

BEDFORD UNDERWRITERS, LTD.

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APPLICATION FOR SERVICE AND TECHNICAL PROFESSIONAL LIABILITY INSURANCE

(CLAIMS MADE AND REPORTED 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 THE STATEMENTS AT THE END OF THIS APPLICATION CAREFULLY.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION	
a. Full name of applicant: _____	
b. Principal office address: _____	
c. Number of Employees: Full time _____ Part time _____ Seasonal _____ Total _____	
d. <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
e. Are you interested in General Liability Coverage (additional premium is charged)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
f. Limits requested: _____ Each Claim/Aggregate (500,000 or 1,000,000) Deductible: <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000	
g. Current Carrier: _____ Retro Date: _____ Expiration Date: _____	
2. APPLICANT OPERATIONS	i. Does your profession involve financial advising or asset management? <input type="checkbox"/> Yes <input type="checkbox"/> No
a. Description of Professional Services (feel free to attach a brochure or other descriptive literature): _____	j. Do you or any of your employees hold professional licenses or certification? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you engage in professional activities not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	k. Do your computer systems store a four-digit year? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Gross receipts for current year: \$ _____ Estimated gross receipts for subsequent year: \$ _____	If NO, please attach a description of corrective measures taken and anticipated resolution date.
d. Are there any other entities that you own? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you, in the course of your business, working to solve the "year 2,000" problem as a consultant/advisor/as part of your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you operate without a written contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what percentage of your work is involved? _____%
f. Do you hold your customers harmless? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. APPLICANT HISTORY / CLAIMS
g. Is your liability limited by contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	a. Number of years in business under present name: _____ (If less than 2 years, please attach a resume for yourself, partners and key employees.)
h. Is your firm involved in construction, fabrication, or production activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Have any liability claims been made in the past 5 years arising out of the conduct of your business? <input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Do you know of any circumstance in the past 5 years that may lead to a claim against your business? <input type="checkbox"/> Yes <input type="checkbox"/> No

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE AND REPORTED" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy. Any person who knowingly defrauds any insurance company by filing an application for insurance containing any false information or concealing, for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is subject to criminal and civil penalties.

WARRANTY: I 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 authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Ten Parkway North, Deerfield, Illinois 60015.**

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.