



SBE MISCELLANEOUS ERRORS & OMISSIONS INSURANCE

CLAIMS MADE & REPORTED BASIS

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.
UNDERWRITING FACILITY - SINCE 1983

P: 800.761.7547 | F: 512.327.5834 | E: UNDERWRITING@PLISINC.COM | W: WWW.PLISINC.COM

Answer all questions. Explain if the question does not apply. If space is insufficient, please attach an additional explanation sheet. The Application must be signed and dated by a partner, officer or director of the Applicant.

Requested effective date of policy: _____

1. Name of Applicant) _____

(This Company will be the name identified on the Declaration page as the Named Insured) **NOTE: Complete the Additional Insured Supplement for any additional entities for which coverage is sought.**

2. Requested Limit of Liability: \$ _____ Deductible: \$ _____ (minimum \$1000)

3. Contact Person: _____ Title: _____ Website: _____

4. Telephone Number: _____ Fax Number: _____ Email: _____

5. Street Address: _____ City: _____ State: _____ Zip Code: _____

6. Sole Proprietor Corporation Partnership Joint Venture Individual Other _____

7. Are there other office locations? If yes, provide details. YES NO

8. Date company was established: _____ Where is Company licensed or registered? _____

9. Average number of years of experience in this field of key personnel:

10. In the past five years has the name of the Company been changed or has any other business been purchased, or has any merger or consolidation taken place? If yes, provide details. YES NO

11. Describe nature of your business (mode or method of operation, type of services performed, where such operations are performed, etc.)
(You are being asked to describe the services, types of claims, exposures, or risks you want to insure. This information may be used to create "Named Insured's Professional Services" as it appears on the policy. Your suggested wording will be considered by the underwriters but is subject to change based on underwriting requirements or may be further negotiated. **Your proposed wording is not an insuring agreement.**)

12. Do you control, own, and/or manage any other business entity(ies)? YES NO

Do you provide any services to such business entity(ies)? YES NO

Does any employee of the applicant serve on the Board of Directors of any client of the applicant? YES NO

Provide detailed explanation to any "YES" Responses

13. Do you require a written contract or agreement for services with your clients? (If yes, answer 13a-13d) YES NO

a. Are there hold harmless or indemnity agreements ensuring to your benefit? YES NO

b. Are there hold harmless or indemnity agreements ensuring to your client's benefit? YES NO

c. Are there guarantees or warranties? (Neither will not be covered under the SBE Miscellaneous E&O Policy) YES NO

d. Is there a specific description of the services you will provide? YES NO

14. **Gross Income:** Present Financial Year \$ _____ (Est.) Next Financial Year \$ _____ (Est.)

*Insurance Agents/Brokers, please list your COMMISSIONS

15. Loss Control (all locations) – Do you utilize a procedures manual? YES NO

16. What additional safeguards or procedures do you employ to avoid liabilities or losses? _____

17. Number of employees who are: Full Time: _____ Part Time: _____ Sub Contractors*: _____

*Sub-contractors who work for others will not be covered under the SBE Miscellaneous E&O Policy.

CLAIMS HISTORY/EXPERIENCE

(For questions 18-20 answered yes, please complete the SBE E&O Claim Supplement for each claim, fact, situation, act, error or omission.)

To avoid loss of coverage, it is imperative that all known facts, situations, acts, errors or omissions which could result in a professional liability claim against the Applicant, or any of its predecessor companies, be reported to your current insurer within the time period specified in your **current policy**.

As used in the questions below, the term "claim" shall mean a demand received by the Applicant for money or services, including the service of suit or institution of arbitration proceedings against the Applicant.

18. Have any claims or suits been made during the past five years against the Applicant or any of its predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, salespersons or employees?YES NO
19. Is the Applicant aware of any facts, situations, alleged acts, errors or omissions, or of any offenses which may reasonably be expected to result in a claim being made against the Applicant or any of its predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, salespersons, or employees?.....YES NO

It is agreed that if any Owner, Principal, Partner, Officer or Director has knowledge, or if it is reasonable that the person have knowledge, of any such claim(s), potential claim(s), alleged acts, errors or omissions requested in the Claims History/Experience section of this Application, any lawsuit or claim subsequently made arising from such claim(s), potential claim(s), alleged acts, errors or omissions is not covered under the insurance being applied for by this Application.

