

Cavignac & Associates

INSURANCE BROKERS

License No. OA99520

1230 Columbia Street, Suite 850 San Diego, CA 92101-3547

Phone 619-234-6848 <> Fax 619-234-8601 <> Web Site www.cavignac.com

Miscellaneous Professional Liability Application

NOTICE: In all likelihood, the limit of liability available to pay judgments or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

1. Name of Applicant _____
List all entities, either active or inactive, for which coverage is required
Address _____
Phone _____ Fax _____ E-Mail _____

2. Limit of Liability Desired:
 \$1 million \$2 million \$5 million Other \$ _____

3. Deductible:
 \$5,000 \$10,000 Other _____

4. Please describe in detail the professional activities for which coverage is desired:

5. Is the applicant engaged in any business or profession other than as described in Item 4? Yes No
If yes, please attach an explanation and estimated receipts

6. List the total gross receipts for the past 3 years derived from those activities in Question 4. In addition, please list projected receipts for the current year.

	<u>Year</u>	<u>Payroll</u>	<u>Revenues</u>
a.	Current projected	\$ _____	\$ _____
b.	_____	\$ _____	\$ _____
c.	_____	\$ _____	\$ _____
d.	_____	\$ _____	\$ _____

7. For the receipts listed in Question 6a, please give the approximate percentage derived from each of the activities listed in Question 4:

<u>Activity</u>	<u>% of 6a Receipts</u>
_____	_____
_____	_____
_____	_____

8. Applicant is: Corporation Partnership Individual 9. Year Established: _____

10. Is the applicant firm controlled, owned or associated with any other firm, Corporation or company? Yes No
If yes, attach an explanation

Are the activities listed in Question 4 provided to such business enterprises? Yes No

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.) _____

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12. Please provide the following:

Name in Full of ALL Partners/ Principals/ Key Employees	Professional Qualifications	Date Qualified	How Long in Practice?	How Long as Partner/ Principal?

13. To what professional association(s) does the applicant firm belong? _____

14. Please include a DETAILED list of applicant firm's 5 largest jobs or projects during the past 3 years. Attach separate sheet if more room is necessary.

Project/Client Name	Nature of Services Performed for Client	Revenues
		\$
		\$
		\$
		\$
		\$

15. Does the applicant firm use a written contract with clients? In all cases Sometimes Never
Attach a copy of your standard contract.

16. What percentage of the applicant firm's business involves subcontracting of work to others? _____ %
Does the applicant firm provide professional services to business entities in which it retains an ownership interest? Yes No
If yes, please explain:

17. Has any similar insurance ever been declined or cancelled? Yes No
If yes, attach explanation.

18. Is similar insurance currently in force? Yes No If yes, please provide:
Name of carrier: _____
Expiration Date: _____ Limit: \$ _____ Deductible: \$ _____
Premium: \$ _____ Length of time coverage has been in force: _____

19. Attach current annual report and descriptive or promotional materials.

20. Have any of the individuals listed in Question 12 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No
If yes, please explain:

21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her? Yes No
If yes, attach full particulars.

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22. **Attach list and status of all errors and omissions claims made against any proposed insured(s) during the past 3 years.** If none, check box at right: NONE
23. **It is agreed with respect to Questions 20, 21 and 22 above, that if such knowledge or information exists, any claim or action arising therefrom is EXCLUDED from this proposed coverage.**

All written statements and materials furnished to the Company to which this application is submitted (herein called "Company") in conjunction with this application are hereby incorporated by reference into this Application and made a part thereof.

This application does not bind the Applicant to buy, or the Company to issue a policy of 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 made a part of the policy. The undersigned Applicant declares that the statements set forth in this Application are true. The Applicant further declares that if the information supplied on this Application changes between the date of this Application and the time when the policy is issued, the Applicant will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

NOTICE TO NEW YORK AND OHIO 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.

Applicant's Signature _____
Title _____
Date _____

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

The Insured hereby acknowledges that he/she/it 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 Insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

Insured _____
By _____
Title _____
Date _____