

GAPS Insurance Services

Miscellaneous Professional Liability Application

This application must be completed, signed, and dated by an authorized officer of your firm. Underwriters will rely on all statements made in this application. The information requested is for underwriting purposes only and does not constitute notice to the Company under any Policy of a claim or potential claim. All such notices must be submitted to the Company pursuant to the terms of the Policy, if and when issued.

I. General Information

Name: _____

Business Address: _____

Business Type: Corporation _____ Partnership _____ LLC _____ Other _____

Nature of the Business: _____

Year Established _____ Total Number of Employees _____

Number of Principals, Officers, Directors, and Professional Employees: _____

Website: _____

II. Subsidiaries

List all Subsidiaries for which coverage is desired. Subsidiary means any entity that is not formed as a joint venture of which the Applicant owns or has the right to vote more than 50% of the outstanding voting securities representing the present right to vote for an election of directors, or the managers or members of the board of managers or equivalent executives of a limited liability company or partnership, on or before the inception date of the Policy. Please provide the percentage of ownership by Applicant.

Subsidiary Name	Percentage of Ownership	Acquisition or Formation Date	Services Performed by the Subsidiary
	%		
	%		
	%		
	%		

III. Acquisition, Consolidation, Merger

Has the Applicant owned, controlled, or affiliated with any other entity? Yes ____ / No ____

Has the Applicant ever been the subject of any merger, acquisition, or consolidation? Yes ____ / No ____

Has the name of the Applicant been changed? Yes ____ / No ____

IV. Professional Services

Please check all boxes below indicating the professional services performed by the Applicant for which coverage is desired and the applicable % of total revenue derived from each professional service provided. If the Applicant’s professional services do not fit into one of the categories below, please indicate “Other” and provide a comprehensive description of the type(s) of professional service(s) performed attaching a separate sheet. Where there is an asterisk (*), please complete a supplemental application for which each service.

Auctioneer	%	Debt Counselor	%	Property Manager*	%
Actuaries	%	Employment Agency*	%	Property Developer	%
Appraiser’s	%	Employee Leasing	%	Public Relations	%
Benefit Plan Administrator*	%	Escrow Agent*	%	Printer	%
Bookkeeper	%	Foreclosure Agent*	%	Real Estate Agent/Broker*	%
Business Broker	%	Franchiser	%	Real Estate Appraiser*	%
Business Process Outsourcing	%	Home Inspector	%	Third Party Administrator*	%
Business Manager	%	Insurance Agent/Broker	%	Testing Lab	%
Call Center	%	Lease Broker	%	Trustee	%
Claims Adjuster*	%	Loan Servicer/Closing Servicer	%	Investment Advisor	%
Collection Agent / Credit Reporting	%	Management Consultant*	%	Other	%
Construction Manager		Mortgage Banker/Broker*	%		

During the past five years has the Applicant been engaged in any business or professional services other than the professional services described above? Yes ____ / No ____

During the past five years, have any of the Subsidiaries listed in question 2 been engaged in any business or professional services other than those professional services listed above? Yes ____ / No ____

V. Financial & Business Information

Please provide the most recent 10K financial statement if the Applicant is publicly-held or the most recent annual report if the Applicant is privately held.

Fiscal year end date: ____ / ____ (Month / Day)

What are the total revenues for all professional services listed in the previous section?

	Year	Revenues	Percentage Non-US Revenues
Prior Fiscal Year			
Current Fiscal Year			
Projected Next Fiscal Year			

Do you anticipate any material changes to the nature of the Applicant's business in the next 12 months, including but not limited to acquisitions or divestitures of subsidiaries by the Applicant, acquisition or divestiture of the Applicant by another entity, substantial increase in or reduction of staffing (net change of +/- 10% or more), any change in business strategy, structure or plan, or any other material change in business? Yes ____ / No ____

If Yes, please explain:

VI. Clients

Please list the Applicants 5 largest clients:

Client Name	Professional Services Provided	Revenues
		\$
		\$
		\$
		\$
		\$

Total # of clients: _____

VII. Subcontractors

Does the Applicant use subcontractors? Yes ____ / No ____

What percentage of the professional services indicated in section 4 is subcontracted out? _____%

Does the Applicant require its subcontractors to maintain professional liability insurance? Yes ____ / No ____

*If Yes, what are the policy limits the Applicants require its subcontractors to maintain? _____

*If No, are the subcontractors required to indemnify the Applicant? Yes ____ / No ____

VIII. Contracts

What percentage of the Applicant's services is provided under the written agreement? _____%

In those instances when written contracts are not used, please explain why:

What percentage of the Applicant's services is provided under modification of its standard contract? _____%

Are the Applicant's contracts reviewed by your legal department or by an outside law firm that you hire? _____

Do such contracts or agreements contain (please check all that apply):

- Hold harmless or indemnify agreements inuring to Applicant's benefit
- Hold harmless or indemnify agreements inuring to the Client's benefit
- Guarantee or warranties
- Specific description of the professional services Applicant is to provide
- Clauses defining the responsibility of each party
- Clauses limiting the Applicant's liability
- A force majeure limitation clause
- Acceptance of consequential damages
- Provisions for liquidated damages
- Provisions for the ownership of intellectual property