_____ Initial

20. Has the Applicant or any of its predecessors in business or subsidiaries or affiliates or any of the past or present partners, owners, officers, salespersons or employees been investigated and/or cited by any administrative or regulatory agency for violations arising out of their activities?.....YES NO
21. Please provide the following information for similar insurance, if any, carried during the last five years. If none carried, state so. Include any coverage which may be directly related or may respond in part to the exposure:

22.

Policy Period	Renewal Date	Retroactive Date	Carrier	Limit	Deductible	Premium

22. Has any application for insurance similar to the insurance sought by this application been made by or on behalf of the Applicant or any of its predecessors in business or present partners, owners, officers, sales personnel or employees ever been declined or has any such insurance ever been canceled or renewal refused? *If YES, provide details*.....YES NO

23. a. Please provide the following information about your **general liability coverage (CGL)** currently in force and for the immediate past 3 years.

Policy Period	Renewal Date	Carrier	Limit	Deductible	Premium

- b. Does it include coverage for products and completed operations hazards?..... YES NO

CHECKLIST

Have you attached any of the following?

- Any additional details..... YES NO N/A
- Copies of standard contract with clients YES NO
- Copies of resumes of key personnel including any applicable continuing education and/or training completed..... YES NO
- Any marketing materials providing information about the services you perform YES NO

NOTICE:

The Applicant represents to the best of its knowledge and belief that the statements set forth are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgment of the Insurer in its rating and/or acceptance of this risk.

The Applicant agrees that if a contract of insurance is provided by the Insurer, this Application and any other previous Applications, along with any additional supplemental applications, any attachments and supplied information shall be the basis for the formation of such contract and shall be a material and integral part of the Policy, whether or not they are attached to the Policy and/or signed by the Applicant.

Any representations made in the application process for any Policy that may be issued by the Insurer, and the statements made within this Application, any additional supplemental applications, any attachments and supplied information shall be construed as representations of the Applicant.

The Applicant represents that the person signing and initializing this Application and any additional supplemental applications has been authorized to do so by the Applicant.

Signing of this Application and any additional supplemental applications does not bind the Insurer to an offer nor the Applicant to accept insurance.

The Applicant further agrees that if the information supplied on this Application, any additional supplemental applications, any attachments and supplied information changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify the Insurer of such change prior to inception of the Policy. _____ (Initials)

Applicant further understands and agrees that no person or entity other than the Insurer has the right to waive or change any part of the Policy. Furthermore, notice to any agent or knowledge possessed by any agent or other persons acting on behalf of the Applicant shall not effect a waiver or a change in any part of the Policy nor estop Insurer from asserting any right under the terms of the Policy.

This Application, any additional supplemental applications, any attachments and supplied information is for a "CLAIMS MADE AND REPORTED" BASIS POLICY which limits coverage to Claims first made against an Applicant during the Policy Period and reported to the Insurer within the required time period. Coverage, if mutually accepted by the Insurer and the Applicant, will not apply to any known facts, situations, acts, error or omissions that occurred before inception of the Policy Period. The Applicant agrees that in the event of covered Claims, the Applicant will be required to be defended by the Insurer's appointed attorneys and that the deductible under the Policy shall apply to Claims including but not limited to Defense Costs. If, however, the Applicant elects to handle a Claim without in any way involving the Insurer, then no coverage for such Claim is afforded to the Applicant under the Policy.

By signing this Application, and any additional supplemental applications, the Applicant confirms that they have been provided with and inspected a specimen of the Small Business Essentials – Miscellaneous Errors & Omissions wording and any applicable endorsements. The Insurer expects that the Applicant will take time to review the Policy to ensure that they fully understand the coverages provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

Risk Management: The proposed insurance Policy is for Applicants that maintain loss control procedures represented on the original application for insurance. Should a Policy be issued, the Applicant agrees to maintain these loss control procedures throughout the policy period.

In addition to all other terms and conditions: Applicable in Kentucky. 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.

Date	Signed by Partner, Officer, or Director	Title
	Printed name of Partner, Officer or Director	



MISCELLANEOUS ERRORS & OMISSIONS INSURANCE CLAIM / INCIDENT SUPPLEMENT

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.
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APPLICANT: _____

DATE OF CLAIM	DATE OF REPORT	AMOUNTS PAID	TOTAL PAID / RES.	OPEN / CLOSED	CLAIM / INCIDENT

Insurance Carrier: _____

Attorney involved: _____ Attorney designated by carrier?..... YES NO

Claimant: _____

Claimant's Demand: (please estimate if unknown - \$ + other) _____

1. Was there a contractual relationship?.....YES NO

2. Was there an alleged breach of that contract?..... YES NO

If **YES**, please attach a copy of the signed and dated contract If **NO**, was the contract fulfilled?.....YES NO

3. What is the current status of the claim? _____

Please provide description of claim / complaint: _____

Please attach any documentation related to this claim, including any demand letter, lawsuit, written complaint from customer, etc.

