

Miscellaneous Professional Liability Questionnaire

Section 1: General Information (Note: If any affiliated entities or subsidiaries are to be included, please attach an organizational chart, and complete all questions in this application with respect to all entities to be covered)

Applicant:	
Physical Address:	
City, State, ZIP:	
Mailing Address:	
City, State, ZIP:	
Website:	
Contact Name:	
Contact Phone:	
Contact E-mail:	
Year Established:	
Nature of Operations:	

Additional documentation requested:

- Résumés of principals, partners and key employees
- Sample client contract
- Sample sub-contractor contract, if applicable
- Marketing materials

Section 2: Operations

1) Please provide annual revenues for:

	Domestic	Foreign	Total
Latest fiscal year end			
Current fiscal year (projected)			
Next year (projected)			

2) Please provide details on your largest contracts which are currently ongoing or completed in the past three years:

Name of Client	Business of Client	Services Provided	Annual Income	Start Date	Completion Date

3) Do you anticipate any material changes to the nature of your business in the next 12 months?

If yes, please provide details.

4) Please provide details on the types of clients you provide services to:

Industry	%	Industry	%	Industry	%
Agriculture/Forestry/Fishing		Mining		Construction	
Manufacturing		Transportation		Communications	
Wholesale/Retaile Trade		Utility Services		Finance/Insurance	
Real Estate		Information Technology		Business Services	
Government		Other 1 (please explain)		Other 2 (please explain)	

5)	During the past 5 years, has any principal, partner, officer, director or profe Applicant engaged in professional services for any entity in which the Appl ownership/managerial interest?		
		☐ Yes ☐ No yes, please provide detail	
6)	Does the applicant design, manufacture or test any product, or process for If	creating a product? Yes D No yes, please provide detail	
7)	Does the applicant act as a general partner in any Limited partnership?	Yes D No yes, please provide detail	
8)	Does the Applicant maintain and adhere to formalized corporate governan- control the Applicant's business activities to ensure compliance with all fed statutes which pertain to the conduct of the Applicant's business?	leral, state and local	_
9)	Does the Applicant have a process in place to handle and resolve client co	☐ Yes ☐ No omplaints? ☐ Yes ☐ No	
10)	Does the Applicant have any procedures in place to resolve disputes with charges?		
11)	Does the Applicant have any risk management procedures established and	☐ Yes ☐ No d in use? ☐ Yes ☐ No	
12)	Does the Applicant require continuing education for all professional employ	yees? □ Yes □ No	D
13)	Does the Applicant have a written procedural manual for employees to follo	ow?	D
14)	Does the Applicant have a formalized training program for newly hired emp	bloyees? □ Yes □ No	D
Sec	tion 3: Personnel		

1) Please provide a breakdown of Applicant's staff as follows:

	Currently	One Year Ago
Principals/Partners		
Other Professional Employees		
Non-professional Employees		
Total		

2) Does the Applicant have any staff members that are certified, licensed or registered professionals (i.e. architect, engineer, medical practitioner, attorney, CPA, actuary, insurance agent or broker, financial planner/advisor, etc.)?

If yes, please provide individual's name, designation/affiliation and services they are providing.

Section 4: Contracts

1) Please attach a sample copy of your standard client contract, and advise the percentage of clients to whom services are provided:

Under your standard contract: _____%

- Under a modified version of your standard contract:
- Under some other written contract language:
- Without a written contract: _____%
- 2) If there are any clients with whom you do not maintain a written contractual agreement, please explain the reasoning behind this.
- 3) Does an appropriately qualified legal advisor prior to signature review all deviations from your standard contract?
- 4) Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract?
 - ☐ Yes ☐ No If yes, please elaborate.
- 5) Does the Applicant ever enter into contracts where their fees for services provided are contingent upon the client achieving cost reductions or improved operating results?

🗌 Yes 🗌 No

☐ Yes ☐ No

If yes, in what percentage of your contracts is that the case?

%

%

6) Does the Applicant's written contract or agreement for professional services contain the following:

	Yes	No
Hold harmless clause in Applicant's favor		
Hold harmless clause in client's favor		
Indemnification clause in Applicant's favor		
Indemnification clause in client's favor		
A specific description of the services the Applicant is to provide		
Any guarantees or warranties		
Outline and description of payment terms		

- 7) What approximate percentage of your revenue, in your current financial year, will be paid to subcontractors? _____%
- 8) Do you ensure that sub-contractors have their own errors and omissions insurance?

🗌 Yes 🗌 No

9) Do contracts with subcontractors have hold harmless or indemnity agreements that benefit the Applicant?

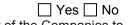
🗌 Yes 🗌 No

Section 5: Claims History

Please attach currently valued loss runs for as long as continuous E&O coverage has been in force, up to five years.

After enquiry amongst the principals, partners, directors and/or officers of the applicant:

 Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years?



2) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof?

3) Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof?

🗌 Yes 🗌 No

4) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

🗌 Yes 🗌 No

5) Has any Errors or Omissions Insurance or Professional Liability Insurance issued to the Applicant ever been declined, cancelled or non-renewed?

🗌 Yes	🗌 No
-------	------

If the answer to any of questions 1 – 5 in this section is "yes," please provide complete details by attachment.

Section 6: Requested Coverage

Please provide details of your current Errors and Omissions insurance and specify the desired coverage going forward:

	Effective	Expiration				Retroactive	
	Date	Date	Carrier	Limit	Deductible	Date	Premium
Requested							
Current							
1 Year Ago							
2 Years Ago							

Section 7: Additional Information

Use this space to elaborate on any answers given earlier if necessary

Section 8: Signature

Name: _____ Title: _____

Signature: ______ Date: ______