

**PT PRO PROFESSIONAL LIABILITY APPLICATION**  
 (This is an Application for a Claims Made and Reported Policy)

**1. APPLICANT INFORMATION**

Name (First/Middle Initial/Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does the Applicant render professional services through a legal entity?.....  Yes  No

If "Yes," complete the following:

Legal Name of Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Entity Type: \_\_\_\_\_ Website: \_\_\_\_\_ FEIN: \_\_\_\_\_

Total employees (including the Applicant):..... \_\_\_\_\_

Is the entity one hundred percent (100%) owned by the Applicant?.....  Yes  No

**2. PRACTICE PROFILE**

Provide the following gross revenue figures and average weekly billable hours:

	Last Fiscal Year	Current/Next Fiscal Year (estimate)
<b>Fiscal Year Ending (MM/DD/YYYY)</b>		
<b>Gross Revenue</b>	\$	\$
<b>Average Weekly Billable Hours</b>	Hours:	Hours:

Provide the percentage of gross annual revenue derived from the Applicant's professional services. Percentages entered in AREAS OF PRACTICE that contain an asterisk will require completion of additional questions pertaining to that specific area of practice.

PROFESSIONAL SERVICES/AREAS OF PRACTICE	PERCENTAGE
Adjuster*	%
Administrative Services*	%
Advertising Agency	%
Appraiser*	%
Armed Guard/Self-Defense Training	%
Auctioneer*	%
Billing Services	%
Caregiver/Home Health	%
Clergy	%
Closing Agent*	%

<b>PROFESSIONAL SERVICES/AREAS OF PRACTICE</b>	<b>PERCENTAGE</b>
Collection Agency	%
Court Reporter*	%
Convention Manager	%
Customs Broker	%
Diving Instructor	%
Doctor	%
Document Destruction Services	%
Document Storage Services*	%
Document/Information Retrieval Services	%
Duplicating Services	%
Educator/Tutor	%
Elevator Inspection/Repair Services	%
Employment Agency*	%
Energy Auditing Services	%
Escrow Agent*	%
Executive Search Services*	%
Expert Witness	%
Financial Advisor/Broker	%
Food Services Manager	%
Forensic Investigation	%
Franchiser	%
Freight Forwarder	%
Funeral Director/Mortician	%
Home Inspector	%
Hotel Management Services	%
Insurance Agent/Broker	%
Insurance Auditor/Inspector	%
Insurance Consultant (not a licensed Agent or Broker)	%
Mailing Services	%
Marketing Consultant	%
Medical Billing Services	%
Medical Malpractice Services	%
Meeting Planner	%
Mortgage Broker/Banker	%
Moving Consultant	%
Nanny/Au Pair	%
Notary Services	%

PROFESSIONAL SERVICES/AREAS OF PRACTICE	PERCENTAGE
Nursing Home/Hospital	%
Nurse/Restorative Nurse Assistant/Physician's Assistant	%
Office Management Services*	%
Patent Agent	%
Payroll Processing Services	%
Permanent Placement Services*	%
Pest Control Services	%
Photocopy/Imaging Services*	%
Police Services	%
Premium Auditor	%
Printer	%
Public Official	%
Public Relations	%
Real Estate Agent/Broker	%
Real Estate Investment Trust/Syndication Services	%
Real Estate/Property Management Services*	%
Research Services (not Medical/Environmental)	%
Roof Inspector	%
Seedsman	%
Secretarial Services*	%
Stock/Mutual Funds Broker	%
Strategic Planner	%
Temporary Placement Services (Non-Professional)*	%
Termite Inspection Services	%
Time and Records Management Services	%
Title Abstract Services*	%
Title Agent*	%
Translator/Interpreter*	%
Travel Agent*	%
Typing Services	%
Other:	%
<b>TOTAL</b>	<b>100%</b>

Does any client account for fifty percent (50%) or more of the Applicant's gross annual revenue? .....  Yes  No  
If "Yes," complete the following:

