

Professional Liability Renewal Application

Visit us at:

WWW.KEYSTROKEINS.COM



KEYSTROKESM
UNDERWRITERS

Division of Specialty Program Group, LLC

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: _____

Db a _____

Main Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Website Address: _____

Contact Name: _____

Email Address: _____

Has the applicant added any additional Locations or Subsidiaries? No Yes - attach a list

2. List any new States that you started operating in, including any new business licenses and/or professional certifications:

3. Requested Insurance:

Limit of Liability: \$250,000 \$500,000 \$1,000,000 \$2,000,000 \$3,000,000

Other _____

Retention: \$5,000 \$10,000 \$20,000 Other _____

4. Has any owner or the company filed for bankruptcy, reorganization or liquidation in the last year:

No Yes If "Yes" please explain on separate sheet

Is the Named Insured or any proposed insured aware of any circumstance which may result in a claim being made against them? No Yes If "Yes" please explain on separate sheet

5. Please submit a copy of the most recent year end audited financial statements along with this Application.

6. Organization Information:

a) Services and Revenues Provided

Professional Services Offered	Percentage	Last Annual Revenues 20__	Projected Revenues
TOTAL	100%		

b. Were there any changes in ownership? No Yes If yes, please attach an explanation.

c. Please list top five customers, services provided and current annualized revenues:

Customer	Services Provided	Current Annualized Revenues
Total		

d. Organization Information

	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					

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:

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;

This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and 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.

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: _____

Print Name / 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.