PROFESSIONAL LIABILITY / E&O

01 / APPLICANT AND EXPOSURE PROFILE

Complete all applicable fields. Use Unknown or N/A as needed. Attach extra pages for multiple locations or schedules.

1. Applicant and contact

Legal applicant / business name

DBA / entity type

Primary contact / title

Phone / email

Mailing address / City / State / ZIP

Website / year established

Requested effective date

Annual gross revenue

Employee count / annual payroll

Describe the business, operations, customers, locations, and states / countries involved:

2. Initial exposure questions

Any services requiring a professional license or certification? Select

Any services provided outside the United States? Select

Any prior error, client demand, complaint, or missed deadline? Select

Any merger, acquisition, new service, or discontinued operation? Select

Explain Yes / Unknown answers and any unusual exposures:

Provide current values and limits where available. These questions are an intake guide, not a carrier application.

3. Details for Professional Liability / E&O

Professional services / revenue by service

Client industries / typical engagement

Largest contract / annual client revenue

Number of professionals / experience

Licenses / certifications / jurisdictions

Subcontracted services / annual costs

Requested limit / deductible

Current carrier / retroactive date

Standard contract / liability cap

Prior acts / predecessor coverage needed

4. Controls and supporting detail

Written client contracts define scope, fees, and responsibilities? Select

Work reviewed by qualified staff before delivery? Select

Documented quality control and client approval procedures? Select

Professional licenses maintained and continuing training tracked? Select

Subcontractors insured with written agreements? Select

Any work outside expertise or unusual contractual liability? Select

Describe services, clients, contracts, quality controls, prior acts, and any known circumstances.

Availability, eligibility, and terms depend on underwriting. Additional carrier applications may be required.

5. Current and prior insurance

Current carrier (or None)

Policy number

Effective / expiration dates

Current limit / deductible / retention

Current annual premium (if applicable)

Requested changes / target limit

6. Claims, losses, or circumstances

Any relevant claim, loss, or demand in the past 5 years? Select

Any open dispute, investigation, known incident, or threatened claim? Select

Any cancellation, nonrenewal, declined application, or coverage lapse? Select

For each Yes: date, event, amount paid / reserved, current status, and corrective action. Attach details if needed.

7. Supporting documents

- [ ] Services / revenue breakdown
- [ ] Standard client contract
- [ ] Professional resumes / licenses
- [ ] Current declarations
- [ ] Five-year loss runs
- [ ] Claim / circumstance details

Send completed forms and documents to info@mad-insurance.com. Do not include passwords, payment details, or SSNs.

I confirm the information is true and complete to the best of my knowledge. This questionnaire does not bind or change coverage. Carrier forms, underwriting, and approval may be required.

Applicant typed name / title

Date