



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.

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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**

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**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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| Applicant Name: _____<br>Address: _____<br>City: _____ State: _____ Zip Code: _____  | Web Address: _____<br>Telephone: _____<br>Email: _____   |  |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
|--|--|--|----------------|-------------------|------------------|--|--|-------|--|--|--------------------------|--|--|------------|--|--|--------------------|--------------------|----------------------|-----------------------|------------------|-------------------|----------------------|--------------------|----------------|----------------------|
| <b>1.) Date Established: _____ (If less than 5 years, attach resumes of principles)</b><br>Number of: Locations: _____<br>Prof. employees: _____<br>Total Employees: _____<br>Independent Contractors: _____<br>Do you require IC's to carry their own E&O? _____<br>Describe IC's <input type="checkbox"/> Yes <input type="checkbox"/> No<br>services: _____   | <b>2.) Are Mortgage Broker services provided?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Are Mortgage Banker services provided?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>List States in which services are provided:</b><br>_____<br>Do these states require licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are all licenses in force? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Does Applicant perform any appraisals? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is applicant owned by, affiliated with, or does it own other entities?<br><b>If Yes, please explain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| <b>3.) Revenues from services covered under this policy (use projections if a start-up):</b><br>Next Year (projected): \$ _____<br>Current Year: \$ _____<br>Last Year: \$ _____   | <b>4.) Does Applicant use contracts with clients?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>What percentage of the time? _____ %<br>Are contracts reviewed by counsel? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Do contracts specify services & fees? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Do contracts contain indemnification and hold harmless clauses in Applicant's favor? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| <b>5.) List loan activity during last 12 months (if start-up provide projections):</b><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type:</th> <th style="text-align: left;">Number of Loans:</th> <th style="text-align: left;">Dollar Amount:</th> </tr> </thead> <tbody> <tr> <td>Residential _____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>Commercial _____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>Construction _____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>Other; _____</td> <td>_____</td> <td>\$ _____</td> </tr> </tbody> </table> Explain: _____  | Type:  | Number of Loans:   | Dollar Amount: | Residential _____ | _____            | \$ _____   | Commercial _____   | _____ | \$ _____   | Construction _____                                       | _____                    | \$ _____   | Other; _____   | _____      | \$ _____   | <b>6.) What percentage of loans are:</b><br><table style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>Originated _____ %</td> <td>Refinances _____ %</td> </tr> <tr> <td>Underwritten _____ %</td> <td>2nd Mortgages _____ %</td> </tr> <tr> <td>Serviced _____ %</td> <td>Sub-Prime _____ %</td> </tr> <tr> <td>Yield Spread _____ %</td> <td>Foreclosed _____ %</td> </tr> <tr> <td>Other; _____ %</td> <td>Re-purchased _____ %</td> </tr> </tbody> </table> Explain: _____ | Originated _____ % | Refinances _____ % | Underwritten _____ % | 2nd Mortgages _____ % | Serviced _____ % | Sub-Prime _____ % | Yield Spread _____ % | Foreclosed _____ % | Other; _____ % | Re-purchased _____ % |
| Type:  | Number of Loans:   | Dollar Amount:   |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| Residential _____  | _____  | \$ _____   |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| Commercial _____   | _____  | \$ _____   |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| Construction _____   | _____  | \$ _____   |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| Other; _____   | _____  | \$ _____   |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| Originated _____ %   | Refinances _____ %   |  |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| Underwritten _____ %   | 2nd Mortgages _____ %  |  |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| Serviced _____ %   | Sub-Prime _____ %  |  |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| Yield Spread _____ %   | Foreclosed _____ %   |  |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| Other; _____ %   | Re-purchased _____ %   |  |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| <b>7.) Average Loan Value:</b> \$ _____<br><b>Maximum Loan Value:</b> \$ _____<br><b>Largest Loan Made:</b> \$ _____   | <b>8.) If Sub-Prime loans are provided:</b><br>Please provide the percentages of the types of paper the sub-prime is written on:<br>A _____ %, B _____ %, C _____ %, D _____ %<br>What is the average FICO score of all Sub-Prime loans originated? _____  |  |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| <b>9.) What percent of originated loans are reviewed?</b> _____ %<br>Are audits performed by Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are audits performed by an outside firm? <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>10.) Does Applicant have any:</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: left;">Procedures:</th> <th style="text-align: left;">Violations:</th> </tr> </thead> <tbody> <tr> <td>Truth in Lending</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>RESPA</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Equal Credit Opportunity</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Good Faith</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <b>(Explain any violations in detail as an attachment.)</b>   |  | Procedures:    | Violations:       | Truth in Lending | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | RESPA | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Equal Credit Opportunity | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Good Faith | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
|  | Procedures:  | Violations:  |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| Truth in Lending   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| RESPA  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| Equal Credit Opportunity   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| Good Faith   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| <b>11.) Is current professional liability coverage in place?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Current Carrier: _____<br>Limits: _____<br>Retention: _____<br>Premium: _____<br>Retro Date: _____  | <b>12.) Does Applicant:</b><br>Originate loans with recourse agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Have authority to approve loans on the lender's or investor's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Have a warehouse line of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, list amount &amp; with whom:</b><br>\$ _____  |  |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| <b>13.) Have any of the Applicant's owners, principles, directors, officers or employees:</b><br>Ever been the subject of an investigation, disciplinary or criminal action as a result of their Professional activities? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Ever had claims made against them? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Obtained 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? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If Yes, **explain as an attachment; *fill out Supplemental Claims Form.</b> | <b>NOTICE TO APPLICANT, PLEASE READ CAREFULLY:</b><br><b>Warranty:</b> 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.<br><br>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, the information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. |  |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |
| <b>It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors &amp; Omissions Insurance.</b><br>Applicant Signature: _____ Date: _____<br>Name and Title (Please Print): _____  |  |  |                |                   |                  |  |  |       |  |  |                          |  |  |            |  |  |                    |                    |                      |                       |                  |                   |                      |                    |                |                      |