

MISCELLANEOUS ERRORS & OMISSIONS INSURANCE RENEWAL APPLICATION



**Professional Liability
Division**

Email to: pl@kinginsuranceca.com
FAX (949) 488.2259

CLAIMS FIRST MADE AND REPORTED

****PREMIUM FINANCING AVAILABLE****

Renewal Application: It is agreed that this renewal application is a supplement to the application attaching to the original policy. It is further agreed that the original signed application, its attachments, this application and its attachments constitute the complete application which shall be the basis of the contract should a policy be issued, and will be attached to and become A part of the policy.

1. Agent: _____ Effective Date of Policy: _____
2. Requested Limit of Liability: \$ _____ Deductible: \$ _____ (minimum \$1000)
Additional Coverage Desired: (Additional Information may be required.): ___ Cont. BI/PD ___ Defense Outside Limits
3. Named Insured: _____
Address: _____
4. Has there been a change in the nature of your business (mode or method of operation, where such operations are performed, etc.)? If yes, please provide details on separate sheet.....YES NO
5. Has there been any material change(s) during the last year to your business operations? (use of contracts, loss control techniques and /or procedures manual) If yes, please provide details on a separate sheet.....YES NO
6. Gross Fees or Revenues: Present financial year: \$ _____ Est. Next financial year: \$ _____ Est.
7. Are you or any of your employees aware of any claim(s), circumstances, alleged acts, errors or omissions, or of any offenses which may reasonably be expected to result in a claim being made against the persons or entities described above that have not previously been reported? If yes, please provide details on a separate piece of paper.
.....YES NO

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a client has expressed dissatisfaction with the services performed.

Application: The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information and that there has been no attempt at suppression or misstatement of any material facts know, or which should be known. The Applicant further warrants that if the information supplied on this Application changes between the date of this Application and the inception date of the Policy, the Applicant will notify underwriters of such changes prior to inception of the Policy. Signing of this Application does not bind the Company to an offer nor the Applicant to accept insurance. The Applicant understands and agrees that this Application and any previous applications along with any attachments and supplied information thereto, shall be a material and integral part of the insurance policy and a part of any policy that may be issued by the Company. The statements made herein shall be construed as representations and warranties of the Applicant.

By signing this Application form, the Applicant confirms that they have been provided with and inspected a current specimen of the (SBE) Miscellaneous Professional Liability Insurance wording. It is recommended that the Applicant take time to review the policy to insure that they fully understand the coverage provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage. The Applicant understands and accepts that any policy issued will provide coverage on a Claims-made and Reported basis.

This application is for a "CLAIMS MADE AND REPORTED" BASIS POLICY which limits liability to claims first made against the Insured during the Policy Period. Coverage, if completed, will not apply to any known error or omission that occurred before the inception of the Policy Period. The Applicant agrees that in the event of covered claims, the Applicant will be required to be defended by the Insurance Company's appointed Attorneys and that the deductible under the Policy shall apply to claims and including (whether or not loss payment is made) adjusting expenses, investigations costs, and legal fees. If however, the Applicant elects to handle a claim without in any way involving the Insurance Company's Attorneys, then no coverage for such a claim is afforded the Applicant under the Policy.

Risk Management: The proposed insurance policy is designed for preferred risks that maintain approved loss control procedures as represented on the original application for insurance and as agreed as a function of the program. Should a policy be issued, the insurance agreement contemplates the concurrent and continued existence of approved loss control procedures. The Applicant agrees to maintain these risk management services and/or procedures for the term of the insurance policy.

In addition to all other terms and conditions: Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicant's authorized signature of principal, partner or officer

Date