



# United States Liability Insurance Group

## Consultants and Specified Professions Professional Liability

### APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.  
**THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.**

#### SECTION I: BACKGROUND INFORMATION

1. Name of Insured: \_\_\_\_\_
2. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Website: \_\_\_\_\_
3. Date Established: \_\_\_\_\_
4. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company?     Yes     No
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     Partnership     Individual

#### SECTION II: ORGANIZATION OPERATIONS DETAILS

7. Please describe in detail the professional services for which coverage is desired:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. (a) List total gross receipts derived from activities in question #7:
 

	Gross Receipts
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): \_\_\_\_\_
- (c) Did the Applicant have a positive net income in the past 12 months?     Yes     No  
 If No, please advise net income and steps being taken to correct the negative net income.
- (d) What is the Applicant's overall net equity? \_\_\_\_\_     Positive     Negative  
 If Negative, please advise net equity and steps being taken to correct the negative net equity.
9. (a) Describe the 5 largest jobs or projects during the past 3 years
 

Name of Client	Services Provided	Gross Billings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
- (b) Does the Applicant anticipate deriving more than 50% of total gross billings for the coming year from a single client?  
 Yes     No    If Yes, advise details on a separate sheet.
10. Is the Applicant a licensed Professional(i.e. Lawyer, Accountant....)?     Yes     No  
 If Yes, advise type of licensed Professional: \_\_\_\_\_
11. (a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: \_\_\_\_\_  
 (b) Number of non-professional employees (clerks, secretaries, etc.): \_\_\_\_\_  
 (c) Number of independent/sub contractors: \_\_\_\_\_

12. Please answer the following question(s) regarding the use of independent contractors.
- (a) Does the Applicant desire to provide coverage solely for themselves with respect to liability arising out of work performed by independent contractors?  Yes  No; or
- (b) Does the Applicant desire to provide coverage for independent contractors (including them as named insured(s) on your policy), while working on your behalf?  Yes  No If Yes to 12b, please answer the following questions:
- (1) How will the Applicant utilize each independent/subcontractor? \_\_\_\_\_
- (2) The total percent of Applicant's work done by independent/subcontractor. \_\_\_\_\_
- (3) Does the Applicant require Certificates of Professional Liability Insurance from all independent contractors?  Yes  No

13. Please provide the following:

Name of Partners, Principals, Key Employees and Independent/Subcontractors	Professional Qualifications/Designations	# of Years in Practice
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Does any director, officer, employee, partner or independent/subcontractor 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, 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  No

**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.*

17. During the past 5 years, has any claim been made or suit brought against the Insured, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors?  Yes  No  
 (If Yes, please provide details on a separate supplemental claim application.)

18. Is any owner, partner, officer, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the Insured, 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 a separate supplemental claim application.)

**SECTION IV: PROFESSIONAL LIABILITY INSURANCE COVERAGE**

19. Has any Policy of or Application for professional liability insurance on your behalf or on the behalf of any of your principals, officers, employees, independent contractors, or on behalf of any predecessor(s) in business ever been declined, cancelled or renewal refused?  Yes  No If Yes, advise details: \_\_\_\_\_

20. Is similar professional liability insurance currently in force?  Yes  No

Name of Carrier	Limit	Retroactive Date (if any)	Deductible	Premium	Policy Period
_____	_____	_____	_____	_____	_____

Length of time coverage has continuously been in force: \_\_\_\_\_

**SECTION VI: GENERAL LIABILITY INSURANCE**

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

Name of Carrier	Limit	Premium	Expiration Date
_____	_____	_____	_____

22. Describe any General Liability Losses in the past 5 years: \_\_\_\_\_

23. Number of Employed Consultants/Persons rendering Professional Services as described in Question 7: \_\_\_\_\_

24. (a) Does the Applicant use Independent Contractors?  Yes  No If Yes, please answer 25 (b) and (c)  
 (b) Is General Liability coverage to include Independent Contractors?  Yes  No  
 (c) Number of Independent Contractors used: \_\_\_\_\_

25. Is the Applicant involved in the installation of hardware, electrical work, wiring and/or cable installation of the items for which they are providing consultation services (including work done by Independent Contractors on behalf of Applicant)?  Yes  No

26. Additional Insureds to be included (List name, address and relationship to Applicant): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION VII: Personal Property Insurance**

27. (a) Personal Property Limit (at 80% Coinsurance/Replacement Cost): \_\_\_\_\_

(b) EDP Equipment Limit \$ \_\_\_\_\_

(c) Burglar Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Central Station	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sprinklers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Central Station	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Central Station	<input type="checkbox"/> Yes	<input type="checkbox"/> No

28. Property Protection Class (1-10): \_\_\_\_\_

29. If located in first tier coastal county, distance from water (ocean, bay or inlet): \_\_\_\_\_

30. Property Claims Paid or Pending during last 5 years (by year): \_\_\_\_\_

31. Building Construction (please check one):

- 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.

**SECTION VIII: Building Insurance**

*If you are a building owner, please answer the following:*

32. Building Address: \_\_\_\_\_

(a) Mortgagee (if applicable): \_\_\_\_\_

33. Value (at 80% Coinsurance/Replacement Cost): \_\_\_\_\_

34. Building Age: \_\_\_\_\_

(a) Is the electrical system connected to circuit breakers?  Yes  No

35. Square Footage: \_\_\_\_\_

**SECTION IX: REQUIRED INFORMATION**

A. USLI Application.

B. Copy of resumes on technical and key personnel.

**TEXAS APPLICANTS:** THE INSURANCE FOR WHICH YOU ARE APPLYING IS AVAILABLE TO MEMBERS OF CONSULTANTS PRORISK PURCHASING GROUP AND IS SUBJECT TO TERMS AND CONDITIONS OF THE POLICY BY UNITED STATES LIABILITY INSURANCE GROUP TO CONSULTANTS PRORISK PURCHASING GROUP UPON INCEPTION OF COVERAGE IN ACCORDANCE WITH AND SUBJECT TO ITS BY-LAWS. CONSULTANTS PRORISK PURCHASING GROUP IS A PURCHASING GROUP IN ACCORDANCE WITH THE FEDERAL LIABILITY RISK RETENTION ACT OF 1986.

**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.

THE STATES OF FLORIDA AND NEW YORK REQUIRE 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 Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Company 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 Company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not stop the Company 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 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 a part of this Policy.

Signature of Applicant or Insured: \_\_\_\_\_

Must be signed by a Principal, Partner or Officer of the Firm

Date: \_\_\_\_\_