



Errors And Omissions Insurance for Professional Consultants

Note: The insurance coverage for which you are applying is written on a CLAIMS-MADE AND REPORTED policy. Coverage afforded under this insurance is limited to liability for only those Claims that are first made against the Insured and reported to the Underwriters while the policy is in force. "Claim" means a demand received by any Insured for money or services including the service of suit or institution of arbitration proceedings against the Insured. Please refer to the policy terms and conditions.

The Limit of Liability available to pay Damages shall be reduced and may be completely exhausted by payment of Claims Expenses. Damages and Claims Expenses shall be applied against the Deductible. If you have any questions about the coverage, please discuss them with your insurance agent.

Instructions: Answer all questions completely. If there is insufficient space to complete an answer, continue on a separate sheet. This form must be completed, signed and dated by a principal, partner or officer of your firm.

Required Attachments: Standard contract(s), Resumes (see Question 3) and Brochures or Promotional Materials.

1. Name of Firm(s), Address of Principal Office: *(List addresses of all branch offices on a separate sheet.)*

Named Insured: _____
 Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Website Address _____ Email Address: _____
 Principal Contact Name: _____

Corporation Professional Corporation Other: _____
 Partnership Sole Partnership Tax ID #: _____ Year Firm Established: _____

2. Describe the nature of your operation. *Please attach a brochure describing your firm's services if available.*

3. A. Indicate Numbers of Staff: *Please attach resumes for all principals, partners, officers, directors, and key personnel, listing professional qualifications, licenses, registrations or certifications and employment history.*

1. Principals, Partners, Officers & Directors:	3. Office Employees (Clerks, Typists, etc.):
2. Professional and Technical Employees:	4. Total Staff (1. + 2. + 3.):

B. Please indicate the number of employees who left the firm in the last 12 months.

Professional Staff: _____ Management: _____

C. Please list all professional or trade associations for which you hold membership.
Please attach a separate sheet if necessary.

4. Is the Applicant engaged in any business or profession other than as described in Question 2? Y N
If yes, please explain below. Attach a separate sheet if necessary.

5. Is your firm controlled, owned by, associated with, or does your firm control or own any other entity? *If yes, please provide full details on a separate sheet, including any services provided to or received from such entities.* Y N

6. Does any Director, Officer, Employee or Partner of the Applicant serve on the Board of Directors of any client of the Applicant? *If yes, please provide full details on a separate sheet, including any services provided to or received from such entities.* Y N

7. Please indicate the total gross annual revenues by year derived from the services described in Question 2.

	Reporting Period	U. S. Revenue	Foreign Revenue	Total Revenue
A. Projected		\$	\$	\$
B. Prior Year		\$	\$	\$
C. 2 Years Prior		\$	\$	\$
D. 3 Years Prior		\$	\$	\$

8. Please indicate the percentage of your firm's total gross annual revenue per service listed in Question 7. *This section should equal 100%.*

SIC Code	Classification	Prior Year	Projected
7363-03	Employee Leasing Agencies:	%	%
7361-03	Employment Agencies:	%	%
7361-04	Executive Recruitment Firms:	%	%
8742-22	Human Resources Consultants:	%	%
8742-01	Management Consultants:	%	%
8742-14	Marketing Consultants:	%	%
8732-04	Marketing Research Analysis:	%	%
8742-02	Public Relations Firms:	%	%
7363-04	Temporary Staffing Firms:	%	%
Other:		%	%

9. Please provide firm's five largest contracts during the past two years.

Client	Location	Services Provided	Total Gross Billings
			\$
			\$
			\$
			\$
			\$

10. Please indicate the approximate percentage of total gross billings in Question 7.B. derived from:

Repeat Clients: ____% Referrals: ____%

11. Please indicate total gross billings in Question 7 derived from each of the following categories of clients.

	Prior Year	Projected
A. Governmental Entities:	\$	\$
B. Banks, Savings & Loans, Financial Institutions:	\$	\$
C. Employee Benefit Plans:	\$	\$

12. Were more than 50% of your total gross billings in Question 7.B. derived from a single client or contract? Y N
If yes, specify client, description of services, contract form(s), describe all services rendered and indicate how long you expect this relationship to continue.

