

**SPECIFIC PROJECT-CLIENT -MATTER
EXCESS PROFESSIONAL LIABILITY INSURANCE APPLICATION**

THIS IS AN APPLICATION FOR A SPECIFIC PROJECT/CLEINT/MATTER EXCESS POLICY

This Application for Specific Matter/Project/Client Excess Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the offering of terms and /or binding of insurance.

THIS APPLCATION IS NOT A BINDER NOR EVIDENCE THAT ANY COVERAGE IS IN FORCE

1. Name of applicant _____ Phone:(____) _____

2. Address: _____ Fax: () _____

3. Website : _____

4. Indicate applicant's Professional Liability insurance currently in force **(Please Provide a copy):**

COMPANY	TERM	LIMIT	DEDUCTIBLE
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_____	_____	_____	_____

SPECIFIC MATTER/PROJECT/CLIENT INFORMATION

5. Name Matter/Project and/or Specific Client (Fully Describe what is to be Insured): _____

6. Is any written Contract, Memorandum of Understanding or, retainer Agreement in place ? Yes No
(If "Yes ", please provide a copy)

GROSS RECEIPTS

7. a.) Total estimated Annual Fees or Revenue for the Applicant: \$ _____

b.) Total estimated Fees or Revenue of the Project/Matter: \$ _____

8 a.) Does the applicant (including partners, officers, employees, parent or subsidiary firms) have any ownership interest or equity interest in the Specific matter, Project, or Client/Customer? Yes NO

b.) Has the Applicant formed a joint Venture with the Client/Customer ? Yes NO

(For all "yes" answers to any of the following, please provide complete details by attachment)

9. a) Does the applicant have any knowledge of any acts, errors or omissions which could reasonably be anticipated to be a basis for a claim against them? ____Yes ___NO
 b) in the past 3 Years, have any claims been made against the applicant? ____Yes ___NO

(For all "yes" answers to any of the following, please provide complete details by attachment, and also provide currently valued Loss runs for the past 3 years.)

10.) Please indicate Excess Limit requested: \$_____

The undersigned authorized signatory hereby represents and warrants on behalf of all persons and entities proposed for insurance, that as respects the \$ _____ Specific Matter/Project/and or Client excess of \$ _____ Limit of Liability, only, after reasonable inquiry, no person or entity proposed for insurance possesses knowledge or information of any actual or alleged fact, circumstance, error, omission, act, misstatement, misleading statement or breach of duty (collectively referred to hereinafter as a "Wrongful Act") which is reasonably likely to give rise to a Claim against the Applicant(s) herein.

It is understood and agreed that the Insurer has relied upon this statement and the disclosures herein (the "Warranty") as being accurate and complete, and that this Warranty is material to the risk assumed by the Insurer in connection with any decision to bind coverage and is deemed part of the application for the proposed policy .

Must be signed by Owner, Partner, or Officer.

 Print or Type Your Name

 Title

 Signature of Applicant

 Date

Please include the following as required Items :

Copies of Underlying Professional Liability Insurance Policies as listed in question 4 above.

Copies of Currently Valued Loss Runs for the past 3 Years.

Copies of any Contract, Memorandum of Understanding or, retainer Agreement(s) as described in question 6 above.

Explanations of any YES answers to questions 8 and/or 9 above