

## Application For Miscellaneous Professional Liability Insurance (Claims-Made Form)

		etails of ownership entity):	her than parent firm, supply full	APPLICANT: (If other	ME OF AI	NAI					
	AILING ADDRESS: (If multiple names and locations, please attach list):										
				DDRESS:	SITE AI	WEI					
	Individual	Partnership	Corporation	BLISHED:	E ESTAB	DAT					
No	Yes	any other business?	, associated with or controlled b		e firm eng s, give de						
			ed for new policy year: r past three years:	and receipts estimated		a.) b.)					
	\$	20	20 \$	\$	20						
		ve description if necessary) crage is desired and indicate percent	1		Descri	PRO					
		ofessional qualifications	ists of: s and description of work perfor , key employees, etc. and their p ties & organizations to which the	names of partners,	Please (i) (ii) (iii)	b.)					
				e attach copies of:		c.)					
			rochures, descriptive literature etween you and your clients out ta (annual report or balance she	sample contract bet	(i) (ii) (iii)						
		s	l and part-time and their function	F EMPLOYEES, full	BER OF	NUM					
No	Yes	r than as described in Item 6.a?	n any business or profession ot	applicant engaged in		a.)					
	e coming year:	changes in emphasis planned for the	es or operations contemplated of	details of any service	Give d	b.)					
	e coming year:	changes in emphasis planned for the	es or operations contemplated of	details of any service	Give d	b.)					

9.	Give profession	onal liability o	coverage for the last five ye	ears for the firm:					
	Carrie	r 	Limit	Deductible	Premium	Expiration Date			
10.	a.) List a	ny profession	al liability claims actually	made against you or any predec	cessor firm in the past five	years:			
11.	Limits of liab	ility requeste	d	Deductil	ble				
12.	Desired term	of policy							
13.	misstated. Th	ne completion ontract issued a part of the p	of this application does newill be in full reliance upoolicy	representations are true and cor ot bind the Company to sell nor on the statements and representa y subsequent contract issued by	the applicant to purchase ations made in this applican	this insurance, but any tion and this application			
CLAIMS-MADE FORM.									
Sig	gnature of Appli	cant			Date				
Tit	le								
Pro	oducer								