



\_\_\_\_\_  
Name of insurance company to which Application is made (the "Insurer")

### Miscellaneous Professional Liability Application

**NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.**

**NOTICE: IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.**

Named Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
\_\_\_\_\_

State of Formation \_\_\_\_\_ Date Established: \_\_\_/\_\_\_/\_\_\_

Primary Web Page: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

e-mail: \_\_\_\_\_ @ \_\_\_\_\_

The words "you" "your" and "Applicant(s)" refer to the Named Applicant and all the other entities applying for coverage. If your answer to any question in this Application requires additional space, please complete your answer on an attachment.

1. Please describe your business activities\* and any anticipated changes to same:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If your services can be classified into any of the following categories please complete the appropriate Supplemental Application:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Advertising Agents                    | <input type="checkbox"/> Business Managers            | <input type="checkbox"/> Claims Adjuster & Administrators |
| <input type="checkbox"/> Collection Agents                     | <input type="checkbox"/> Escrow Agents                | <input type="checkbox"/> Franchisers                      |
| <input type="checkbox"/> Interior Design/Construction Managers | <input type="checkbox"/> Lease Brokers                | <input type="checkbox"/> Management Consultants           |
| <input type="checkbox"/> Miscellaneous Consultants             | <input type="checkbox"/> Printers                     | <input type="checkbox"/> Property Managers                |
| <input type="checkbox"/> Public Relations Firms                | <input type="checkbox"/> Real Estate Agents & Brokers | <input type="checkbox"/> Real Estate Appraisers           |
| <input type="checkbox"/> Structured Settlement Consultants     | <input type="checkbox"/> Testing Labs                 | <input type="checkbox"/> Title Agents & Abstractors       |
| <input type="checkbox"/> Trustees                              |   |   |

2. Does the Applicant have a fifty percent (50%) or more ownership interest in any entity?  
O Yes O No If "Yes," for each entity provide the information indicated:

Named Applicant \_\_\_\_\_

Date \_\_\_\_\_

If included as an attachment, check here:

Name of Entity	Percentage of Ownership	Acquisition or Formation Date	Services Performed
	%		
	%		
	%		

3. Provide your gross annual revenues, including those of any entity listed in Question #2: *(Use actual where available, expected otherwise.)*

	Year	Revenues	Percentage from foreign sales
Past fiscal year		\$	%
Current fiscal year		\$	%
Projected fiscal year		\$	%

4. For each of the activities listed in Questions 1 and 2, indicate the percentage of revenue derived therefrom:

Activity	Percentage of Revenue
	%
	%
	%
	%

5. Please list the Applicants' five largest projects over the past year:

Client	Services Performed	Revenues
		\$
		\$
		\$
		\$
		\$

Named Applicant \_\_\_\_\_

Date \_\_\_\_\_

6. Please provide the percentage of the Applicant’s services rendered to each category based on client’s revenue size:

Percentage of Services	Size of Clients
%	Individuals
%	Less than \$50 million
%	\$50 - 500 million
%	Greater than \$500 million

100%

7. For what percentage range does the Applicant use a written contract:

0%  1-24%  25-49%  50-74%  75-99%  100%

**Please attach a copy of your standard contract.**

8. For what percentage range is the standard contract modified:

0%  1-24%  25-49%  50-74%  75-99%  100%

9. For what percentage range does the Applicant subcontract work to others:

0%  1-24%  25-49%  50-74%  75-99%  100%

10. If response to Question 9 is not “0%,” then describe services and percentage of total revenue subcontracted:

Services Subcontracted	Percentage of Revenue Subcontracted
	%
	%
	%
	%

11. Is evidence of insurance required of all subcontractors?  Yes  No

12. Attach a description of your practices concerning risk management.  Attached

13. Provide the following information: (O Resumes attached)

Partners/Principals/ Key Professionals	Professional Qualifications	Years of Experience

14. Has any director, officer, partner, manager, employee or agent of the Applicant been the subject of any disciplinary investigation as a result of professional activity?

Named Applicant \_\_\_\_\_

Date \_\_\_\_\_

Yes  No If "Yes," attach copies of all significant documents relating to such investigation(s) and describe the underlying conduct.

15. Does any person or entity proposed for insurance have knowledge of any act, error or omission which might give rise to a claim(s) under the proposed policy?

Yes  No If "Yes," attach a detailed description of such act, error or omission and an explanation of why same might give rise to a claim.

16. Has there been or is there now pending any litigation or claim against or civil, criminal, administrative or regulatory action or proceeding of the Applicant or any person or entity proposed for insurance?

Yes  No If "Yes," attach a detailed description of each such litigation, action, proceeding and investigation and all relevant details.

