

Part One – Small Firm Application for Target Professionals™ Liability

Please answer all questions completely. This form must be completed signed and dated by the same partner, member, director or officer of the firm. Please type or print.

1. Name of Applicant: _____
2. Address: _____
City, State, Zip: _____
Telephone: _____ Website: _____ E-mail: _____
3. Date Established: _____ (If business has been in operation less than three (3) years, please provide the resume of a principal, partner or key employee.)
4. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company? Yes No
If "Yes", please provide name(s) and relationship(s): _____
5. Does the Applicant have any subsidiaries? Yes No
If "Yes", please list:

Subsidiary Name	% of Ownership	Created Date	Services Performed
_____	_____	_____	_____
_____	_____	_____	_____
6. Applicant is: Corporation Partnership Individual LLC Non-Profit
7. Total number of employees: _____
8. List all professional services for which coverage is desired:

Professional Service	% of Revenues
_____	_____
_____	_____
_____	_____
9. Provide your firm's revenues attributable to the following years.
Next Year: \$ _____ This Year: \$ _____ Last Year: \$ _____ Two Years Ago: \$ _____
10. Describe the 3 largest jobs or projects during the past three (3) years:

Name of Client	Services Provided	Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____
11. Please answer the following questions regarding the use of independent/subcontractors:
 - (a) The total percentage of work done by independent/subcontractors: _____%
 - (b) Are all independent/subcontractors required to carry errors and omissions insurance? Yes No
12. Please answer the following questions regarding contractual procedures:
 - (a) A written contract or agreement is used: In all cases Sometimes Never
 - (b) Are all written contracts reviewed by legal counsel? Yes No
 - (c) Percent of contracts that limit the insured's liability: _____%
13. Provide the following information about your firm's current Professional Liability insurance:

Insurance Company	Policy Period	Per Claim / Agg. Limit	Deductible	Premium
_____	_____ to _____	\$ _____ / \$ _____	\$ _____	\$ _____
Retroactive date on policy: _____		Years continuous coverage? _____	First Dollar Defense	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. After inquiry, do any directors, officers, principals, partners, insurance managers, of the firm for which coverage is sought, have knowledge of any incident, a circumstance, an event, or unresolved fee dispute that may result in a claim? Yes No
15. Within the past five (5) years, have any claims been made or legal action brought against the firm, its predecessor(s), or any past or present principals, partners, insurance managers, or employees? Yes No
of claims _____ Total \$ Paid/Incurred (inclusive of reserves) _____

THE APPLICATION MUST BE SIGNED BY A PARTNER, MEMBER, DIRECTOR OR OFFICER OF THE APPLICANT.

SIGNATURE	TITLE	DATE
PRINT NAME		

Part Two – Small Firm Application for Target Professionals™ Liability

Please answer all questions completely. If there is insufficient space to complete an answer, please continue on a separate sheet of the firm's letterhead. This form must be completed signed and dated by the same partner, member, director or officer of the firm that completed the Application Part One. Please type or print.

Firm's full name (to be designated as Named Insured): _____
 (must identically match Firm's full name on Application Part One)

1. Business Practices: Does your firm's practices include:

- Continuing education and training programs for professional personnel? Yes No
- In the last twelve (12) months, what percentage of your firm's professionals have attended a Risk Management seminar? _____%

2. Reliance Upon Small Firm Application Part One:

In granting coverage under this Policy, it is agreed that the Insurer has relied upon the statements and representations contained in the below referenced Small Firm Application Part One as well as this Small Firm Application as well as all materials submitted to the Insurer in connection with underwriting this Policy. It is further understood and agreed that the Insureds represent to the Insurer that the statements and representations made in such Application Part One and this Application are accurate and complete as of the inception of this Policy and are deemed made to the Insurer on such date. The Insureds understand it is their duty to supplement or amend all statements or representations made in the Small Firm Application Part One and this Application between the date said Application Part One and this Application are completed and the date the Policy incepts. All such statements and representations shall be deemed to be material to the risk assumed by the Insurer, are the basis of this Policy and are to be considered as incorporated into this Policy.

Part One - Small Firm Application for Target Professional Liability (RLI) Date Signed:

3. Current Insurance: Provide the following about your firm's insurance:

General Liability

Insurance Company	Policy Period	Limit	Deductible	Premium

4. Claims Awareness:

- (a) After inquiry, do any partners, members, directors, or officers of the firm for which coverage is sought, have knowledge of any incident, a circumstance, an event, or unresolved fee dispute that may result in a claim? Yes No

If "Yes", please provide the following details:

- Project Name
- Potential claimant
- Alleged damages
- Dates

- (b) Within the past 5 years, have any claims been made or legal action brought against the firm, its predecessor(s), or any past or present principals, partners, insurance managers, or employees? Yes No

If "Yes", please provide current carrier loss runs and provide the following details:

- Project Name
- Claimant
- Nature of damages to include dollar amount
- Dates

Claim(s) means a demand received by the Insured for money or services and which alleges a wrongful act. Claim(s) includes but is not limited to lawsuits, petitions, arbitrations or other alternative dispute resolution requests filed against the Insured.

FRAUD STATEMENT

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 STATEMENT TO ARKANSAS 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.

FRAUD STATEMENT 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 settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO HAWAII APPLICANTS

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

FRAUD STATEMENT TO IDAHO APPLICANTS

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FRAUD STATEMENT 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 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 who conceals, for the purpose of misleading, information concerning any fact material thereto, is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO MARYLAND APPLICANTS

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO MINNESOTA APPLICANTS

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD STATEMENT TO NEW HAMPSHIRE APPLICANTS

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO OREGON APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

FRAUD STATEMENT TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO WASHINGTON 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 include imprisonment, fines and denial of insurance benefits.

I declare that I am the authorized agent for the firm for the purposes of procuring insurance and have answered the Small Firm Applications on behalf of the firm and its members. As the authorized agent, I declare that if the firm or any of its members become aware of any information that would change answers furnished in the application, the firm will reveal such information in writing to the Company prior to the effective date of coverage. On behalf of the applicant firm, I declare that this application, including attachments, supplementary pages and other exhibits attached, is complete and correct. I understand that the application shall form the basis of the contract of insurance should the Company offer coverage and should the firm accept the Company's quotation. I also understand that completion of this application does not bind the Company or broker to provide insurance.

THE APPLICATION MUST BE SIGNED BY A PARTNER, MEMBER, DIRECTOR OR OFFICER OF THE APPLICANT.

SIGNATURE	TITLE	DATE
PRINT NAME		