

COVER-PROSM RENEWAL APPLICATION- WASHINGTON

NOTICE: This professional liability coverage is provided on a claims-made basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

1. Name of the Applicant Firm:

2. Applicant principal location:

Address:

City:

State:

Zip code:

Website:

E-mail address:

3. Date established:

Telephone:

4. Describe the Applicant's nature of business:

5. Is the Applicant Firm controlled, owned, affiliated or associated with any other firm, corporation or company?

Yes No **If yes, provide an explanation:**

6. Please list the address(es) of all branch offices and / or subsidiaries. **Include a brief description of their operations and indicate if coverage is desired for these offices.**

Branch Office(s):

Subsidiary(ies):

7. During the past year has the Applicant Firm's name been changed or has any other business(es) been acquired, merged into or consolidated with the applicant firm? Yes No **If yes, provide a complete explanation detailing any liabilities assumed.**

8. Staffing- Provide a breakdown of the Applicant's staff into the following categories:

A. Principals, Partners or Officers:

C. Support staff (including part-time):

B. Professionals (not included in A):

D. Part-time professionals (less than 20 hr/wk):

TOTAL:

9. Dates of Applicant Firm's current fiscal period: From: To:
PAST FISCAL YEAR CURRENT FISCAL YEAR ESTIMATE-NEXT YEAR

Total Gross Annual Revenue: \$ \$ \$

10. For the gross annual revenue listed in question 9, please give the approximate percentage derived from each service you provide.

Service:	Percent of Revenue:	%
Service:	Percent of Revenue:	%
Service:	Percent of Revenue:	%
Service:	Percent of Revenue:	%

To enter more information, please use the separate page attached to the application

11. Were more than fifty (50)% of the Applicant's total gross annual revenue for any one year derived from a single client or contract? Yes No **If yes, provide the following:**

11a. Client name:

11b. Services rendered:

11c. How long do you expect this relationship to continue?

12. Describe the Applicant Firm's three (3) largest jobs or projects since your last renewal.

<p>Client name:</p> <p>Services rendered:</p> <p>Total gross billings: \$</p>
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13. Does the Applicant utilize the services of independent contractors or sub-consultants? Yes No

13a. Approximate percentage of gross annual revenue attributable to independent contractors or sub-consultants:
 _____ %

14. Does the Applicant ever enter into contracts where your fees for services provided are contingent upon the client achieving cost reductions or improved operating results? Yes No **If yes, provide a detailed description of such arrangements.**

15. Does the Applicant secure a written contract or agreement for every project? Yes No
(Please attach a sample copy) If no, provide the percentage of your gross annual revenue where a written contract is secured: %

16. Does the Applicant's contracts contain any of the following? **(check all that apply)**

- Hold harmless or indemnification clauses in the Applicant's favor
- Hold harmless or indemnification clauses in your Client's favor
- A specific description of the services the Applicant will provide
- Guarantees or warranties
- Payment terms

17. Are any staff members considered "Licensed Professionals" or do any staff members hold any professional designations or belong to any professional societies/associations? Yes No **If yes, provide the individual's name and designation/affiliation:**

18. Do you currently carry commercial general liability insurance? Yes No

Professional liability coverage requested:

LIMIT OF LIABILITY:

\$250,000	\$1,000,000	\$4,000,000	\$7,000,000	\$10,000,000
\$300,000	\$2,000,000	\$5,000,000	\$8,000,000	
\$500,000	\$3,000,000	\$6,000,000	\$9,000,000	

DEDUCTIBLE: \$

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, VIRGINIA, AND WASHINGTON APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "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."

NOTICE TO NEW MEXICO APPLICANTS: "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 CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "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."

REPRESENTATIONS: I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives.

Name (Please Print)

Title **(Must be Owner, Officer or Partner)**

Signature

Date

Agent Name:

Agency Number:

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date