

# **BEDFORD UNDERWRITERS, LTD.**

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

## APPLICATION FOR PROFESSIONAL LIABILITY ERRORS & OMISSIONS INSURANCE

IF COVERAGE IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

NOTICE: THIS INSURANCE COVERAGE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. LIMIT OF LIABILITY DESIRED:

\$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_ \$2,000,000 \_\_\_\_\_ Other \_\_\_\_\_

3. DEDUCTIBLE:

\$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$25,000 \_\_\_\_\_ Other \_\_\_\_\_

4. Please describe in detail the professional activities for which coverage is desired:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Is the applicant engaged in any business or profession other than as described in Item 4? \_\_\_\_\_  
If yes, please attach an explanation and estimated revenues.

6. List the total gross revenues for the past two years derived from those activities in Question 4. In addition, please list projected revenues for the current year.

YEAR	AMOUNT
a) Current Projected	\$ _____
b) _____	\$ _____
c) _____	\$ _____

7. For the revenues listed in question 6a), please give the approximate percentage derived from each of the activities listed in Question 4:

ACTIVITY	% OF 6a) REVENUES
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

8. Applicant is: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

9. Year Established: \_\_\_\_\_.

10. Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company?  
 YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, attach an explanation. Are any activities listed in Question 4 provided to such business enterprise? YES \_\_\_\_\_ NO \_\_\_\_\_

11. a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: \_\_\_\_\_

b) Number of non-professional employees (clerks, secretaries, etc.): \_\_\_\_\_

12. Please provide the following:

Name in full of ALL Partners/Principals/ Key Employees.	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE	HOW LONG AS PARTNER/ PRINCIPAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. To what professional association(s) does the Applicant Firm belong?

\_\_\_\_\_

14. Please include a list of Applicant Firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

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15. Does the Applicant Firm use a written contract with client?  
\_\_\_\_\_ In all cases \_\_\_\_\_ Sometimes \_\_\_\_\_ Never

Please attach a copy of your standard contract(s).

16. What percentage of the Applicant Firm's business involves subcontracting of work to others? \_\_\_\_\_ %. Does the Applicant Firm provide professional services to business entities in which it retains an ownership interest Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain.

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17. Has any similar insurance ever been declined or cancelled? Yes \_\_\_\_\_ (If yes, attach explanation.) No \_\_\_\_\_.

18. Is similar insurance currently in force? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide:

Description of services being covered: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Prior Acts/Retro. Date: \_\_\_\_\_

Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Length of time coverage has been in force: \_\_\_\_\_

19. Attach most recent audited financial statements (or recent tax returns) and descriptive or promotional materials.

(A) Estimated Gross receipts for current fiscal period: \$ \_\_\_\_\_

(B) Estimated Cost of Goods Sold for current fiscal period: \$ \_\_\_\_\_

20. Have any of the individuals listed in question No. 12 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

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21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her. YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please complete a Supplemental Claim Information form for each.

22. After inquiry have any claims been made against any proposed Insured(s) during the past three (3) years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please complete a supplemental Claims Information form for each claim. Also, how many claims have been made in the last three (3) years? \_\_\_\_\_

***It is understood and agreed that with respect to questions 20, 21 and 22 above, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.***

**NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the Applicant:

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

This Application Form duly completed, together with any supplementary information, must be signed in ink by the person indicated.

Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.

**TECHNICAL CONSULTANTS SUPPLEMENTAL APPLICATION**

1. Please complete the following columns with regard to any consulting services that have been or will be provided.

	ANNUAL REVENUES	
	% Last Fiscal Yr.	Est % Next Fiscal Yr.
___ Medical Products	_____	_____
___ Drug Screening	_____	_____
___ Asbestos (please complete Question #5)	_____	_____
___ PCB, Radon or Pesticide/herbicide	_____	_____
___ Hazardous waste site	_____	_____
___ Exhaust air stack	_____	_____
___ Flood plain/estuary or wetland	_____	_____
___ Environmental Impact Studies	_____	_____
___ Environmental site assessments	_____	_____
___ Ventilation systems	_____	_____
___ Fuel and chemical spills	_____	_____
___ Waste and waste water	_____	_____
___ Ground and surface water	_____	_____
___ Underground storage tank(s)	_____	_____
___ Hazard communications and "right-to-know programs"	_____	_____
___ Regulatory compliance and permits	_____	_____
___ Recycling	_____	_____
___ Training programs (please attach a full explanation)	_____	_____
___ Other (please explain): _____	_____	_____
	Total	100%
	100%	100%

2. Does your firm provide any removal or clean-up services?  
 \_\_\_ YES \_\_\_ NO

3. Does your firm provide engineering or design services?  
 \_\_\_ YES \_\_\_ NO

4. Does the applicant hold a patent for any product, service, etc.?  
 If yes, please provide full details: \_\_\_\_\_

5. Asbestos Work:  
 Please indicate areas and gross receipts for work performed in the following:

___ Asbestos Identification or Inspection	_____
___ Asbestos laboratory and analysis	_____
___ Asbestos air monitoring at job site	_____
___ Asbestos abatement designs	_____
___ Industry standards	_____
___ Original designs	_____
___ Asbestos removal project management	_____
___ Non-asbestos toxicology/Industrial hygiene work	_____

**6. Laboratory Services:**

**Please indicate the following:**

\_\_\_\_\_ % of work performed by own laboratory

**Please attach your current laboratory license/certificate.**

\_\_\_\_\_ % of work performed by outside laboratory

**Is your principal outside laboratory licensed/certified? If so, by whom?**

\_\_\_\_\_

**It is understood and agreed that this Supplemental Application shall become a part of the application for Professional Liability Errors and Omissions Insurance. It is further understood and agreed that the insurance applied for does not provide any coverage for removal, clean-up services or engineering or design services.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Signature of person authorized  
to execute on behalf of the  
Applicant**

**Please Note:**

**All services or operations by the Applicant are not automatically covered under any policy issued pursuant to this Supplemental Application. The service or operations to be provided coverage is an underwriting decision by the insurer. Please consult with your broker and carefully review any policy and endorsements which may be issued pursuant to this Supplemental Application.**