

**COVER-PRO<sup>SM</sup> 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><b>Client name:</b></p> <p><b>Services rendered:</b></p> <p><b>Total gross billings: \$</b></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: \$

**RESIDENTS OF WASHINGTON APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

Name (Please Print/Type)

Title **(MUST BE SIGNED BY A PRINCIPAL, PARTNER OR OWNER)**

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the Applicant and their respective Directors, Officers or other insured persons.

**Produced By: (Section to be completed by Producer/Broker)**

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)

**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