



**ERRORS AND OMISSIONS LIABILITY**

**Application for Renewal of Miscellaneous Business Classes**

NOTICE: This application is for renewal of a policy underwritten on a claims-made basis. 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: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Website Address \_\_\_\_\_
2. Is this firm engaged in, owned by, associated with or controlled by any other Business?  Yes  No  
 If Yes, give details \_\_\_\_\_
3. Describe in detail the nature of the professional or business activities for which coverage is desired.  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Are you engaged in any business or profession other than as described in Item 3?  Yes  No  
 If Yes, explain  
 \_\_\_\_\_
5. a. Number of: Principals \_\_\_\_\_ Other Professionals \_\_\_\_\_ Support Staff \_\_\_\_\_  
 b. Does the applicant use Independent Contractors?  Yes  No  
 If Yes, explain types of services and what percent of total revenues is attributable to services preformed by Independent Contractors. \_\_\_\_\_  
 c. Is proof that Independent Contractors carry professional liability required?  Yes  No
6. Gross Income estimated for current year \_\_\_\_\_  
 Gross Income estimated for next year \_\_\_\_\_
7. Give the following information for General Liability Coverage in force:  

Carrier	Limit	Deductible	Premium	Expiration: Month/Day/Year
8. Attach copies of promotional brochure(s) resumes of principals, engagement letter/contract utilized with clients as well as latest available audited/certified financial statements.

It is agreed that this renewal application is a supplement to the application(s) which were submitted for and/or made a part of any previous Errors and Omissions Liability policy issued by the Company of which the policy applied for hereby is a renewal or a subsequent renewal, and that those application(s), together with this renewal application, constitute the complete application that shall be the basis of the contract and shall form part of the policy, should a policy be issued.

I/WE HEREBY DECLARE that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts. Signature of the application does not bind the Firm or Company to complete the insurance and the Company retains the right to determine the minimum acceptable limit of liability.

NOTICE TO NEW YORK APPLICANT: 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.

Application must be signed and dated by an officer of the corporation, owner/proprietor.

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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.