

SKELTON, CARNEGIE & HITZEMAN

Insurance Specialty Corporation

www.skeltoncarnegie.com

Phone 888-419-5640

P O Box 440

Fax 888-419-4434

Schererville, IN 46375

Miscellaneous Professional Liability Application

Applicant Name: _____

Agent Name:

Mailing Address:

Skelton, Carnegie & Hitzeman Insurance
PO Box 440 · Schererville, IN. 46375-0440
Phone:(219)864.8910 · Fax:(219)864.8940

Address:

Phone Number:

Agent #: _____

1. Form of business:

Individual Partnership Corporation Limited Liability Company

2. Year business established: _____

3. Proposed effective date:

From _____ To _____

12:01 A.M., Standard Time at the mailing address.

4. Limit of Liability desired (each claim/annual aggregate):

\$500,000/\$500,000 _____

\$500,000/\$1,000,000 _____

\$1,000,000/\$1,000,000 _____

\$1,000,000/\$2,000,000 _____

\$1,000,000/\$3,000,000 _____

5. Policy Type:

Claims-made

Occurrence

6. Professional activities for which coverage is desired:

7. Is applicant engaged in any business or professional activity other than in Question 6.?

Yes___ No___ If Yes, include explanation with estimated annual receipts.

8. Gross receipts for past three years and projected gross receipts for current year for the professional activities described in Question 6.

	GrossReceipts
Current Year	\$ estimate
1st Prior Year	
2nd Prior Year	\$
3rd Prior Year	\$

9. For the current year projected Gross Receipts, please give the approximate percentage derived from each activity listed in Question 6.

Service	Approximate% of current year estimated Gross Receipts
	%
	%
	%
	%

10. Is the applicant controlled, owned or associated with any other firm, corporation or company?

Yes ___ No ___ If Yes, please provide full details.

Are any of the services described in Question 6. provided to such business enterprises?

Yes___ No___ If Yes, please provide details.

11. To what professional associations does the applicant belong?

12. Does the applicant use a written service contract?

Always___ Sometimes___ Never___

Please attach a sample copy of the contract used.

13. Number of employees:

_____ Principals, partners, officers and professional employees providing services to clients? _____ Clerical employees (clerks, secretaries, etc.) _____ Other (describe):

14. Please provide the following:

Name of Partner, Principal or Key Employee	Professional Qualifications	Date Qualified	Years of Experience	How long as a Partner/Principal?

15. Please list five (5) of the largest projects handled during the past three (3) years. Please provide:

Project or Client Name	Nature of the services performed	Revenues from services
1.		
2.		
3.		
4.		
5.		

**16. What percentage of the applicant's business involves subcontracting work to others? %
Are certificates of insurance, evidencing professional insurance, required?**

Yes__ No__

Does Sub name applicant as additional insured on professional policy?

Yes__ No__

Does contract with Sub contain hold harmless in applicant's favor?

Yes__ No__

19. Have any claims been made during the past five (5) years against the applicant, any of the present partners, employees or office workers, or to the applicant's knowledge, against any past directors, partners, officers, or employees? Yes___ No___

If Yes, on a separate page please provide full claim details including status of claim, amounts demanded or paid, and dates of claims.

20. Is the applicant aware of any fact of circumstances, or any allegations, or contentions of any incident which may result in any claim being made against the applicant, or any of its past or present partners, executive officers, directors, office workers or employees, any predecessors in business, or against any corporation that the applicant was formerly employed by?

Yes___ No___

If Yes, please provide details on a separate page.

It is agreed that if such knowledge exists, any claim or action arising therefrom is excluded from this proposed coverage.

21. Please submit the following additional information with this application:

- (1) A brief resume for all principals, partners and officers
- (2) Copies of:
 - (a) advertisements, brochures and descriptive literature;
 - (b) sample service contract between applicant and client; and
 - (c) latest financial data (annual report and/or balance sheet)

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 a claims-made contract. Should a claims-made policy be issued, this form will be attached

to and become a part of the policy.

APPLICABLE IN THE STATE OF NEW YORK:

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.

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.

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

SIGNATURE OF APPLICANT : _____

DATE : _____

Agent's Name: _____

Agent's License Number: _____

(Applicable only in Florida)