



2 Waterside Crossing, Suite 102, Windsor, CT 06095 phone 860.903.0000 fax 860.903.0001 www.businessriskpartners.com

Please complete the application by either entering the required information directly from your keyboard, or printing the application and entering the information by hand. You will need Adobe Acrobat Reader Version 4.0 (at minimum). If you are using version 3.0, you can upgrade it for free at www.adobe.com. Fax or e-mail the completed application to Business Risk Partners at the address noted above.

GENERAL INFORMATION

1. Company Name (Applicant) Street City State Zip Telephone Fax E-mail Address Website

2. Please list the states in which the Applicant provides services.

3. Please provide a brief description of the professional services for which coverage is desired.

REVENUE BREAKDOWN

4. Please list the professional services that the Applicant provides and the % of revenue generated by each service.

Table with 2 columns: Professional Service, Percentage of Revenue

DESCRIPTION OF BUSINESS

5. Please indicate the total revenue for the following fiscal years for both the Applicant and any subsidiaries performing professional services sought to be covered under this policy.

Current Year: _____

Last Year: _____

Next Year (projected): _____

6. How many years has the Applicant been in business? _____

7. Please indicate the Applicant's total number of employees. _____

8. How many of these employees provide professional services directly to clients? _____

9. Does the Applicant provide professional services to any client/customer that represents more than 20% of the Applicant's gross annual revenue? No Yes

10. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own any other firm business enterprise? If yes, please explain: No Yes

11. Does the Applicant have a contract in place with clients?

All of the time Most of the time Some of the time Never

12. Do the Applicant's contracts contain indemnification/hold-harmless clauses running in its favor?

All of the time Most of the time Some of the time Never

13. Does the Applicant do business through independent contractors?

All of the time Most of the time Some of the time Never

14. Does the Applicant contractually require independent contractors to maintain E&O insurance?

All of the time Most of the time Some of the time Never

15. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activities?

No Yes

If you answered "yes" to the above question, please describe:

16. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees?

No

Yes

If you answered "yes" to the above question, please describe including name of claimant; type of service provided and allegation made; date claim was made; demand amount and final disposition including indemnity and expense amounts:

17. Does the Applicant or do the Applicant's owners, principals, directors, officers or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business?

No

Yes

If you answered "yes" to the above question, please describe:

It is understood and agreed that if the answer to the previous three queries is "yes", any such claim or potential claim is specifically excluded from this proposed coverage.

18. List any industry associations/memberships with which the Applicant is affiliated.

19. Please indicate desired coverage terms.

Limit _____

Retention _____

Retro-Date _____

If no retroactive date is selected, proposed coverage will begin on the policy effective date.

20. Please attach any additional information we may find helpful in evaluating your risk.

In addition, please attach any special coverage requests.

21. OPTIONAL: In order to best meet your coverage needs, please provide the following information about the Applicant's current policy.

Carrier _____
Limit _____
Retention _____
Premium _____
Retro Date _____
Expiration _____

NOTICE TO APPLICANT: PLEASE READ CAREFULLY

Warranty: The undersigned warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the Applicant's business including, but not limited to the size of the firm, the area of business engaged in by the firm and the information contained on each Supplemental application submitted by the Applicant.

Any person who knowingly and with intent to defraud any insurance company or any 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.

SIGNATURE: _____

TITLE: _____

DATE: _____



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Important: Complete for each underwriting relationship

- 1. Please provide the following information for the Insurer with whom the Applicant has an MGA relationship:
a. Insurer e. Maximum Limit
b. Lines of Insurance f. Claims Authority
c. Premium Volume h. Admitted, non-admitted?
d. Years Represented i. A.M. Best Rating
2. a. What is the Applicant's total gross written premium for this program? \$
b. What is the Applicant's total annual commission volume for this program? \$
c. Please provide loss ratio for this program for the past 5 years:
3. Number of producers from whom you receive business:
4. Number of producers you have appointed with binding authority:
5. a. Do you require and verify producers carry E&O Insurance?
b. If yes, what are the minimum E&O limits required? \$
c. How is this monitored?
6. Does the Insurer (s) perform an audit?
How often? When was the last audit conducted?
7. Have any audit reports issued in the past year raise any issues which might reasonably give rise to either
a) an E&O claim or b) a discontinuation of the MGA relationship?
8. Do you have a written contract with the Insurer(s) for whom you underwrite?
If Yes, please attach.
9. Please provide complete details (on a separate sheet of paper, if necessary) on any programs that have
been dissolved, discontinued, terminated or moved to another Insurer during the past five (5) years. If none,
please state so.

10. Please list all functions you perform as an MGA / Program Administrator including, but not limited to, underwriting, rating, quoting, claims handling, policy issuance, etc.

11. Do you place the reinsurance on any of the MGA programs? ρ Yes ρ No

12. Describe claim procedures. _____

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____