AMERICAN INSURANCE PROFESSIONALS, LLC.

4545 E. Shea Blvd., Suite 246
Phoenix, AZ 85028 – 3074

602.424.3351
602.424.3353 FAX
WWW.AMINSPRO.COM

APPLICATION

ERRORS AND OMISSIONS LIABILITY

NOTICE: This application is for a CLAIMS MADE POLICY. Except as may be otherwise provided herein, this coverage is limited to liability for only those claims which are first made against the insured and reported to the Company during the policy period.

1. Name of Firm _____

   Street Address _____

   City _____ State _____ Zip _____

   Website Address _____

2. Date Established _____

3. Is applicant firm a Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐

4. Is the firm owned by, associated with or controlled by any other business? ☐ Yes ☐ No

   If Yes, give details. _____

5. Describe in detail the nature of the professional or business activities for which insurance is desired.

   _____

   _____

   _____

   _____

6. How long have you been engaged in your current occupation or business? _____ Years

7. Are you engaged in any other profession or business? ☐ Yes ☐ No

   If Yes, explain. _____

8. Provide the number of your staff.

   Partners or Officers _____ Professional/Technical Personnel _____ Support _____

9. List the qualifications of professional staff. If in business five years or less, attach resumes.

   _____

   _____

10. List membership in professional and/or trade organizations.

    _____

    _____

11. a. Gross Revenue estimated for next year. Indicate year in spaces provided. _____ $ _____

    Current Year _____ $ _____ Previous Year _____ $ _____

    b. Total gross annual payroll: $ _____

12. Are any changes in the nature or size of the applicant's business anticipated over the next 24 months? ☐ Yes ☐ No

If Yes, explain. _____

_____

13. Does the applicant use independent contractors? ☐ Yes ☐ No

If Yes, state how many and explain what types of services and what percent of your total receipts are subcontracted.

_____

_____

Is evidence of professional liability insurance required from independent contractors? ☐ Yes ☐ No

What is the limit required? _____

14. Does your firm use a written contract or agreement describing the services to be provided? ☐ Yes ☐ No

15. Have your contracts and procedures been reviewed by a law firm? ☐ Yes ☐ No

16. Does your firm assume liability for others under contracts utilized? ☐ Yes ☐ No

17. List your three largest clients during the past year and indicate services performed and approximate revenue from each.

Name	Services	Revenues

18. Provide details of General Liability Insurance in force.

Company	Limit	Deductible	Policy Term

Does the policy detailed above include coverage for Products/Completed Operations Hazard? ☐ Yes ☐ No

19. Please provide details of Errors and Omissions insurance carried during the last three years.

Company	Limit	Deductible	Premium	Policy Term

Is your expiring policy a CLAIMS MADE POLICY? ☐ Yes ☐ No

If Yes, advise Retroactive Date. _____

20. Give an example of a claim that you intend to have insured under this policy.

_____

_____

_____

21. Has any application for Errors & Omissions or similar insurance made on behalf of you and your firm, or present partners, owners, officers or employees ever been declined, or has any such insurance ever been canceled or refused renewal? ☐ Yes ☐ No

If Yes, give details below or attach an information sheet.

_____

_____

22. Have any claims, suits or proceedings been made during the past five years against any of you or your firm, your predecessors in business or against any present partners, owners, officers or employees? ☐ Yes ☐ No

If Yes, give details below or attach an information sheet.

_____

_____

23. Are any of you aware of any alleged act, circumstance, situation, error or omission which may result in a claim being made against you or any of the persons or firm described? ☐ Yes ☐ No

If Yes, give details below or attach an information sheet.

_____

_____

24. Limit of Liability requested _____ Deductible _____

25. Please include with this application the following items:

A. Current brochure or similar item describing activities or services.

B. Most recent financial statement or annual report.

C. Copies of standard contracts for professional or business activities.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I/WE HEREBY DECLARE that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the sole basis of any subsequent contract or insurance with the company. Signature of the application does not bind the Firm or Company to complete the insurance.

Application must be signed and dated by principal, partner, officer or director of the firm.

_____	_____	_____
Date	**Signature of Applicant**	**Title**

PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. 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. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.