**Applicant and Insurer agree that with respect to Questions 14, 15 and 16 above, that if such knowledge, litigation, claim, action, proceeding or investigation exists, then any litigation, claim, action, proceeding, investigation or occurrence arising out of, in connection with, relating to or which is a part of (i) such known acts, errors and omissions, or (ii) such existing litigation, claim, action, proceeding or investigation, is excluded from any coverage which may be afforded on the basis of this application.**

17. Has any professional liability insurance requested by Applicant been refused, cancelled or nonrenewed? (*MISSOURI APPLICANTS NEED NOT RESPOND*)

Yes  No If "Yes," attach a description of the details.

18. Please list all of the Applicants' professional liability coverage for past five years:

Carrier	Limit of Liability	Deductible	Annual Premium	Policy Period	Prior Acts Date

First date of continuous Claims-Made coverage: \_\_\_\_/\_\_\_\_/\_\_\_\_.

19. Provide copies of the following for the Applicant:

- Specimen of standard contract
- Marketing Material
- Resumes of Key Professionals
- Current Financials

Named Applicant \_\_\_\_\_

Date \_\_\_\_\_

**ALL WRITTEN STATEMENTS, SUPPLEMENTAL APPLICATIONS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND THE INFORMATION PROVIDED BY ATTACHMENT HERETO ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT HERETO) CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

**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 ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS 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 FINES AND CONFINEMENT IN PRISON."

**NOTICE TO COLORADO APPLICANTS:** "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

**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."

Named Applicant \_\_\_\_\_

Date \_\_\_\_\_

**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 IN THE THIRD DEGREE.”

**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 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.”

**NOTICE TO LOUISIANA 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 FINES AND CONFINEMENT IN PRISON.”

**NOTICE TO MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

**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 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 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, 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 OHIO APPLICANTS:** “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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 OKLAHOMA APPLICANTS:** “WARNING: 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.” (365:15-1-10, 36 §3613.1)

Named Applicant \_\_\_\_\_

Date \_\_\_\_\_

**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 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."

**NOTICE TO 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."

IF A POLICY IS ISSUED, THE APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.**

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the Limit of Liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Liability of this policy.

The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

(must be signed by the President or Chief Executive Officer if a corporation, a general partner if a partnership)

Attest \_\_\_\_\_

Broker **The Merriam Agency - Attn: Bob Roche Phone 877-637-7426 ext. 211**

Address **376 Broadway - PO Box 1038 Schenectady, NY 12305**

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AMERICAN INTERNATIONAL COMPANIES ®



Named Applicant \_\_\_\_\_

Date \_\_\_\_\_

THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO BUY OR THE INSURER TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS SUPPLEMENTAL APPLICATION ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS SUPPLEMENTAL APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

(must be signed by the President or Chief Executive Officer if a corporation, a general partner if a partnership)

Broker: **BOB ROCHE - THE MERRIAM AGENCY**      **PHONE 877-637-7426 XT 211**  
Address: **376 BROADWAY - PO BOX 1038**      **FAX 518-346-0996**  
**SCHENECTADY, NY 12301**      **e-mail bob@merriaminsurance.com**



**AMERICAN INTERNATIONAL COMPANIES ®**

Name of Insurance Company

To Which Application is Made: \_\_\_\_\_

(herein called the Insurer)

Named Applicant \_\_\_\_\_

Date \_\_\_\_\_

### ESCROW AGENTS SUPPLEMENTAL APPLICATION

NOTE: ALL QUESTIONS ARE ASKED WITH REGARDS TO PROFESSIONAL SERVICES PERFORMED FOR OTHERS.

1. Name of Applicant: \_\_\_\_\_

2. Applicant first began continuously offering escrow services: \_\_/\_\_/\_\_\_\_

3. Have any of the applicant firm’s principals, partners, officers and directors been in the escrow business for at least 10 years? Yes  No

If “No,” attach a resume for any firm member or independent contractor providing escrow services.

4. Please indicate:

	Last Fiscal Year Ending __/__/__	Prior Fiscal Year Ending __/__/__	Current Fiscal Year Ending __/__/__ (Projected)
a. Volume of Funds Handled	\$	\$	\$
b. Number of Accounts			
c. Gross Income* From Escrow Agent Services	\$	\$	\$

\*Gross Income = All income derived from fees and commission before split with brokers or sales people or deduction for expenses.

5. a. Are the applicant’s escrow agents required to have a license in any of the states in which they provide escrow services? Yes  No

b. If “Yes,” what are the applicable states in which such license is required?  
\_\_\_\_\_

Has every escrow agent employed by the applicant or performing services on behalf of the applicant as an independent contractor satisfied all licensing requirements?

Yes  No

6. Does the applicant have a cross-checking system to guard against:

