



**Miscellaneous PROtect<sup>SM</sup>  
Professional Liability Insurance  
New Business Application**

**IMPORTANT NOTICE**

THIS IS AN APPLICATION FOR A POLICY THAT IS WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. THE LIMITS OF LIABILITY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY, COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

**APPLICANT'S INFORMATION**

Legal Name of Firm:

Business Address:

City:  State:

Zip Code:

Business Phone:  Web Address:

Date Established:  Policy Effective Date:

Risk Management Contact:

Sole Proprietor     Partnership     Corporation     Professional Corporation     Franchise     LLC

Other (describe):

Please list all branch offices:

**CURRENT COVERAGE**

1.	Carrier	Policy Period	Limit	Deductible	Premium
				\$	\$
				\$	\$
				\$	\$

2. Retroactive Date (Prior Acts):

Has the Firm, predecessor in business or any person for whom coverage is requested had professional liability coverage declined, canceled, rescinded or non-renewed?  Yes  No  
(Missouri Applicants - Do not answer this question)

If "Yes", please provide full details (if required, please attach additional sheet).

**FIRM'S PRACTICE**

3. Provide a complete description of the Firm's operations/services.

4. Indicate the specific types of claims or exposures for which coverage is desired, and describe procedures employed by the Firm to avoid or reduce claims.

5. Individuals - Please list all owners, partners and officers (attach separate sheet, if necessary).

Name	Title	Years in Profession	Education/Professional Certification

6. a. Has the Firm completed any M&A activity in last three (3) years? Yes No

If "Yes", please provide full details.

b. Are any significant changes in nature or size of the Firm's anticipated in the next twelve (12) months? Yes No

If "Yes", please provide full details.

7. Please provide the following information about the Firm's three (3) largest clients:

Client Name	Client Industry	Services Performed	Percentage of Revenue
			%
			%
			%

**REVENUE INFORMATION**

	Prior Two Years	Previous Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
U.S. Total Gross Revenues	\$	\$	\$	\$
# of Employees				

Note: 12-month annual figures should be reflected above. Please do not list partial year figures.

9. Does the Firm use independent contractors and/or subcontractors? Yes No

If "Yes", please answer the questions below:

a. Please check which of these provisions are contained in your contracts with independent or sub-contractors:

Indemnification/hold harmless for their work product     Ownership of intellectual property rights

b. Does the Firm require independent contractors to carry professional liability insurance? Yes No

c. What percentage of revenue is derived from subcontractors?  %

**OWNERSHIP INTEREST**

10. In last five (5) years, has the Firm provided professional services to clients in which Firm, any Firm member or any related individual served as an officer, director, trustee or partner or owned an equity or financial interest?

If "Yes", provide the following information:

Client	Type of Business	Annual Fees	Positions Held	Services Rendered	Equity Percentage
		\$			%
		\$			%
		\$			%

**CLIENT RELATIONSHIP**

11. a. Please identify which of the following provisions are included in your standard contract wording:

Provision	In Favor of Firm	In Favor of Client	Mutually Beneficial
Hold Harmless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limitation of Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ownership of Intellectual Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclaimer of Warranties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. How does the Firm manage the review and approval of client contract wording or modifications to your contract wording?

c. How many times has the Firm sued a client for fees in the last three (3) years?

d. Please provide a specimen copy of contract with clients.

Attached

**RISK MANAGEMENT**

12. a. Does the Firm have membership(s) in any Professional Organizations, Associations or Societies?  Yes  No

b. If "Yes", please list name(s) of organization(s).

13. Has the Firm provided professional services within the past five (5) years to clients who subsequently entered into bankruptcy or receivership?  Yes  No

14. a. Does the Firm have a written quality control document?  Yes  No

b. Does the Firm have a written system for screening and evaluating new clients?  Yes  No

If "No" to any of the above, describe the procedures and systems used (attach separate sheet, if necessary).

15. Education, Training, Management:
- a. Please attach resume of each owner, partner, and principal and professional/technical employees Attached
  - b. Do all employees (including management) attend at least one (1) educational seminar annually? Yes No
  - c. Is educational material presented and reviewed with all employees at least semi-annually? Yes No
  - d. What percentage of employees has less than two (2) years of business-related experience?  %
16. a. Does the Firm have a social engineering fraud risk management strategy in place, including an employee training and awareness program? Yes No
- b. Does the Firm independently verify written, electronic or telephonic instructions to transfer, pay or deliver funds or data with call backs to senior management at previously known or designated phone number? Yes No

### CLAIMS HISTORY

If any of the below questions are "Yes", complete a Claims Supplement Application or attach a statement providing full details.

17. In last five (5) years, have any claims involving professional services ever been made against the Firm, predecessors in business or any other person for whom coverage is requested? Yes No

**NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 17 IS EXCLUDED FROM THE PROPOSED INSURANCE.**

18. Has the Firm or any predecessor Firm reported potential claims to a professional liability insurer in the last five (5) years? Yes No

19. After inquiry, does the Firm, predecessors in business or any other person for whom coverage is requested, have knowledge of any actual or alleged act, error, omission or circumstance which may result in a claim being made against them or any other basis to reasonably anticipate a claim being made against them? Yes No

If "Yes", has the Firm reported same to your current insurer? Yes No

**NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 19 IS EXCLUDED FROM THE PROPOSED INSURANCE.**

20. Has any member of the Firm ever been the subject of a complaint to authorities or disciplinary action as a result of the professional activities? Yes No

If "Yes", how many?

21. In the last five (5) years has the Firm or anyone in your Firm received any complaints concerning products or services provided by the Firm or anyone else on your behalf? Yes No

If "Yes", how many?

### FRAUD STATEMENT/SIGNATURES

**THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.**

**FRAUD STATEMENT****(Not applicable in the states mentioned below where a specific warning applies.)**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**Alabama**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Arkansas, Louisiana, Rhode Island, West Virginia**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California**

For your protection California law requires the following appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas**

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Maryland**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Pennsylvania (Auto)**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**Tennessee, Virginia, Washington**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Vermont**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**New York (Auto)**

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

<b>SIGNATURES</b>
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**DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).**

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE

**Agent/Broker:**

Are you personally familiar with this Applicant's operations?

Yes  No

Did your office control this risk in the past year?

Yes  No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE