

**APPLICATION FOR SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY INSURANCE
(Claims Made Basis)**

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Full name of Applicant: _____
- b. Principal business premise address: _____
(Street) (County)

(City) (State) (Zip)
- c. Addresses of Branch Offices: _____
- d. Number of Employees: Full time ____ Part time ____ Seasonal ____ Total ____
- e. [] Corporation [] Partnership [] Individual [] Other Date established: _____
- f. Please list and describe affiliations with other firms: _____

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| g. (i) In the past five years has your name changed? | [] | [] |
| (ii) Has any other business been purchased? | [] | [] |
| (iii) Has any merger taken place? | [] | [] |

If Yes, please attach details - including any changes in operations and key employees.

2. PROFESSIONAL ACTIVITIES AND SPECIALTY

- a. Please describe the professional activities for which coverage is desired and indicate the percentage of gross receipts derived from each activity. _____

- b. Fees and Receipts: **Past 3 Years:**
Estimate for Coming Year: _____ Year: _____

- c. Are you engaged in any business or profession other than as described in Item 2(a)? [] Yes [] No If Yes, please explain. _____

- d. Have you established a quality control and/or continuing education program to limit professional liability exposure? [] Yes [] No Please explain: _____

3. CLAIMS/HISTORY

Please attach details for any "Yes" answers.

- a. List any professional liability claims actually made against you in the past five years, including status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.
If None, please check None.
- b. Please list any known incidents which might give rise to a professional liability claim.
If None, please check None.
- c. Has any insurer canceled or refused to renew any similar insurance during the past five years? Yes No
- d. Previous coverage:

Policy Period	Insurer	Indicate whether Claims made or Occurrence policy	Limits of Liability	Deductible	Retro Date

4. ADDITIONAL INFORMATION

- a. Please attach a list of:
 - (i) Partners, key employees, etch, and their professional qualifications;
 - (ii) Professional societies and organizations to which they or you belong(s); and
 - (iii) Your five largest jobs in the past three years.
- b. Please attach copies of:
 - (i) Advertisements, brochures, descriptive literature;
 - (ii) Sample contract for services between you and your clients; and
 - (iii) Latest financial data (annual report or balance sheet and income statement).

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company.**

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

SUPPLEMENT FOR COLLECTION AGENCIES

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

- 1. Full name of Applicant: _____
- 2. Does the Applicant collect funds for others for a fee? [] Yes [] No
If Yes, provide the type of debt and the average size of debt collected. _____

- 3. Does the Applicant's state require that collection agencies be licensed or certified? [] Yes [] No
If Yes, provide the Applicant's license or certificate number or a copy of the Applicant's license or certificate if not numbered.
- 4. Provide the percentage of the procedures used to collect funds:
 - (i) Letters _____ %
 - (ii) Telephone calls _____ %
 - (iii) Personal contact _____ %
 - (iv) Institution of legal proceedings _____ %
 - (v) Other (please describe below) _____ %

- 5. Is the Applicant agency bonded?..... [] Yes [] No
If Yes, provide the following.
Fidelity Bond: Carrier _____ Expiration Date _____ Amount _____
Surety Bond: Carrier _____ Expiration date _____ Amount _____
- 6. Does the Applicant have any attorneys on staff? [] Yes [] No
If yes, how many? _
- 7. As part of this Supplement attach copies of the Applicant's collection letters, demand forms and collection telephone scripts.

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.
 It is understand that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.
 Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

Name of Applicant	Title
Signature of Applicant	Date