NAME OF CLIENT	PERCENTAGE OF GROSS REVENUE	SERVICES PERFORMED
	%	

**3. PROFESSIONAL PROFILE**

List the Applicant's active memberships in professional associations or organizations:

PROFESSIONAL ASSOCIATION/ORGANIZATION	YEAR JOINED

List the Applicant's professional qualifications:

INSTITUTION	DEGREE	YEAR QUALIFIED

How many years of professional experience does the Applicant have? \_\_\_\_\_

**4. RISK MANAGEMENT**

Does the Applicant use a written contract or agreement describing the services to be provided?.....  Yes  No

If "Yes," complete the following:

Provide the percentage of business/projects where contracts/agreements are used:..... \_\_\_\_\_ %

Has a law firm, experienced in the Applicant's field, reviewed the Applicant's contracts? .....  Yes  No

Does the Applicant use independent contractors or subcontractors for any of the professional services provided? .....  Yes  No

If "Yes," complete the following:

Estimate the percentage of revenue involving work subcontracted to others:..... \_\_\_\_\_ %

Does the Applicant obtain Certificates of Insurance for errors & omissions liability from subcontractors?  Yes  No

Would the Applicant like to purchase coverage for copyright or trademark infringement liability?  Yes  No  N/A

If "Yes," please complete additional questions in the INTELLECTUAL PROPERTY section.

**5. INSURANCE**

Does the Applicant currently carry Professional Liability (Errors & Omissions) insurance? .....  Yes  No

If "Yes," complete the following:

Expiring Policy Expiration Date: \_\_\_\_\_

Expiring Policy Prior Acts Date: \_\_\_\_\_

If "No," complete the following:

Desired Effective Date of Coverage: \_\_\_\_\_

**6. CLAIMS**

In the past five years, have any professional liability claims or suits been made against the Applicant?.....  Yes  No

If "Yes" is selected, please complete additional questions in the CLAIM/SUIT/CIRCUMSTANCE section.

Is the Applicant aware of any fact, circumstance or situation which may reasonably be expected to give rise to a professional liability claim or suit against the Applicant?.....  Yes  No

If "Yes" is selected, please complete additional questions in the CLAIM/SUIT/CIRCUMSTANCE section.

**CLAIM/SUIT/CIRCUMSTANCE**

- 1. Name of Claimant or Potential Claimant: \_\_\_\_\_
- 2. Claim Status: .....  Open  Closed
- 3. Date Reported: \_\_\_\_\_
- 4. Describe the claim, suit and/or circumstances: \_\_\_\_\_  
\_\_\_\_\_
- 5. Provide the reserved and/or payment amounts made for this claim, suit or circumstance:

<b>RESERVE AMOUNT BY INSURER</b>	<b>PAYMENT BY INSURER</b>	<b>DEDUCTIBLE PAYMENTS BY APPLICANT</b>
\$	\$	\$

**THE APPLICANT AND FIRM ACCEPT NOTICE THAT ANY POLICY WHICH MAY BE ISSUED WILL APPLY ON A "CLAIMS MADE AND REPORTED" BASIS.**

The undersigned authorized person, on behalf of the applicant, attests that to the best of the his/her knowledge and belief the statements set forth herein are true. Although the signing of this Application Form does not bind the undersigned to effect insurance, the undersigned agrees that this application and the said statements shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

The undersigned authorized person on behalf of the applicant declares that the above statements are true, that neither the undersigned person nor the applicant has suppressed or misstated facts and that at the present time the applicant has no reason to anticipate any claims being brought against the applicant or any representative of the applicant or knowledge of any negligent act, error, omission or offense on the applicant's part or any representative of the applicant except as stated herein, and agrees that this Application Form shall be the basis of the contract between the applicant and the Company and shall be deemed a part hereof.

Signing this form does not bind you to complete the insurance. Coverage will become effective upon approval of the application and issuance of the policy. It is agreed that this form will be the basis of the contract. Should a policy be issued, this form will be attached to and become a part of the policy.

The answers given to all questions in this application are complete and correct to the best of my knowledge.

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO MAINE 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**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:** 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.

**FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND):** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK FRAUD WARNING:** 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_