



MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION CLAIMS-MADE AND REPORTED COVERAGE

INSTRUCTIONS:

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
 2. If a question does not apply, write "N / A".
 3. When applicable, provide copies of:
 - a. Marketing or advertising brochures or descriptive materials provided to clients.
 - b. Most recent two (2) years of audited financial statements.
 - c. Loss runs, dated within 60 days of submission, covering the past five (5) or more years.
 - d. Sample contract used with clients.
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I. GENERAL INFORMATION

Name of applicant (legal name): _____

Principle address: _____

City: _____ State: _____ Zip code: _____

Mailing address (if different): _____

Risk manager or contact: _____

Telephone: _____ Fax number: _____

Email: _____ Website: _____

FEIN: _____

Applicant is (check all that apply):

- | | | | |
|---------------------------------------|----------------------------------------------|--------------------------------------|----------------------------------------------|
| <input type="checkbox"/> For Profit | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Governmental Entity |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Partnership | <input type="checkbox"/> Franchise | <input type="checkbox"/> Professional Assoc. |
| <input type="checkbox"/> Other: _____ | | | |
-

Date organized: _____

- A.** Is the applicant firm controlled, owned or associated with any other firm, corporation or company? Yes No

If "Yes", attach an explanation and description of any services provided to such business enterprise.

B. Number of:

1. Principles, partners, officers, and professional employees directly engaged in providing services to clients: _____
2. Non-professional employees: _____

C. Provide the following:

NAME IN FULL OF ALL PARTNERS / PRINCIPLES / KEY EMPLOYEES	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE	HOW LONG AS PARTNER / PRINCIPALS

D. Professional societies and organizations to which the applicant and its owners, partners, officers and key employee(s) belong:

E. Total gross revenue:

PROJECTED CURRENT YEAR	1 YEAR PRIOR	2 YEARS PRIOR
\$	\$	\$

II. PROFESSIONAL SERVICES

A. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity:

PROFESSIONAL SERVICES	PERCENTAGE OF GROSS REVENUE

B. Is the applicant engaged in any business or profession other than as described Yes No above?

If "Yes", explain and provide gross revenue for current year.

C. Describe applicant's five (5) largest jobs in the past three (3) years:

CLIENT NAME	PROFESSIONAL SERVICES	GROSS REVENUES
		\$
		\$
		\$
		\$
		\$

D. Does the applicant firm use a written contract with clients?

In all cases Sometimes Never

- E. Does the applicant utilize the services of independent contractors or subcontractors? Yes No

If "Yes", indicate percentage of gross revenues derived from professional services performed by independent contractors or subcontractors with description of service.

III. COVERAGE REQUESTED

A. Effective date: _____

B. Retroactive date: _____

C. Limit of liability:

- \$250,000 \$500,000 \$1,000,000 \$2,000,000
 \$3,000,000 \$5,000,000 Other: _____

D. Deductible:

- \$2,500 \$5,000 \$10,000 \$25,000
 Other: _____

IV. PRIOR COVERAGE

Is similar insurance currently in force? Yes No

If "Yes", provide:

Description of services being covered: _____

POLICY PERIOD	CARRIER	PER CLAIM / AGGREGATE LIMITS	DEDUCTIBLE OR SIR & AMOUNT	CLAIMS MADE OR OCCURRENCE	RETROACTIVE DATE	PREMIUM
		\$	<input type="checkbox"/> Deduc <input type="checkbox"/> SIR			\$
			\$			

V. LITIGATION AND CLAIM INFORMATION

- A. Has any Insurer cancelled, rescinded or non-renewed any similar insurance issued to the applicant, and / or any other person or entity proposed for this insurance in the last five (5) years? Yes No

If "Yes", explain:

- B. Has the applicant or any other person or entity proposed for this insurance been involved in have knowledge of or should have known of any pending or completed governmental, regulatory, investigative or administrative proceedings? Yes No

If "Yes", explain:

- C. After inquiry have any claims been made against the applicant or any other person or entity proposed for this insurance during the past five (5) years? Yes No

If "Yes": 1. how many claims have been made in the past five (5) years? _____

2. provide a completed Vela Claim Supplemental Application for each claim.

