CID Insurance Programs Inc. DBA CID Insurance Services

Specified Professions Professional Liability Product

SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY APPLICATION

This is an application for a claims made policy. Please read your policy carefully.

SECTION I: BACKGROUND INFORMATION

1.	Name of Applicant:							
2.	Address:							
	City:			State				
	Phone:Website	e Address:		E	mail Address:			
3.	Date established:							
	(If business has been in operation less than	n 3 years, plea	se provide the resu	me of a princi	pal, partner or key	employee.)		
4.	Is the Applicant controlled, owned, affiliated	l or associated	l with any other firm	n, corporation of	or company?	□Yes	□No	
	If Yes, please provide names(s) and relation	nship(s);						
5.	Does the Applicant have any subsidiaries?					□Yes	□No	
	If Yes, please list on a separate sheet and advise if coverage is to apply to them.							
6.	Applicant is: Corporation DP	Partnership	Individual		□Non-Profit			
SE	CTION II: ORGANIZATION OPERATIONS D	ETAILS						
7.	Please describe in detail the professional se	ervices for which	ch coverage is desi	red:				
-								
8.	(a) List total gross receipts derived from ac	ctivities in Ques	stion #7 (start-ups	please provide	best estimates):	Gross Recei		
	Last Year:					\$		
	Current Year (based on 12 months):					\$		
	Forecast for Next Year:					\$		
	(b) Please indicate the percent of receipts listed in 8a from foreign operations							
	(i.e. outside of the U.S. and its territories):							
9.	Describe the 3 largest jobs or projects during the past 3 years							
	Name of Client	Name of Client Services Provided				Gross Billings		
10.	Is the Applicant a licensed Professional (i.e	 Lawver. Acco	untant)?			□Yes	□No	
	If Yes, advise type of licensed Professional	-						
11.	(a) Number of principals, partners, officers			ctly engaged i	n providing			
	services to clients:	-						
	(b) Number of independent/subcontractors							
10								
12.	Please answer the following questions regarding the use of independent contractors:						0	
	(a) The total percentage of work done by i	·					9	
	(b) Do the independent/subcontractors wo	rk exclusively f	or the Applicant?			□Yes	□No	

(d) Are all independent/subcontractors required to carry errors and omissions insurance? □Yes (e) Does the Applicant desire to provide coverage for independent/subcontractors (including them as named insured(s) on the policy) while working on the Applicant's behalf? □Yes 13. Please provide the following: Name of Partners, Key Employees and Independent/ Subcontractors □Yes 14. Does any director, officer, employee, partner or independent/subcontractor of the Applicant serve as an officer or on the Board of Directors of any client or own any financial or equity interest in any client of the Applicant? □Yes 15. What do you see as your potential exposure to a professional liability claim? □ 1 16. Does the Applicant use a written contract or letter of engagement with clients? □In all cases □Sometimes □ 17. Additional Insured(s) to be included for Errors and Omissions (list name, address and relationship to Applicant): □ □ 18. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in any way or been the subject of any investigation by any regulating body related to their profession? □Yes □Yes 19. Have you initiated litigation against any of your clients in the past 5 years? □Yes □Yes 19. Have you initiated litigation against any of your clients, directors, employees or independent contractor? □Yes □Yes 19. Have you initiated litigation as separ		 (c) Do the independent/subcontractors provide the same services as the applicant? If No, please explain:	□Yes	□No				
 (e) Does the Applicant desire to provide coverage for independent/subcontractors (including them as named insured(s) on the policy) while working on the Applicant's behalf? Please provide the following: Name of Partners, Key Employees and Independent/ Qualifications/ Dues any director, officer, employee, partner or independent/subcontractor of the Applicant serve as an officer or on the Board of Directors of any client or own any financial or equity interest in any client of the Applicant? Yes ff Yes, attach an explanation. 15. What do you see as your potential exposure to a professional liability claim? 16. Does the Applicant use a written contract or letter of engagement with clients? In all cases Sometimes Sometimes Additional Insured(s) to be included for Errors and Omissions (list name, address and relationship to Applicant): 17. Additional Insured(s) to be included for Errors and Omissions (list name, address and relationship to Applicant): 18. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in any way or been the subject of any investigation by any regulating body related to their profession? If Yes, attach an explanation. SECTION III: CLAIMS INFORMATION 20. During the past 5 years, has any claim been made or suit brought against the Applicant, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractor? Wes (If Yes, please provide details on a separate supplemental claim application.) 21. Is any owner, partner, officer, employee or independent contractors? Wes (If Yes, please provide details on a separate supplemental claim application.) 22. During the past 5 years, has any claim been made or suit brought against the Applicant, its predecessor(s) in business, or any of its			□Yes	□No				
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or on the Board of Directors of any client or own any financial or equity interest in any client of the Applicant? PYes If Yes, attach an explanation.	10.	Name of Partners,ProfessionalKey Employees and Independent/Qualifications/						
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	22.							
been declined, cancelled or renewal refused? Not applicable in Missouri. □Yes If Yes, advise details:		been declined, cancelled or renewal refused? Not applicable in Missouri.		□No				

23.	Is similar professional liability insurance currently in force?						□Yes	□No
		Name of Carrier Limit Retroactive Date (if any) Deductible Premium					Policy Period	
		gth of time coverage has contin	•					
SE	CTIC	N V: BUSINESSOWNERS PAC	KAGE INSURA	NCE				
24.	. Has the Applicant had any General Liability claims paid, reserved or pending in the last 5 years?						□Yes	□No
	lf Y	es, please provide details.						
25.	Additional Insured(s) to be included on General Liability:							
		Name		Relationship to Applicant			Address	
	1							
	2							
	2							
	3.							
26.	Per	sonal Property Limit, including c	omputer hardwa	re (at 80% coinsurance/replac	cement cost):			
27.	Buil	ding Characteristics						
	a.	Are functioning burglar alarms	present?				□Yes	□No
	b.	Is all electrical wiring connected	d to functional ar	nd operational circuit breakers	?		□Yes	□No
	c.	Are there functioning smoke an	d heat detectors	in all units and/or occupancie	es?		□Yes	□No
	d.	Is aluminum wiring present in the	ne building?				□Yes	□No
28.	3. Property Protection Class (1-10):							
29.	Bui	ding Construction (please check	cone):					
	□ Frame - Bldg. is made from a wood frame (2x4's/veneers).							
	Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.							
	Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel.							
	Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls.							
30.	. Has the Applicant had any Property claims paid, reserved or pending in the last 5 years?						□Yes	□No
	lf Y	es, please provide details.						

SECTION VI: REQUIRED INFORMATION

- A. USLI Application.
- B. Copy of resumes on technical and key personnel (for select classes)
- C. Supplemental Application (for select classes)

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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 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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: 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 of the third degree.

Kentucky Fraud Statement: 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.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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 subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Broker's Signature

SIGN HERE

Some states require that we have the Name and Address of your (Applicant's) Authorized Agent or Broker.

Name of Authorized Agent or Broker____

Address: ____

Mail complete application through local Agent or Broker to:

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify and outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event th Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Applicant's Signature

SIGN HE

(Principal, Officer or Partner)

Title _____ Date _____