Yes No

If the Applicant checked "yes" to Question 9:

(1) what percentage of the Professional Services indicated in Question 4 is subcontracted out? _____%

(2) does the Applicant receive a copy of the subcontractor's errors and omissions or professional liability insurance policy? Yes No

(3) do contracts with subcontractors have hold harmless or indemnity agreements that benefit the Applicant?
 Yes No

10. a) Does the Applicant require a written contract or agreement for professional services with all of its clients?
 Yes No

If the Applicant responded "no" to question 10 a), please provide complete details on a separate sheet.

a) Do such contracts or agreements contain (check all that apply):

Hold Harmless or indemnity agreements inuring to Applicant's benefit.

Hold Harmless or indemnity agreements inuring to the Client's benefit.

A limitation of the Applicant's liability.

Specific description of the Professional Services Applicant is to provide.

b) Does the Applicant ever warrant or guarantee its Professional Services? Yes No

If the Applicant responded "yes" to question 10 c), please explain on separate sheet.

11. a) Does the Applicant have procedures to ensure compliance with Federal, State and Local Statutes? Yes No

b) Does the Applicant have a process in place to handle and resolve client complaints? Yes No

c) Does the Applicant have any risk management procedures established and in use? Yes No

If the Applicant responded “yes” to any part of Question 11, please explain on a separate sheet.

12. a) Please provide the following information for any Errors and Omissions or Professional Liability Insurance the Applicant carried during the last five years:

Company	Limit of Liability	Deductible	Premium	Policy Period	Retro Date
1.					
2.					
3.					
4.					
5.					

- b) Has any Errors or Omissions Insurance or Professional Liability Insurance ever been declined, cancelled or non-renewed? Yes No

If “yes”, please explain on separate sheet.

13. a) Do any principals, directors, officers, partners, professional employees or independent contractors of the Applicant or any of the entities identified in Question 2 for which coverage is desired, have knowledge or information of any act, error, omission, breach of professional duty, or any other circumstance which might reasonably be expected to give rise to a claim? Yes No
- b) Has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a disciplinary action as a result of professional activities? Yes No
- c) During the past five years, have any claims been made or legal action brought against the Applicant or any of the entities identified in Question 2 for which coverage is desired, or any predecessors in business, subsidiaries, affiliates or any principal, director, officer or professional employee? Yes No
- c) Has the Applicant reported the matters listed in Question 13 a-c to its current or former insurance carrier? Yes No

NOTE: If any such claims exist, or any such facts or circumstances exist which could give rise to a claim, then those claims and any other claims arising from such facts or circumstances are excluded from the proposed insurance.

If the Applicant responded “yes” to any part of Question 13 a-c, please complete a Supplemental Claims Questionnaire for each claim, notice or circumstance.

14. The applicant is to attach samples of its promotional materials and standard contracts utilized.
Samples Attached? Yes No

Website address: _____

NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY

The undersigned authorized representative of the Applicant, based upon reasonable inquiry, warrants to the best of its knowledge that the statements set forth herein are true and include all material information.

The Applicant further warrants that if the information supplied on this application changes materially between the date of this application and the inception date of the policy, it will immediately notify the insurance company of the changes. Signing of this application does not bind the Company to offer nor the Applicant to accept insurance, but it is agreed that this application shall be a basis of the insurance and it will be attached and made a part of the policy should a policy be issued.

Applicant’s Signature: _____

Must be signed by an Officer of the Applicant

Print Name and Title

Date (Mo./Day/Yr.)