ERRORS AND OMISSIONS

Professional services, contracts, clients, and financial-loss exposures.

iPhone Files/Preview: tap a square and type X.

1. Applicant and Contact Information

Applicant / entity name

DBA

Physical address

Website

City / State / ZIP

Years in business

Primary contact

Title

Phone

Email

FEIN

Requested effective date

Describe the applicant's professional services and the clients served:

2. Coverage Requested and Current Insurance

Limit requested

Deductible / retention

Retroactive / prior-acts date

Current carrier

Current annual premium

Policy expiration

Is the current policy written on a claims-made basis? ☐ Yes ☐ No

Has there been or will there be any gap in professional liability coverage? ☐ Yes ☐ No

Is an extended reporting period, full prior acts, or predecessor coverage requested? ☐ Yes ☐ No

3. Professional Services and Revenue Breakdown

Enter the percentage of annual gross revenue for each category. Total should equal 100%.

Management / business consulting	%
Marketing / advertising / public relations	%
Human resources / recruiting	%
Bookkeeping / administrative services	%
Real estate or property-related services	%
Training / coaching	%
Inspection / testing / certification	%
Other professional services	%

Total annual gross revenue

Largest client %

4. Operations and Exposure Questions

Does the applicant provide opinions, recommendations, designs, reports, or certifications for a fee?	Yes	No
Do clients rely on the applicant's work to make financial, operational, or regulatory decisions?	Yes	No
Does the applicant manage client funds, make investment decisions, or have signing authority?	Yes	No
Does the applicant perform work involving securities, lending, insurance placement, taxes, or legal advice?	Yes	No
Are any services subcontracted or referred to independent professionals?	Yes	No
Does any client represent more than 25% of annual revenue?	Yes	No
Are services performed outside the United States or for foreign clients?	Yes	No
Has the applicant acquired, merged with, or discontinued any professional service operation?	Yes	No

Explain any Yes answers above and identify the related service, client, or project:

5. Industry-Specific Risk Management Controls

Are written contracts used for every engagement?	☐ Yes	☐ No
Do contracts clearly define scope, deliverables, responsibilities, fees, and completion criteria?	☐ Yes	☐ No
Are scope changes and additional services documented in writing?	☐ Yes	☐ No
Do contracts include limitation-of-liability language where permitted?	☐ Yes	☐ No
Do contracts avoid warranties, guarantees, or promises of specific financial results?	☐ Yes	☐ No
Are client complaints and disputed deliverables escalated and documented?	☐ Yes	☐ No
Is work independently reviewed before delivery when errors could cause material loss?	☐ Yes	☐ No
Are client approvals or acceptance of major deliverables documented?	☐ Yes	☐ No
Are conflicts of interest identified before accepting new work?	☐ Yes	☐ No
Are client records, source materials, and final work products retained under a written policy?	☐ Yes	☐ No
Does the applicant use third-party intellectual property, licensed content, or confidential data?	☐ Yes	☐ No
Are subcontractors required to sign contracts and maintain their own professional liability coverage?	☐ Yes	☐ No

Explain any No answers, exceptions, or planned corrective actions:

6. Largest Clients and Engagements

Client / project	Services	% revenue	End date

7. Prior Coverage, Claims and Circumstances

Has any insurer declined, cancelled, non-renewed, or restricted professional liability coverage?	☐ Yes	☐ No
Has any claim, suit, demand, arbitration, disciplinary matter, or regulatory proceeding been made?	☐ Yes	☐ No
Is any applicant, owner, officer, director, or professional aware of an act that may result in a claim?	☐ Yes	☐ No
Has any client requested a refund, fee waiver, correction, re-performance, or payment due to alleged error?	☐ Yes	☐ No
Has any contract dispute, missed deadline, data loss, confidentiality issue, or intellectual-property allegation occurred?	☐ Yes	☐ No
Has any professional license, accreditation, certification, or privilege been investigated or restricted?	☐ Yes	☐ No

For every Yes answer, provide dates, claimant, allegation, status, amount paid/reserved, and corrective action:

8. Required Supporting Documents

- ☐ Current declarations / policy
- ☐ Five-year loss runs
- ☐ Standard client contract
- ☐ Professional roster / resumes
- ☐ Licenses / certifications
- ☐ Supplemental claim details

9. Applicant Certification and Signature

The applicant represents that the information provided is true, complete, and accurate to the best of the applicant's knowledge. This questionnaire does not bind coverage; all terms are subject to carrier underwriting and policy language.

Applicant name		Title	
Signature		Date	
Agent name		Agency	
Agent phone / email			