

IJU Agency Ltd.

General Professional Liability Form

(Please fill out to the best of your ability.)

Part I: General Information

Name : _____

Entity Type (LLC, Sole Proprietorship, Partnership, Corporation...): _____

Address: _____

Mailing Address (If Different): _____

Telephone #: _____ Email: _____ Fax: _____

Website _____ FEIN #: _____

Type of business: _____ # of Employees: _____

Years In business: _____ Current Insurance Company: _____

Effective Date: _____ Premium: _____

Have you had any claims in the last 5 years, if yes, please elaborate:

Principle / Partner:

Name	Title	Years of Experience

Part II: Business Information

Does the business own any subsidiaries or other entities:

Name	% Owned	Year Started	Entity Type

In the next twelve months 9 (or in the past 24 months) is the insured contemplating the following:

Any actual or proposed merger, acquisition, divestiture: _____

Any creation of a new business, subsidiary, or division: _____

Any registration for a public offering or a private placement of securities: _____

Any reorganization or arrangement with creditors under federal or state law: _____

Any branch, location, facility, office, or subsidiary closings, consolidations, layoffs: _____

What professional services do you offer:

Service	Description

Please list and describe your firms 5 biggest projects or jobs during the last 5 years:

Client Name	Services Rendered	Annual Revenue Derived From The Project Or Job

If sub-contractors are used, do does your firm require evidence of Professional Liability Insurance: _____

Is a written contract or agreement required for each Client: _____

Has your firm sued to collect past or overdue fees from Clients within the last 2 years: _____

Does your firm use a Procedure Manuel: _____

Does your firm use a formal training program (If Yes, Please Describe):

Total # of Principals, Partners, Officers, Professionals: _____

Total # of Clerical, Non-Professionals: _____

Part III: Gross Annual Earnings

Prior Fiscal Year	\$
Current Fiscal Year (Estimated)	\$
Projected Next Fiscal Year	\$

Part IV: Insurance History

Requested Limit	Requested Retention	Requested Effective Date	Does Your Firm Currently Have Insurance	Current Insurer
Expiring Limit	Expiring Retention	Expiring Premium	Date Your Firm First Purchased Coverage	Current Retroactive Date

Is the Insured or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage for which they are applying?:

Has any person or entity proposed for this insurance been a party to any Professional Liability Claims, any disciplinary actions, or been cited by any regulatory agency or professional association during the past 5 years? If Yes, please explain:

Other information that you feel may help us better understand your needs:

Notice

This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.

Submitted By (Print): _____

Signature: _____

Date: _____