



Miscellaneous Professional Liability Insurance
New Business Application

CLAIMS-MADE WARNING FOR APPLICATION

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

UNDERWRITTEN BY: APPALACHIAN UNDERWRITERS, INC.

APPLICATION INSTRUCTIONS

Whenever used in this Application, the term **you** or **your(s)** or the **Applicant** shall mean the **Named Insured** and all subsidiaries, unless otherwise stated.

I. NAME, ADDRESS AND CONTACT INFORMATION:

1. Name of Applicant : _____

2. Mailing Address of Applicant/Telephone/Fax Number/E-Mail/Website:

Please list additional locations on a separate page.

3. Have you ever operated under any other name? Yes No

If "Yes", please explain: _____

4. Are you controlled or owned by any other firm or business enterprise? Yes No

If "Yes", please explain: _____

II. GENERAL INFORMATION

5. State of incorporation (if applicable): _____

6. The Applicant has continuously been in existence since: ____ / ____ / ____

7. Please describe in detail, the professional services you offer to others for a fee:

Professional Services	Total Revenue – Past 12 months	Total Revenue – Projected Next 12 months
	\$	\$
	\$	\$
	\$	\$

8. Do you provide services or operate outside the United States? Yes No

If "Yes", please explain what services and where?: _____

9. Do you provide any services over the Internet? Yes No

If "Yes", please explain: _____

10. Please complete the following information for the current year:

Staff – All Principals and staff:

Staff	Full Time	Part Time
Principals/Professionals		
Non-Professionals		

11. List all professional associations to which you belong: _____

12. Describe your five largest projects or jobs during the past three years.

Client Name	Services Rendered	Annual Revenue Derived from the Project or Job
		\$
		\$
		\$
		\$
		\$

13. What is the percentage in which you use a written contract with clients? _____ %

If not 100%, please explain why and how the scope of services to be provided is agreed: _____

14. Subcontractors:

a. Do you use subcontractors? Yes No

b. Are subcontractors required to carry professional liability insurance? Yes No

If not, are the subcontractors required to indemnify you? Yes No

If so, what is the minimum policy limit: \$ _____

c. Describe services provided by such subcontractors: _____

15. Do you have written procedures manual for employees to follow? Yes No

16. Do you have a formalized training program for employees? Yes No

17. Are any significant changes in the nature of your business anticipated over the next twelve (12) months?
Or have there been any such changes in the past twelve (12) months? Yes No

If "Yes", please explain: _____

18. Do you have any subsidiaries for which coverage is requested? Yes No

If "Yes", please complete the schedule below.

Subsidiary Information

Name	% Owned	Year Started	Description of Operations	Entity Type*

*Entity Types: FP=For-Profit (other than Partnership) NP=Non-Profit GP=General Partnership LP=Limited Partnership LLC=Limited Liability Company To enter more information, please attach a separate page to the application.

IMPORTANT: It is understood and agreed that coverage is not provided for subsidiaries in Question 18. unless the information requested above is provided.

19. Do you use commercially available firewall protection systems to prevent unauthorized access to internal networks and computer systems? Yes No

20. Do you employ Anti-Virus software? Yes No

III. CURRENT INSURANCE INFORMATION

21. Please provide the following information regarding the Applicant's most recent insurance policies. If no coverage is currently in-force please indicate with a N/A.

<i>Insurance Carrier</i>	<i>Expiration Date</i>	<i>Limit of Liability</i>	<i>Deductible</i>	<i>Premium</i>
	/ /	\$ /\$	\$	\$
	/ /	\$ /\$	\$	\$
	/ /	\$ /\$	\$	\$
Retroactive Date:	/ /	<i>(This is the date the Applicant first purchased claims made coverage that has been continuously in-force without interruption.)</i>		

22. Within the past 5 years have you given notice of any claim, circumstance or potential claim to any insurer under any insurance coverage referred to above? Yes No

If "Yes", please submit loss runs from your prior carrier and a completed supplemental claims application.

23. Within the past 5 years, does any person or entity proposed for insurance have knowledge of any act, error or omission which might give rise to a claim(s) under the proposed policy? Yes No

If "Yes", attach a detailed description of such act, error or omission and an explanation of why to a claim may arise.

24. (Not Applicable In Missouri) Within the past 5 years has any professional liability insurance policy of yours been cancelled or non-renewed?

* Yes * No
 *Question Not Applicable in Missouri

If "Yes", please provide full details: _____

IV. LOSS INFORMATION

25. a. Has any person or entity proposed for this insurance been the subject of any professional liability claims during the past 5 years? Yes No

b. Has any person or entity proposed for this insurance been the subject of any disciplinary actions or been cited by any regulatory agency or professional association during the past 5 years? Yes No

If "Yes" to question 25. a. or b. above, please complete the table below.

Details	Covered by Insurance	Total Paid for Defense (including insured amounts)	Total Paid for Damages (including insured amounts)	Corrective Procedures Implemented
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	

If additional space is needed, please submit additional page.

V. LIMITS AND DEDUCTIBLES

26. Limit requested:

- \$100,000/\$300,000 \$250,000/\$250,000 \$250,000/\$500,000 \$500,000/\$500,000
- \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 \$2,000,000/\$2,000,000
- \$3,000,000/\$3,000,000 \$4,000,000/\$4,000,000 \$5,000,000/\$5,000,000 Other: \$ _____

27. Deductible requested:

- \$2,500 \$5,000 \$7,500 \$10,000 \$15,000
- \$20,000 \$25,000 \$50,000 Other: \$ _____

VI. DECLARATIONS AND NOTICE

The undersigned, acting on behalf of all Applicants, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and that they are material and are the basis for issuance of the insurance **policy** provided by **us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **us** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicant's Organization between the date of this Application and the **policy** inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us; as soon as practicable
- Any **policy** issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied with respect to that person or persons if such information was material to issuance of the **policy**. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied with respect to that person or persons and the Applicant Organization if such information was material to issuance of the **policy**;
- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this Application does not bind the undersigned to purchase insurance.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature/Title

_____/_____/_____
(mm/dd/yyyy)

(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

Please attach a copy of the following for every Applicant seeking coverage:

- Previous carriers loss history (for the prior five years), if any
- Resumes of the principals and key employees
- Copy of a standard client contract

Produced By: Agent: _____ Agency: _____

Agency Taxpayer ID or SS No.: _____ Agent License No.: _____

Address (Street, City, State, Zip): _____

A POLICY CANNOT BE ISSUED UNLESS THE “APPLICATION” IS PROPERLY SIGNED AND DATED.

Please submit this “Application” including appropriate documentation to:

Appalachian Underwriters, Inc.

800 Oak Ridge Turnpike, Suite A-1000, Oak Ridge, TN 37830;

or email applications to: essubmissions@appund.com.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: CLAIM EXPENSES ARE INSIDE THE POLICY LIMITS. ALL CLAIM EXPENSES SHALL FIRST BE SUBTRACTED FROM THE LIMIT OF LIABILITY, WITH THE REMAINDER, IF ANY, BEING THE AMOUNT AVAILABLE TO PAY FOR DAMAGES.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA 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.

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 PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER 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.

NOTICE 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.

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 HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

NOTICE TO IDAHO AND 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.

NOTICE TO KENTUCKY 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND 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.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR 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.

NOTICE TO MICHIGAN AND MINNESOTA 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, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO KNOWINGLY INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY OR FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO AND RHODE ISLAND 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.

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 OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD ANY INSURANCE COMPANY: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE 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.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.