The unqualified word "Claim" wherever used in the Policy and this form shall mean a demand received by the Insured for money or services, including the service of suit or institution of arbitration proceedings or subpoena against the Insured.

4. Has there been a procedure implemented to avoid a similar claim?YES NO

If **YES**, describe procedure: _____

5. Please provide details regarding any known facts, situations, alleged acts or errors or omissions that could give rise to a claim:

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim and/or allegation may be brought against you if a current or former customer has expressed dissatisfaction with the professional services rendered, by:

- i) Making frequent or formal complaints to an employee of the applicant regarding quality of goods or service;
- ii) Threatening to hire an attorney or submission of a demand letter;
- iii) Asking for a full refund; remedies other than those that are contractually provided.

NOTICE

The Applicant represents to the best of its knowledge and belief that the statements set forth are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgment of the Insurer in its rating and/or acceptance of this risk.

In addition to all other terms and conditions: Applicable in Kentucky. 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.

Date

Signed by Partner, Officer, or Director

Title

Printed name of Partner, Officer or Director



SBE MISCELLANEOUS ERRORS & OMISSIONS INSURANCE
ADDITIONAL INSURED(S) SUPPLEMENT

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If any Additional Insured is requested to be covered by this Policy, this Supplemental Questionnaire must be completed for each proposed Additional Insured.

- 1. Name of Applicant applying for coverage
2. Name of requested Additional Insured(s) (include dba if applicable)
3. Relationship to Applicant
4. Reason to be added (Include copy of contract if applicable)
5. Will the gross revenues / projected gross revenues change based on the addition of any Additional Insured(s)?
6. Are the services rendered by the Additional Insured the same as the Applicant Company?
7. Does the Company as stated on question 1 above, hold the majority ownership interest in the Additional Insured?
8. List the date the Additional Insured was acquired or formed:
9. Does the responsibility for each Additional Insured(s) above rest with management at the Applicant Company?
10. Will there be any new locations added? If YES, how many? (Also complete a. & b. below)

CLAIMS HISTORY/EXPERIENCE:

(For questions 11-13 answered yes, please complete the SBE E&O Claim Supplement for each claim, fact, situation, act, error or omission.)

- 11. Have any claims or suits been made during the past five years against the proposed Additional Insured or any of its predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, salespersons or employees?
12. Is the proposed Additional Insured aware of any facts, situations, alleged acts, errors or omissions, or of any offenses which may reasonably be expected to result in a claim being made against the proposed Additional Insured or any of its predecessors in business, subsidiaries or affiliates or against any of the or present partners, owners, officers, salespersons, or employees?
13. Has the proposed Additional Insured or any of its predecessors in business or subsidiaries or affiliates or any of the past or present partners, owners, officers, salespersons or employees been investigated and/or cited by any administrative or regulatory agency for violations arising out of their activities?

It is agreed that if any Owner, Principal, Partner, Officer or Director has knowledge, or if it is reasonable that the person have knowledge, of any such claim(s), potential claim(s), alleged acts, errors or omissions requested in the Claims History/Experience section of this Supplemental Questionnaire, any lawsuit or Claim subsequently made arising from such claim(s), potential claim(s), alleged acts, errors or omissions is not covered under the insurance being applied for by this Supplemental Questionnaire.

Initial

NOTICE

Please be aware that newly formed or acquired organization(s) are not covered for any claim that results from any event that happened or first commenced before the Applicant acquired or formed it; nor for any claim covered under any other insurance. Also, once the information requested on this Supplement Questionnaire has been received and reviewed by the Insurer, terms may change and/or additional subjectivities may be required to secure coverage for that newly formed or acquired organizations.

The Applicant, represents on behalf of each and every proposed insured under the Policy, to the best of its knowledge and belief that the statements set forth are true and include all material information and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgement of the Insurer in its rating and/or acceptance of this risk.

In addition to all other terms and conditions: Applicable in Kentucky. 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.

Date

Signed by Partner, Officer, or Director

Title

Printed name of Partner, Officer or Director