



22931 Triton Way, Suite 231 • Laguna Hills, CA 92653
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Specified Errors & Omissions Program

Agency Name: _____
Contact Name: _____
Address: _____
Phone number: _____
E-mail address: _____

Client Name: _____
Mailing Address: _____

Business Location: _____
Street City County State Zip
Street City County State Zip

Applicant is: Individual Partnership Corporation Other _____

- 1. Business/Occupation: _____
- 2. Number of years in business: _____
- 3. Number of years of experience in this field: _____

**Attach job resumes of all Principals, if risk has been in operation less than 18 months.*

- 4. Provide a complete description of business / occupation: _____

**Attach copies of brochures and contracts.*

- 5. Provide a complete description of any bodily contact with clients: _____

- 6. Please advise the following:
Annual Payroll _____ Number of Participants _____
Annual Receipts _____ Annual Sales _____
Other _____

- 7. Applicant graduated from: _____

- 8. List and describe all degrees Applicant has received: _____

- 9. Please list number of
A. Principals..... Full Time Part Time
B. Employees engaged in professions.... Full Time Part Time

C. Clerical..... _____
 D. Other..... _____
 TOTAL _____

10. State any degree or certification achieved involving your occupation:

11. State any special licenses or certificates required by any federal, state, or local municipality: _____

12. Are applicant, partners and employees all currently licensed? Yes No

13. Has your license ever been revoked or suspended? Yes No

If yes, please explain: _____

14. Has any employee ever been convicted for an act committed in violation of any law or ordinance? Yes No If yes, please explain: _____

15. Are you in private practice or do you operate as an employee? _____

16. Current General Liability carrier and limits: _____

17. Please advise your E&O Prior Carrier(s) for the past five years: _____

**Show Retro-active Date (first date of continuous Claims Made coverage):*
 Month _____ Day _____ Year _____

18. State past five year loss experience: _____

19. Have any claims or suits for Professional Liability been made against applicant?: Yes No If yes, please explain: Date of loss: _____
 Circumstances of claims _____

Reserve and/or payment, expenses: _____

20. Has any carrier refused renewal, cancelled, or declined applicant's request for coverage? Yes No If yes, please explain: _____

21. State any professional organization membership: _____

**Any continuing education?*

22. Limits of Liability desired: _____

23. Desired policy term: From _____ To _____

In your own words please describe circumstances which would give rise to a claim under the coverage for which you are applying for: _____

24. Optional general liability requested?

Yes No If yes, limits will be the same level as E&O. If bound, need Acord application.

25. Any additional information: _____

This applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance. Any insurance contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy. A signed application dated not more than 30 days prior to the inception date will be required in the event coverage is effected.

Agent: _____

Applicant's Signature: _____

Address: _____

Date: _____

Date: _____