IX. Corporate Governance & Education

Does the Applicant maintain and adhere to formalized corporate governance procedures which control the Applicant's business activities to ensure compliance with all federal, state, and local statutes which pertain to the conduct of the Applicant's business? Yes / No

Does the Applicant have a process in place to handle and resolve client complaints? Yes / No

Does the Applicant have any procedures in place to resolve disputes with clients over fees or other charges? Yes / No

Does the Applicant have agreements with clients wherein the Applicant's fees are contingent upon the successful completion of the assignment or upon the client's cost reductions or increased sales to the client? Yes / No

Does the Applicant require continuing education for all professional employees? Yes / No

Does the Applicant provide formalized in-house training for all professional employees? Yes / No

Does the Applicant have any risk management procedures established and in use? Yes / No

X. Prior Insurance

Please provide the following information for any Errors and Omissions or Professional Liability Insurance the Applicant carried during the last 5 years:

Company	Limit of Liability	Deductible	Premium	Policy Period	Retro Date

Has any Errors or Omissions Insurance or Professional Liability Insurance issued to the Applicant ever been declined, cancelled or non-renewed? Yes ___ / No ___

If Yes, please explain:

**Missouri Resident are not required to answer this question.*

XI. Disaster Recovery Planning (to be completed by any Applicant with annual revenues greater than \$1,000,000)

Does the Applicant have a Disaster Recovery Plan currently in place for catastrophic events? Yes ___ / No ___

Does plan contain Threat Analysis Process? Yes ___ / No ___

Does plan contain Risk Assessment Procedure? Yes ___ / No ___

Does plan contain Disaster Mitigation Steps? Yes ___ / No ___

Does plan contain Response and Recovery Plans? Yes ___ / No ___

Does the Disaster Recovery Plan include planning for terrorist events? Yes ___ / No ___

Has the Applicant tested the Disaster Recovery Plan within the past 6 months? Yes ___ / No ___

Does the Applicant have a Disaster Recovery Team, with specific assignments for team members? Yes ___ / No ___

Is the Disaster Recovery Team Leader a part of Senior Management within Applicant's organization?

Yes ___ / No ___

XII. Claims Experience

After inquiry, any principals, directors, officers, partners, professional employees or independent contractors of the Applicant have knowledge or information of any actual or alleged acts, errors, omissions, offenses or circumstances which might reasonably be expected to give rise to a claim against the Applicant or any proposed insured entity?

Yes ___ / No ___

During the past 5 years, has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees, or independent contractors ever been the subject of a disciplinary action as a result of professional activities? Yes ___ / No ___

During the past 5 years, have any claims or suits been made against the Applicant, any predecessors in business, subsidiaries, affiliates or any principle, director, officer or professional employee? Yes ___ / No ___

Has the Applicant reported the matters listed above to its current or former insurance carrier? Yes ___ / No ___

XIII. Fraud Warning Statements

Notice to Arkansas and 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 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 Agencies.

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 Main 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 Maryland 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 New Jersey Applicants: Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to 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 civil fines and criminal 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.

Notice to Tennessee and Washington Applicants: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Notice to ALL OTHER APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Notice:

The Policy for which you are applying is written on a claims-made and reported basis. Only Claims first made against the Insured and reported to the Company during the Policy Period are covered Subject to the Policy Provisions.

The Limits of Liability stated in the Policy are reduced, and may be exhausted, by Claims Expenses. Claims Expenses are also applied against your Retention, if any. If you have any questions about coverage, please discuss them with your insurance Agent.

NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

By signing this application, the Applicant warrants to the company that all statements made in this application and attachments hereto about the Applicant and its operations are true and complete, and that no material facts have been misstated or misrepresented in this application, suppressed or concealed. The undersigned agrees that if after the date of this application and prior to the effective date of any policy based on this application, any occurrence, event or other circumstance should render any of the information contained in this application inaccurate or incomplete, then the undersigned shall notify the company of such occurrence, event or circumstance and shall provide the company with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the company.

Completion of this form does not bind coverage. The Applicant's acceptance of the company's quotation is required before the Applicant may be bound and a policy issued. The Applicant agrees that this application, if the insurance coverage applied for is written, shall be the basis of the contract with the insurance company, and be deemed to be a part of the policy to be issued as if physically attached thereto. The applicant hereby authorized the release of claims information from any prior insurers to the company.

(Applicants Signature)

(Title)

(Date)

****FOR IOWA APPLICANTS ONLY****

Broker Name: _____

Broker Address:

****FOR MISSOURI APPLICANTS ONLY****

Telephone: 1(646) 383-7767 Fax: 1(212) 575-5196 Email: Info@GAPInsurance.com
1040 Avenue of the Americas, New York, New York, 10018
Suite 1401

Please acknowledge and sign the following disclosure to your application for insurance:

I understand and acknowledge that the policy for which I am applying contains a defense within limits provision which means that claims expenses will reduce my limits of liability and may exhaust them completely. Should that occur, I shall be liable for any further claims expenses and damages.

Name: _____

Title: _____

Date: _____