



SBE MISCELLANEOUS ERRORS & OMISSIONS INSURANCE
RENEWAL APPLICATION
CLAIMS MADE AND REPORTED POLICY

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

- 1. Agent: _____ Effective Date of Policy: _____
2. Requested Limit of Liability: \$ _____ Deductible: \$ _____ (minimum \$1000)
Additional Coverage Desired: _____ Cont. BI/PD _____ Electronic Media _____ Defense Outside Limits (Additional Information may be required)
3. Named Insured (include dba if applicable): _____
NOTE: Complete the Additional Insured Supplement Questionnaire for any additional entities for which coverage is sought.
Address: _____
4. Has there been a change in the nature of your business (mode or method of operation, where such operations are performed, etc.)? YES [] NO []
If YES, please provide details on separate sheet.....YES [] NO []
5. Has there been any material change(s) during the last year to your business operations (use of contracts, loss control techniques and /or procedures manual)?
If YES, please provide details on a separate sheet..... YES [] NO []
6. Gross Fees or Revenues: Present financial year: \$ _____ Est. Next financial year: \$ _____ Est.
*Insurance Agents/Brokers, please provide your total COMMISSIONS.
7. Is any Owner, Principal, Partner, Officer or Director aware of any claim(s), 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 that has or have not previously been reported? If yes, please provide details on a separate piece of paper..... YES [] NO []
For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a client has expressed dissatisfaction with the services performed.

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, errors 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 those 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.

Applicant's authorized signature of a Principal, Partner or Director

Date

Printed Name of Applicant's authorized signature of a Principal, Partner or Director



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

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

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)? YES NO
If YES, please provide the projected additional Revenues: \$ _____ (Est.) Insurance Agents/Brokers, please list your COMMISSIONS.
6. Are the services rendered by the Additional Insured the same as the Applicant Company? YES NO
a. If NO, please list the differences here: _____
b. If the Additional Insured is an Insurance entity, you must attach a breakdown of all lines placed ATTACHED N/A
7. Does the Company as stated on question 1 above, hold the majority ownership interest in the Additional Insured?..... YES NO
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?YES NO
If NO, please provide details: _____
10. Will there be any new locations added? If YES, how many? _____ (Also complete a. & b. below)..... YES NO
a. Address of new location(s): _____
b. Does each additional location follow the same loss control policies and procedures as the Company as stated in question 1 above?YES NO
If NO, please provide details regarding the different loss controls: _____

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?YES NO
If YES, how many? _____ Please complete the Claim Supplement for each
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?.....YES NO
If YES, how many? _____ Please complete the Claim Supplement for each.
If YES, have you reported such fact(s), situation(s), alleged acts(s), errors or omissions, lawsuit(s) or claim(s) to your current or prior carrier?....YES NO
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? YES NO
If YES, how many? _____ Please complete the Claim Supplement for each

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