



## Miscellaneous Professional Liability Insurance Supplemental Application

\*The miscellaneous professional liability coverage part/endorsement provides that the limit of liability available to pay judgments or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

\*If a miscellaneous professional liability coverage part/endorsement is issued,  
it will be on a claims-made basis.

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**Instructions:** The words “you”, “your” and “Applicant” refer to the Named Applicant and all the other entities applying for coverage. If your answer to any question in this Application requires additional space, please complete your answer on an attachment. This Application, its respective attachments, and any other related information or documentation you provide (or indicate is available on a website) will constitute a single “Application”.

1. Named Applicant: \_\_\_\_\_

2. Address of Named Applicant: \_\_\_\_\_

City: \_\_\_\_\_ Primary State of Operations: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Applicant’s Primary Web Page: \_\_\_\_\_

4. Please select the Limit of Liability you would like to purchase:

100,000 \_\_\_\_\_ \$250,000 \_\_\_\_\_ \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_ Other \_\_\_\_\_

5. Please select the Deductible you would like to purchase:

\$2,500 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ Other \_\_\_\_\_

6. Please describe your business activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does the Applicant have a fifty percent (50%) or more ownership in any entity? \_\_\_ Yes \_\_\_ No

If yes, please provide name of entity(ies), percentage ownership and services provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Years of continuous operation: \_\_\_\_\_

9. What is the average number of years applicable experience of the principal members of the organization? \_\_\_\_\_

10. Please provide your gross annual revenues below: (Please provide actual where available, otherwise provide projected)

	Year	Revenues	Percentage from foreign sales
Past fiscal year			
Current fiscal year			
Next fiscal year			

11. If more than one business activity is listed in Question 6, for each of the business activities indicate the percentage of revenue derived from each business activity:

Business Activity	Percentage of Revenue

12. Please provide your largest projects over the past year:

Client	Services Performed	Revenues

13. For what percentage range does the Applicant use a written contract?

0% \_\_\_\_\_ 1%-24% \_\_\_\_\_ 25%-49% \_\_\_\_\_ 50%-74% \_\_\_\_\_ 75%-99% \_\_\_\_\_ 100% \_\_\_\_\_

**\*Please provide a copy of your standard contract.**

14. For what percentage range is the standard contract modified?

0% \_\_\_\_\_ 1%-24% \_\_\_\_\_ 25%-49% \_\_\_\_\_ 50%-74% \_\_\_\_\_ 75%-99% \_\_\_\_\_ 100% \_\_\_\_\_

15. For what percentage range does the Applicant subcontract work to others?

0% \_\_\_\_\_ 1%-24% \_\_\_\_\_ 25%-49% \_\_\_\_\_ 50%-74% \_\_\_\_\_ 75%-99% \_\_\_\_\_ 100% \_\_\_\_\_

16. If the response to Question 15 is not "0%", please describe services and percentage of total revenue subcontracted:

Services Subcontracted	% of Revenues Subcontracted

17. Is evidence of insurance required of all subcontractors?  Yes  No

18. Does the Applicant have a full-time risk manager or a risk management policy?  Yes  No

a. If yes, is the risk management policy reviewed/updated at least every year? \_\_\_Yes \_\_\_No

b. If yes, doe the Applicant provide risk management/loss prevention training to employees? \_\_\_Yes \_\_\_No

19. Has any director, officer, partner, manager, employee or agent of the Applicant been the subject of any disciplinary investigation as a result of professional activity? \_\_\_Yes \_\_\_No

If yes, please provide complete details: \_\_\_\_\_

\_\_\_\_\_

20. Has there been or is there now pending any litigation or claim against or civil, criminal, administrative or regulatory action or proceeding of the Applicant or any person or entity proposed for this insurance? \_\_\_Yes \_\_\_No

If yes, please provide complete details: \_\_\_\_\_

\_\_\_\_\_

21. Does any person or entity proposed for this insurance have knowledge of any act, error or omission which might give rise to a claim(s) under the proposed coverage? \_\_\_Yes \_\_\_No

*It is agreed that with respect to Questions 19, 20 and 21 above, that if such knowledge, litigation, claim, action, proceeding or investigation exists, then any litigation, claim, action, proceeding, investigation or occurrence arising out of, in connection with, relating to or which is part of (1) such known acts, errors and omissions, or (iii) such existing litigation, claim, action, proceeding or investigation is excluded from any coverage which may be afforded on the basis of this application.*

22. Has the Applicant purchase professional liability coverage in the past 5 years? \_\_\_Yes \_\_\_No

If yes, please provide a copy of the Declarations page.

23. Has any professional liability insurance requested by the Applicant been refused, cancelled or non-renewed? \_\_\_Yes \_\_\_No

If yes, please provide a description of the details: \_\_\_\_\_

\_\_\_\_\_

24. Is the Applicant currently insured under any professional liability insurance policy? \_\_\_Yes \_\_\_No

If yes, please provide a copy of the Declarations page and the MPL coverage form.

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THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE

EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD AN EMPLOYMENT PRACTICES LIABILITY COVERAGE PART/ENDORSEMENT BE ISSUED, AND THE APPLICATION IS DEEMED TO BE ATTACHED TO AND SHALL BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND OR POLICY ISSUED.

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR 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.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in the Miscellaneous Professional Liability coverage part or endorsement shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of the Miscellaneous Professional Liability coverage part or endorsement.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the deductible amount.

\_\_\_\_\_  
Applicant's Title  
(must be owner or officer)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Attest: \_\_\_\_\_

Broker: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_