

BEDFORD

UNDERWRITERS, LTD.

WHOLESALE INSURANCE BROKERS

www.bedfordunderwriters.com

315 East Mill St. P O Box 278 Plymouth, WI 53073
PH (920) 892-8795 (800) 735-1378 FAX (920) 892-8980

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 BUILDING INSPECTION SERVICES

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 provide the following services? If Yes, provide the percentage of total services provided:

Percentage

- (a) Residential Home Inspection [] Yes [] No _____%
- (b) Residential Building Code Inspection [] Yes [] No _____%
- (c) Commercial Building Inspection [] Yes [] No _____%
- (d) Commercial Building Code Inspection [] Yes [] No _____%
- (e) Industrial Inspection [] Yes [] No _____%
- (f) Pest Inspection, including termites or any other wood
destroying organisms [] Yes [] No _____%
- (g) Other (specify) _____ _____%

TOTAL 100%

3. Provide the percentage of the Applicant's clients in the following categories:

Percentage

- (a) Home Purchasers _____%
- (b) Mortgage Lenders _____%
- (c) Municipality _____%
- (d) Other (specify) _____%

TOTAL 100%

4. How many inspections does the Applicant perform annually? _____

5. Does the Applicant use an in-house office policy/procedures manual? [] Yes [] No

6. Does the Applicant or any person for whom insurance is being requested have any ownership interest in any property being inspected? [] Yes [] No

If Yes, provide an explanation. _____

7. Does the Applicant use a written contract describing the services that will be provided?..... [] Yes [] No

If Yes, what percentage of time are these contracts used? _____% Attach a copy of the standard contract used.

8. Is the Applicant engaged in, owned by or controlled by any other business? [] Yes [] No

If Yes, provide details. _____

9. As part of this Supplement attach a resume for each inspector and a sample inspection report.

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood 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