13. Please indicate your practices with regard to use of contracts and attach sample copies.

	Contracts and Agreements	Always	Never	Sometimes: Indicate Frequency by %
A.	Do you use written contracts with clients?	<input type="checkbox"/>	<input type="checkbox"/>	
B.	Do you use standardized language in your contracts?	<input type="checkbox"/>	<input type="checkbox"/>	
C.	Does legal counsel review your standardized language and any nonstandard language?	<input type="checkbox"/>	<input type="checkbox"/>	
D.	Do your contracts include a detailed description of services?	<input type="checkbox"/>	<input type="checkbox"/>	
E.	Do your contracts include a limitation of liability? If so, please enter the amount: _____	<input type="checkbox"/>	<input type="checkbox"/>	
F.	Do your contracts include a hold harmless provisions in your favor?	<input type="checkbox"/>	<input type="checkbox"/>	
G.	Do your contracts include disclaimers for consequential and incidental damages?	<input type="checkbox"/>	<input type="checkbox"/>	
H.	Do your contracts include cancellation provisions?	<input type="checkbox"/>	<input type="checkbox"/>	
I.	Do your contracts address your policy on refunds?	<input type="checkbox"/>	<input type="checkbox"/>	
J.	Do your contracts include a payment schedule?	<input type="checkbox"/>	<input type="checkbox"/>	
K.	Do your contracts include a time table and estimated date of completion?	<input type="checkbox"/>	<input type="checkbox"/>	
L.	Do your contracts include a formal acceptance of service/work clause?	<input type="checkbox"/>	<input type="checkbox"/>	
M.	Does your firm ever indemnify or hold another entity harmless? If yes, please be aware that the policy provides only limited contractual liability coverage (i.e., limited to your firm's negligent acts, errors or omissions).	<input type="checkbox"/>	<input type="checkbox"/>	
N.	Does your firm use purchase orders for service agreements?	<input type="checkbox"/>	<input type="checkbox"/>	
O.	Does your firm create "phases" for project that exceed 6 months in duration?	<input type="checkbox"/>	<input type="checkbox"/>	

14. Does your firm follow in-house quality control procedures? Y N
- A. Are in-house quality control procedures in writing? Y N
- B. Are appropriate staff members trained and familiar with these procedures? Y N
- C. Who in your firm is responsible for maintaining quality control? _____

15. A. Please describe the methods your firm uses to secure client information in its possession.

B. Do your client information security procedures include:

- Locked File Cabinets for Confidential Software or Documents? Y N
- Firewall Protection? (Software Used: _____) Y N
- Encryption for Transmitted Data? Y N
- Encryption of Stored Data? Y N
- Access Limited to Appropriate Personnel Only? Y N

16. Has your firm or any subsidiary or predecessor firm ever filed for bankruptcy under Chapter 7 or Chapter 11? *If yes, please provide full particulars on a separate sheet* Y N

17. Has your firm or any subsidiary or predecessor firm ever been acquired, had a change in name or business organization, been dissolved or party to a merger or consolidation? Y N
*If yes, please provide full particulars on a separate sheet, listing each firm name in chronological order and specify the date of the change, and include claims information for each firm in your response to questions 18 and 19.
 The policy of insurance being applied for will not respond to any "claim" or circumstance identified, or that should have been identified, in questions 18 and 19.*

18. Have any claims been made or legal actions been brought in the past ten years (or made earlier and still pending) against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee? Y N

If yes, provide the following information for each claim on a separate sheet:

- A. Date of claim; E. Insurance company reserve, if any;
- B. Claimant or plaintiff; F. Defense attorney's or insurance company's evaluation of exposure/potential liability;
- C. Allegations; G. If closed, total amount paid for indemnity and defense costs;
- D. Demand or amount of claim; H. Deductible applicable.

