



RETURN APP TO: Katzman Insurance Services Inc.
P.O. Box 1786, Berlin, MD 21811
Tel: 800-967-5252, Fax: 410-208-1062
e-mail: jack@katzmanins.com

PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS RENEWAL APPLICATION

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: _____ Tel: _____ Fax: _____

4. Has there been any change in the nature of the Applicant Firm's business? Yes No **If yes, please provide an explanation:**

5. Is the Applicant Firm controlled, owned, affiliated or associated with any other firm, corporation or company? Yes No **If yes, please 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 name of the firm 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 your 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: _____

Note: Questions 9. and 10. refer to total gross revenue for a twelve (12) month period, whether collected or not. Such revenue figures should include sub-contracted revenue.

9. Dates of Applicant Firm's current fiscal period: From: _____ To: _____

PAST FISCAL YEAR CURRENT FISCAL YEAR ESTIMATE FOR NEXT YEAR

Total Gross Revenue: \$ _____ \$ _____ \$ _____

10. For the receipts 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 your total gross billings for any one year derived from a single client or contract?

Yes No **If yes, please provide the following:**

11a. Client name _____

11b. Services rendered:

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

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

12. Describe your firm's five (5) largest jobs or projects since your last renewal.

Client name: _____ Services rendered: _____ Total gross billings: \$ _____
Client name: _____ Services rendered: _____ Total gross billings: \$ _____
Client name: _____ Services rendered: _____ Total gross billings: \$ _____
Client name: _____ Services rendered: _____ Total gross billings: \$ _____
Client name: _____ Services rendered: _____ Total gross billings: \$ _____
Client name: _____ Services rendered: _____ Total gross billings: \$ _____

13. Do you utilize the services of independent contractors or sub-consultants? Yes No

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

14. Do you 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.**

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

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

16. Do your contracts contain any of the following? **(check all that apply)**

<input type="checkbox"/> Hold harmless or indemnification clauses in your favor	<input type="checkbox"/> Guarantees or warranties
<input type="checkbox"/> Hold harmless or indemnification clauses in your clients favor	<input type="checkbox"/> Payment terms
<input type="checkbox"/> A specific description of the services you will provide	

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

Professional liability coverage requested:

LIMIT OF LIABILITY:

<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$7,000,000	<input type="checkbox"/> \$10,000,000
<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$8,000,000	
<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$6,000,000	<input type="checkbox"/> \$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 AND VIRGINIA 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