

# 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?:

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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:

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

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**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.**

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Submitted By (Print): \_\_\_\_\_

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

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