19. After inquiry, do any of the principals, partners, officers, directors, shareholders or employees have knowledge of any error, omission, unresolved job dispute or any other circumstance that is or could be the basis for a claim under the proposed insurance policy? Y N

If yes, on a separate sheet please provide details of the situation(s), including name of contract and claimant, dates, nature of situation and amount of damages for each situation.

Note: Circumstances that are or could be the basis for a claim include but are not limited to the examples described below:

- A. Customer has refused to pay for services, claiming dissatisfaction with services provided;
 - B. Customer has expressed dissatisfaction with services;
 - C. Customer has cancelled services mid-contract;
 - D. Customer has hired another consultant to complete services for which you were contracted;
 - E. Customer has alleged services were not performed as promised;
 - F. Applicant is aware of a customer for whom services or results promised were not delivered;
 - G. Customer has filed a complaint against the applicant with a consumer department, association, or other organization.
- (Note: Law suits or requests for damages constitute a claim already made.)

Report knowledge of all such incidents to your current carrier prior to your current policy expiration. This policy does not provide coverage for incidents about which you had knowledge prior to the effective date of this coverage.

20. Please indicate Limit of Liability and Deductible desired.

Limits: (per claim / aggregate)

- \$ 250,000 / \$ 250,000 \$ 500,000 / \$ 500,000 \$1,000,000 / \$1,000,000 \$2,000,000 / \$2,000,000
 \$3,000,000 / \$3,000,000 \$4,000,000 / \$4,000,000 \$5,000,000 / \$5,000,000

Per Claim Deductible:

- \$ 2,500 \$ 5,000 \$ 7,500 \$10,000 \$ 15,000
 \$20,000 \$25,000 \$50,000 \$75,000 \$100,000

21. Please answer the following questions with regard to your prior insurance.

A. Has any insurer declined, cancelled or refused to renew any similar insurance for your firm or any predecessor firm? *If yes, please provide details:* Y N

B. Do you currently carry Professional Liability Coverage? *If yes, please answer questions 1-5.* Y N

1. What is your carrier's name? _____
2. Limits: _____ per claim / _____ aggregate Deductible: _____ per claim
3. What is your policy's expiration date? _____ / _____ / _____
4. How many years have you continuously carried coverage? 1 2 3 4 5 Over 5
5. Retroactive coverage date in current policy*: _____ / _____ / _____

**Retroactive Dates prior to the effective date of continuous coverage in this program are subject to underwriting approval. Evidence of uninterrupted insurance providing similar coverage, limits, deductibles and retroactive dates will be required. Please attach copies of Declarations pages.*

C. Do you or any subsidiary or predecessor firm have any current outstanding professional liability deductible obligations? Y N *If yes, on a separate sheet please provide details of the situation(s), including name of contract and claimant, dates, nature of situation and amount of damages for each situation.*

Applicant must sign the last page of this application.

Agent or Broker Must Complete the Following:			
Name:			
Address:			
City, State, Zip:		Phone:	FAX:
Licensed Excess & Surplus Lines Broker:	<input type="checkbox"/> Y <input type="checkbox"/> N	License No.:	

Warning — New York Residents

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed \$5,000, and the stated value of the claim for each such violation.

Fraud Prevention — Ohio Warning

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Fraud Prevention — Florida Warning

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

Fraud Prevention — Colorado Warning

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

I/We hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the insurance company.

It is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance. However, if a policy is issued as a result of this application, it will be attached to and become part of the insurance policy.

Name of Principal, Partner, or Officer _____

Title _____

Signature _____
(Principal, Partner or Officer)

Date _____

NOTE: This application must be reviewed, signed and dated by a principal, partner or officer of the applicant firm.

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