- D. Does the applicant or any other person or entity proposed for this insurance have knowledge of any fact or circumstance which might reasonably be expected to give rise to a claim against him / her, the applicant, firm or any other entity proposed for this insurance? Yes No

If "Yes", explain:

VI. FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV.)**

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado: 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 a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Oklahoma: 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. (In FL, a person is guilty of a felony of the third degree.)

Applicable in Kansas: 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 conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Maine, 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 may include imprisonment, fines or a denial of insurance benefits.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

VII. REPRESENTATIONS

Applicant understands that the statements and answers furnished to the Company in this application and in connection with this application are representations of applicant and are also made on behalf of all persons and entities in or related to applicant's business, and the undersigned represents that they have the authority to make these representations and sign this application.

The responses to the questions in this application, and the documentation and information provided to the Company in connection with this application, are true, accurate, and complete to the best of the applicant's knowledge and belief. Applicant intends for the Company to rely upon this application and the documentation and information provided in connection with this application, and acknowledges and understands that any policy issued will be issued in reliance on the truthfulness and completeness of the information and statements contained herein. The undersigned agrees and acknowledges that any material or willful misrepresentation, any material or willful omission, and any materially or intentionally inaccurate statement is grounds for the Company, in its sole and absolute discretion, to void and/or rescind any policy issued by the Company.

It is further understood and agreed that there shall be no coverage afforded for any claim arising from, related to, or impacted by: (a) any material or willful misrepresentation, any material or willful omission, or any materially or intentionally inaccurate statement made in connection with any response to the questions contained in this application; and (b) any knowledge or information that should have been disclosed in response to the questions in V.A. through V.D. above, but was not disclosed.

VIII. NOTICE AND ACKNOWLEDGEMENTS

Vela Insurance Services, a Berkley Company, is authorized to make any inquiry in connection with this application. Applicant understands that while Vela Insurance Services and/or the Company will make commercially reasonable efforts to keep this information confidential (subject to standard industry practice and applicable law), this application is not a privileged document and its contents may be disclosed during litigation or as a result of statutory or regulatory action or events.

This application, and all documentation and information provided in connection with this application, and all previous applications of which Vela Insurance Services and/or the Company receives notice is on file with Vela Insurance Services.

Vela Insurance Services and/or the Company will have relied upon this application and all documentation and information submitted in connection with this application in issuing any policy to the applicant or any other person to be insured in connection with this application.

Signing this application does not bind Vela Insurance Services or the Company to provide or the applicant to purchase the insurance.

IX. WARRANTY

By execution hereof, the undersigned agrees to the foregoing and affirms the representations made herein. The undersigned warrants that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this application. The undersigned further warrants to Vela Insurance Services and the Company that, to the best of his/her knowledge and belief, after reasonable inquiry, this application and all documentation and information provided in connection with this application is true and complete, and may and should be relied upon by Vela Insurance Services and/or the Company.

I/We authorize the release of claim information from any other or prior insurer to Vela Insurance Services and/or the Company.

BY EXECUTION HEREOF, APPLICANT AFFIRMS THAT ALL STATEMENTS MADE IN THE APPLICATION FOR INSURANCE ARE TRUE AND CORRECT AS OF THIS DATE. Furthermore, should applicant become aware of a material change or omission relative to the information provided in this application occurs between now and the effective date of any policy issued by Vela Insurance Services and the Company, written notice of such change will be provided immediately, and application agrees that failure to provide such written notice is grounds for Vela Insurance Services and/or the Company, in its sole and absolute discretion, to modify or withdraw any outstanding quotation or agreement to bind coverage or to void and/or rescind any policy issued by Vela Insurance Services and the Company.

Electronically reproduced signatures will be treated as original.

Name of applicant:		
Signature of person authorized to execute on behalf of the applicant:		Date:
Print name and title of person authorized to execute on behalf of the applicant:		
Name and address of broker:		

A copy of this application should be retained for your records.