



## 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?  
 Yes  No  
 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/Retail 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 professional employee of the Applicant engaged in professional services for any entity in which the Applicant has any ownership/managerial interest?  
 Yes  No  
 If yes, please provide details.
- 6) Does the applicant design, manufacture or test any product, or process for creating a product?  
 Yes  No  
 If yes, please provide details.
- 7) Does the applicant act as a general partner in any Limited partnership?  
 Yes  No  
 If yes, please provide details.
- 8) Does the Applicant maintain and adhere to formalized corporate governance procedures which control the Applicant's business activities to ensure compliance with all federal, state and local statutes which pertain to the conduct of the Applicant's business?  
 Yes  No
- 9) Does the Applicant have a process in place to handle and resolve client complaints?  
 Yes  No
- 10) Does the Applicant have any procedures in place to resolve disputes with clients over fees or other charges?  
 Yes  No
- 11) Does the Applicant have any risk management procedures established and in use?  
 Yes  No
- 12) Does the Applicant require continuing education for all professional employees?  
 Yes  No
- 13) Does the Applicant have a written procedural manual for employees to follow?  
 Yes  No
- 14) Does the Applicant have a formalized training program for newly hired employees?  
 Yes  No

**Section 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.)?  
 Yes  No  
 If yes, please provide individual's name, designation/affiliation and services they are providing.
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**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?  Yes  No

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  
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 sub-contractors? \_\_\_\_\_%

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:

1) 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?  Yes  No

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?  Yes  No

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 Date	Expiration Date	Carrier	Limit	Deductible	Retroactive 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

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**Section 8: Signature**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_