



CONSULTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION

THE APPLICANT IS APPLYING FOR A CLAIMS MADE POLICY, WHICH IF ISSUED, APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD, AND ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES, SETTLEMENTS OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF CLAIM EXPENSES.

COMMERCIAL POLICYHOLDER DISCLOSURE NOTICE FOR MICHIGAN NAMED INSURED ONLY - THIS POLICY IS EXEMPT FROM THE FILING REQUIREMENTS OF SECTION 2236 OF THE INSURANCE CODE OF 1956, 1956 PA 218, MCL 500.2236

APPLICANT INFORMATION

Applicant Name (as it should appear on the policy, if written):

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website Address: _____

Email Address: _____

Applicant is: Sole Proprietor Partnership LLC Corporation Joint Venture

Other (describe) _____

PROFESSIONAL SERVICES INFORMATION

1. Describe in detail the Consultants Services for which coverage is desired:

Does the Applicant perform any Consultants services in any of the following areas? Yes No
If yes, provide the percentage of annual gross revenues in each area selected.

REAL ESTATE Yes No %

CONSTRUCTION / PROJECT MANAGEMENT Yes No %

ENVIRONMENTAL Yes No %

INVESTMENT / FINANCIAL ADVICE Yes No %

ACCOUNTING / ACTUARIAL ADVICE Yes No %

- ATTORNEY / LEGAL ADVICE Yes No %
- ARCHITECTS / ENGINEERS Yes No %
- HEALTH CARE Yes No %
- MERGERS AND ACQUISITIONS Yes No %
- INSURANCE/RISK MANAGEMENT ADVICE Yes No %
- APPRAISALS/VALUATIONS/AUTHENTICATIONS Yes No %
- STRATEGIC PLANNING Yes No %
- SYSTEMS DESIGN / ANALYSIS Yes No %
- MARKETING / RESEARCH Yes No %
- HUMAN RESOURCES Yes No %
- AUDITS / INVESTIGATIVE SERVICES Yes No %
- ADMINISTRATIVE SERVICES Yes No %
- PRODUCT DEVELOPMENT / TESTING Yes No %
- SECURITY RELATED Yes No %
- OTHER (DESCRIBE ON LINE BELOW) Yes No %

2.

Gross Revenues		
Past Year	Current Year	Next Year
\$	\$	\$

3. Does Applicant have any subsidiaries? If Yes, please list below: Yes No

Name of Entity	Nature of Operations	% of Ownership	Coverage Desired
		%	<input type="checkbox"/> Yes No <input type="checkbox"/>

4. If the Applicant is controlled, owned, affiliated or associated with any other firm, corporation, or company, are any services as detailed in question 1 performed for that entity? If Yes, please describe: Yes No

5. Does the Applicant use a written contract describing the services to be provided to the client? Yes No

If No, explain how the Applicant documents each parties rights and duties _____

6. Provide the following information:

Full Name of ALL Principals, Partners, Officers, and Key Professionals	Professional Qualifications	Date Qualified	How Long In Practice	How Long As Partner Principal

7. Does the Applicant use independent contractors or subcontractors in the performance of their professional services? If Yes: Yes No

a. What is the estimated percent of the time they are used? _____ %

HISTORICAL INFORMATION

8. In the past five years has the Applicant or any of its past or present officers, principals, partners, directors, or employees ever been the subject of any investigation and/or disciplinary action by any government regulatory agency, certifying body, or other governmental entity? Yes No

9. Is the Applicant aware of any fact, circumstance, situation, error or omission that can reasonably be expected to result in a claim against the Applicant? Yes No

10. Have any claims, suits or proceedings been brought during the past five years against the Applicant or its predecessors in business, affiliates, past or present directors, officers, principals, owners, partners, sales persons, or employees? Yes No

If a Yes answer has been given to any of the questions in this section, please provide complete details which should include but not be limited to the following:

- A full description including damages alleged
- Date the insurance carrier was put on notice
- Current status
- Amounts of reserves, legal expense paid, and settlements or judgments
- Loss runs
- Steps implemented to prevent similar claims

CURRENT AND PRIOR INSURANCE INFORMATION

11. List all Professional Liability insurance carried during the past five years. If none, state "none."

Insurance Company	Policy Limit	Retention	Premium	Policy Period	Prior Acts Date Policy Period
		\$	\$		
		\$	\$		
		\$	\$		

Has the Applicant ever had an application for professional liability insurance declined or had a professional liability policy cancelled or non renewed by the Insurer? Yes No

By checking the box below, the individual named below represents that they are an authorized Officer, Partner or Principal of the Applicant, and the statements set forth in this application, its attachments and other materials submitted to the Insurer are true and correct.

Checking the box below does not bind the Applicant or the Insurer. In the event there is any material change in the answers to the questions herein prior to the issuance date of the Policy that would render this application form inaccurate or incomplete, the Applicant will notify the Insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn.

I Accept I Do not Accept

Enter Name: _____

Enter Title: _____

Enter Date: _____

FRAUD WARNINGS:

NOTICE: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states may be subject to fines and confinement in prison.

Arkansas, 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.

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.

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.

Louisiana, Maryland, New Mexico, 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.

Maine, 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 may include imprisonment, fines, and denial of insurance benefits.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio

Any person who, with intent to defraud or knowing that he/she 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.

Florida

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

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.

Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.