



UNITED STATES LIABILITY INSURANCE GROUP
Consultants Professional Liability

A P P L I C A T I O N

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

SECTION I - BACKGROUND INFORMATION

1. Name of Insured: _____
2. Address: _____
Web Site: _____
3. Limits of Liability desired: \$250,000 \$500,000 \$1,000,000
4. Deductible: \$1,000 \$2,500 \$5,000 \$10,000
5. Date Established: _____
6. Is Insured: Individual Corporation Partnership Other: _____
7. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company?
Yes No
8. 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.
9. During the past five years has the name of the firm been changed or has any other business been acquired, merged into or consolidated with any other firm, corporation or company? Yes No (If yes, please attach an explanation and advise if any liabilities have been assumed as a result of the merger, acquisition or consolidation).

SECTION II - ORGANIZATION OPERATIONS DETAILS

10. Please describe in detail the professional services for which coverage is desired:

11. (a) List total gross receipts derived from activities in question #10:

Gross Receipts

Last Year: \$ _____
 Current Year (based on 12 months): \$ _____
 Forecast for Next Year: \$ _____

- (b) Does the Applicant receive any compensation other than money (stock, options...) for providing professional services? Yes No If Yes, advise details. _____
12. (a) Does the Applicant derive income from any activity or profession other than what is described in question #10? Yes No If Yes, please attach an explanation and estimated receipts (advise if these receipts were included in question #10).
- (b). Is the Applicant a licensed Professional (i.e. Lawyer, Accountant...) Yes No If Yes, advise type of licensed Professional: _____

13. (a). Describe the (5) five largest jobs or projects during the past 3 years

<u>NAME OF CLIENT</u>	<u>SERVICES PROVIDED</u>	<u>GROSS BILLINGS/FEEES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- (b). Was more than 50% of Applicant's total gross billings for any one year derived from a single client or contract? Yes No If Yes, specify client, services rendered and how long relationship is expected to continue: _____

- (c). Describe any jobs or projects anticipated during the next 12 months that will result in more than 10% of Applicant's gross receipts (not already listed in #13.a) _____

14. (a) Advise the number of: principals, partners, officers and professional employees directly engaged in providing services to clients _____
- (b) Advise the number of all other (non-professional/clerical) employees _____
- (c) Advise the number of independent/sub contractors doing work on your behalf _____
15. Does the Applicant desire to provide coverage under this Policy for independent/sub contractors working on their behalf? Yes No If Yes, advise on a separate sheet:
- (a) How the Applicant utilizes each independent/subcontractor.
- (b) The total percent of Applicant's work done by independent/sub contractors.
- (c) Does the Applicant require Certificates of Insurance from all independent/sub contractors.

16. Please provide the following: (attach separate sheet if necessary)

Name of all Partners, Principals, Key Employees and Independent/Sub Contractors.	Professional Qualifications/ Designations	# of Years in Practice	# of Years with Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Does the Applicant design, manufacture or test any product or process for creating a product? Yes No If Yes, provide details on a separate sheet.
18. Does the Applicant use a written contract with clients? In all cases Sometimes Never
19. Has the Applicant or independent contractor ever been dismissed from a project or contract prior to completion? Yes No If Yes, provide details on a separate sheet.
20. Has the Applicant ever entered into contracts where fees were obtained by the client achieving certain cost reductions or results in general? (If yes, please attach explanation).
21. Does any director, officer, employee, partner or independent/sub contractor of the Applicant serve on the Board of Directors of any client or own any financial or equity interest in any client of the Applicant? Yes No If Yes, please attach an explanation.

SECTION III - CLAIMS INFORMATION

Do not complete this section if this is an application for a renewal policy at the same limit of liability with one of the USLI Companies.

22. During the past (5) five years, has any claim been made or suit brought against the agency, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent/sub contractors? Yes No (IF YES, PLEASE PROVIDE DETAILS ON THE SEPARATE SUPPLEMENTAL CLAIMS APPLICATION.)
23. Is any owner, partner, officer, director, employee, or independent/sub contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the agency, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees, or independent contractors? Yes No (IF YES, PLEASE PROVIDE DETAILS ON THE SEPARATE SUPPLEMENTAL CLAIMS APPLICATION.)

SECTION IV - PROFESSIONAL LIABILITY INSURANCE COVERAGE

24. Has any Policy of or Application for professional liability insurance on your behalf or on the behalf of any of your principals, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused? Yes No If yes, advise details. _____

25. Is similar professional liability insurance currently in force? Yes No If Yes, please advise:

Name of Carrier	Limit	Deductible	Premium	Policy Period
_____	_____	_____	_____	_____

Retroactive Date (if any): _____

Length of time coverage has continuously been in force: _____

SECTION V - GENERAL LIABILITY INFORMATION

26. Does the Applicant currently have General Liability Insurance? Yes No If yes, please advise the following:

Carrier	Premium	Expiration Date	GL Losses
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe any General Liability Losses in past 5 years: _____

27. Number of Employed Consultants _____
28. (a) Does the Applicant use Independent Contractors? Yes No If Yes, please answer 28 (b) and (c).
 (b) Is General Liability coverage to include Independent Contractors? Yes No
 (c) Number of Independent Contractor Consultants used _____
29. (a) Is the Applicant involved in the installation of equipment or physical application of the items for which they are providing consultation services (including work done by Independent Contractors supplied by the Applicant)?
 Yes No If yes, please answer 29(b) and (c) below:
 (b) Describe installations or applications: _____

 (c) Costs of subcontracted work _____
 Are subcontractors required to have liability insurance? Yes No
 Are Certificates of Insurance maintained by the Insured? Yes No
30. Additional Insureds to be included (List name, address and relationship to Applicant): _____

SECTION VI - PERSONAL PROPERTY INSURANCE INFORMATION

31. (a) Personal Property Limit Needed (at 80% Coinsurance/Replacement Cost) _____
If Limit is greater than \$25,000, please answer 31 (b) and (c) below:
 (b) Protection Class (1 through 10) _____
 (c) Burglar Alarm Yes No Central Station Yes No
 Sprinklers Yes No Central Station Yes No
 Fire Alarm Yes No Central Station Yes No
32. If located in first tier coastal county, distance from water (ocean, bay or inlet) _____
33. Previous Carrier: _____ Expiration Date: _____ Premium \$ _____
34. Property Claims Paid or Pending during last 5 years (by year) _____

SECTION VII - REQUIRED INFORMATION

Please submit each of the following items with the Submission:

- A. USLI Application.
- B. Copy of Financial Statement.
- C. Copy of Applicant's formalized standard client contract.
- D. Copy of resumes on technical and key personnel.
- E. Marketing materials/brochures.

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 THOUSANDS DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

THE STATES OF NEW YORK AND FLORIDA REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

LICENSE NO. _____

MAIL COMPLETED
 APPLICATION THROUGH
 LOCAL AGENT OR
 BROKER TO:

NOTICE TO THE APPLICANT

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence 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 insurer and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The insurer is hereby authorized, but not required, to make an investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the insurer and shall not estop the insurer from relying on any statement in this Application. The signing of this Application does not bind the undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is understood the insurer is relying on this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become part of this policy.

Signature of Applicant or Insured: _____ Date: _____
 Must be signed by a Principal, Partner or Officer of the Firm

