

# Miscellaneous Professional Liability Application (Small Business)

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The Applicant is applying for CLAIMS-MADE Professional Liability POLICY which, if issued, applies only to CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD. The LIMIT OF LIABILITY available to pay DAMAGES will be reduced and may be exhausted by the payment of CLAIM EXPENSES.

Applicant means all disclosed corporations, organizations or other entities, including subsidiaries, proposed for this coverage. Please complete all questions with an answer, if question is not applicable then answer with N/A.

**1. APPLICANT INFORMATION:**

Name of Applicant: \_\_\_\_\_  
 Main Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Website Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Do you have additional Locations or Subsidiaries?    No    Yes - attach list of physical addresses  
 If the Applicant uses any other official or unofficial names, please attach a list for coverage.

**2. List States where the insured operates including any business licenses and/or professional certifications:**

\_\_\_\_\_  
 \_\_\_\_\_

**3. BUSINESS OPERATIONS:**

a. Professional Services Offered	Percentage	Last Annual Revenues 20__	Current Revenues
<b>TOTAL</b>	<b>100%</b>		

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- b. The entity has been in business since: \_\_\_\_\_
- c. The entity is a:    Corporation    Partnership    Individual    LLC    Non-Profit    For-Profit    Other
- d. Are there services which the Applicant provides which they are not seeking coverage for?    No    Yes  
If yes, please list with revenues on separate sheet
- e. List the following information for Owners, Officers, Principals and Partners

Name	Title	% of Ownership	# of Years of Experience in Industry	# of Years in Current Position

*If there are more individuals to list, please attach a separate page to the application.*

- f. Does the Applicant have a parent company or affiliate company with common ownership?    No    Yes  
If yes, please list entity and relationship below:
- \_\_\_\_\_
- \_\_\_\_\_

## 4. EMPLOYEE INFORMATION

Employee Status	Owners/Officers/Managers Professionals	Administrative / Clerical Staff	*Employed Lawyers/ In- house Attorneys	Total Number of Employees	Number of Independent Contractors Utilized
Full Time					
Part Time					
Total					

*\* Coverage for Employed Lawyers is not available through this program.*

- a. Does the Applicant require coverage for independent contractors?    No    Yes    N/A  
If no, do you require proof of Professional liability Coverage?    No    Yes

## 5. PROFESSIONAL INFORMATION:

- a. What Professional Associations does your firm belong to?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- b. Does the Applicant use a Contract with Clients?  
Always    Yes with exceptions    Only when asked    Never

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c. Please list of top 5 Clients

Customer	Last Annualized Year Revenues	Current Revenues
1.		
2.		
3.		
4.		
5.		
<b>Total</b>		

d. Has the company ever filed for bankruptcy, reorganization or liquidation:    No    Yes  
 If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. REQUESTED INSURANCE:**

Limit of Liability:	\$250,000	\$500,000	\$1,000,000	_____
Retention:	\$5,000	\$10,000	\$20,000	_____

**7. EXPIRING INFORMATION**  N/A no current coverage

Carrier	Limits of Liability	Retention	Premium	Expiration (Mo/Day/Yr)

Retroactive Date: \_\_\_\_\_ *If there is no Retro Date information, any potential indication of coverage offered will reflect a Retro Date of Policy Inception.*

**8. CLAIMS & LOSS HISTORY**

a. Has the Applicant or any director, officer, employee or partner providing professional services on behalf of the Applicant been the subject of an investigation, disciplinary action or proceeding as a result of professional activities?    No    Yes

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If yes, please explain

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b. Has similar insurance ever been declined or cancelled? No    Yes

If yes, please explain

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c. After inquiry, have any claims or known incidents been made against any proposed Insured(s) or any former entities previously owned by the Insured during the last five (5) years? No    Yes

If yes, please explain

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d. Within the past five years, has Applicant ever paid an uninsured loss out of Applicant's funds? No    Yes

If yes, please explain

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e. Is Applicant (after diligent inquiry of each principal, partner, managing member, director or officer) aware of any fact, circumstance, incident, situation, or accident (including without limitation: any shareholder action or derivative suit; or any civil, criminal, or regulatory action, or any complaint, investigation or proceeding related thereto) that may result in a claim being made against: (a) the Applicant; (b) its predecessors in business; (c) any subsidiary or affiliate of the Applicant; (d) any other entity proposed for coverage; or (e) any past or present principal, partner, managing member, director, officer, employee, leased employee or independent contractor of the Applicant, its predecessors in business, any subsidiary or affiliate of the Applicant or any other entity proposed for coverage? No    Yes

If yes, please explain

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**IT IS UNDERSTOOD AND AGREED THAT, WITH RESPECT TO QUESTION 8, IF SUCH KNOWLEDGE OR INFORMATION EXISTS ANY CLAIM, KNOWN INCIDENT, OR ACTION ARISING THERE FROM IS EXCLUDED FROM THIS PROPOSED COVERAGE.**

**Please submit the following documentation along with this Application:**

Currently valued loss runs with claim supplement for all entries

For Startup Applicants, please include a business plan

Copy of the most recent year end audited financial statements

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Copy of the most recent month-end Profit & Loss Statement and Balance Sheet  
Additional information addendum (if applicable)

## **WARRANTY**

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Underwriters as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Underwriters shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Underwriters will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Underwriters in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Underwriters during the policy period. Claims expenses are within and reduce the limit of liability.

Applicant hereby authorizes the release of claim information to the Underwriters from any current or prior insurer of the Applicant.

Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by an authorized representative.**

**Signing of this form does not bind the applicant or the Underwriters to complete this insurance.**