5670 Wilshire Boulevard, Suite 1200
Los Angeles, CA 90036
Phone: (323) 857-9400 Fax: (323) 857-9600

600 City Parkway West, Suite 410
Orange, CA 92868
Phone: (714) 938-0251 Fax: (714) 704-4709

APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE (CLAIMS MADE FORM)

1. Name of Applicant: ______________________________
   (If other than parent firm, supply full details of ownership entity)

2. Mailing Address: ______________________________
   City: ____________ State: ______ Zip: ______
   Phone: ____________ Fax: ____________
   (If multiple name and locations, please attach list)

3. Date Established: ________ ☐ Corporation ☐ Proprietorship ☐ Individual

4. Is the firm engaged in, owned by, associated with or controlled by any other business?
   ☐ Yes ☐ No If yes, give details. ______________________________

   a. Fees & Receipts estimated for new policy year: ______________________________
   b. Actual Fees & Receipts for past three years:

Year: ______ ____________ Year: ______ ____________ Year: ______ ____________

5. Professional Activities and Specialty (Attach narrative description if necessary)
   Describe in detail the professional activities for which coverage is desired and indicate percentage of gross receipts derived from each activity. ______________________________

   b. Please attach separately lists of:
      (i) five largest clients and description of work performed for each;
      (ii) names of partners, key employees, etc. and their professional qualifications;
      (iii) professional societies & organizations to which they or the firm belong(s).
   c. Please attach copies of:
      (i) advertisements, brochures, descriptive literature;
      (ii) sample contract between you and your clients outlining services to be rendered; latest financial data (Annual Report or balance sheet).

6. Number of employees, full and part time and their functions:
   ____

7. a. Is the applicant engaged in any business or profession other than described in Item 5a?
☐ Yes ☐ No If yes, explain. ______________________________

b. Give details of any services or operations contemplated or changes in emphasis planned for the coming year.

8. Give Professional Liability coverage for the last five years for the firm:

Carrier	Limit	Deductible	Premium	Expiration (Month/Day/Year)

If expiring insurance is a claims made policy, what is the retroactive date: ______________________________

9. a. List any professional liability claims actually made against you or any predecessor firm in the past five years:

b. List any known incidents which might give rise to a professional liability claim:

c. Has any insurer cancelled or refused to renew any similar insurance during the past five years?
☐ Yes ☐ No If yes, explain.______________________________

10. Limits of Liability requested: ______________________________ Deductible: ____________________

11. Desired term of policy: From: ______________________________ To: ____________________

12. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to see nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

The applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

Date ____________ Signature of Applicant ______________________________ Title ____________________

Producer: ______________________________