



SPECIALTY E&O PLAN

APPLICATION FOR SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY

V. T. Eckert, inc.
INSURANCE BROKERS

Mailing address: P.O. Box 3231, Chicago, IL 60690-3231
(312) 621-2230

SPECIALTY E&O PLAN

APPLICATION FOR SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE PLAN

Insurance Broker: V. T. Eckert, Inc.
P.O. Box 3231
Chicago, Illinois 60690-3231
TELEPHONE (312) 621-2230
FACSIMILE (312) 236-5488

WHAT YOU SHOULD KNOW ABOUT THIS APPLICATION:

— CLAIMS MADE POLICY

This application is for a CLAIMS MADE POLICY. CLAIMS MADE coverage applies only to those claims that are first made during the policy period and result from wrongful acts committed AFTER the RETROACTIVE DATE stated in the policy, if issued.

— DEFINITIONS

The words **We**, **Us** and **Our** whenever used in this application refer to the Insurance Company offering the claims made policy.

The words **You** and **Your** in this application refer individually and collectively to:

1. The corporation(s), partnership(s) and/or sole proprietorship(s) for which coverage is desired;
2. Each person who is an officer, director, owner, partner or employee of the firms listed in Item 1 above.

— DEDUCTIBLE

The coverage **You** are applying for includes a deductible applying to each wrongful act and applies to any combination of damages and claim expenses.

— CLAIM EXPENSES WITHIN LIMIT

The policy form for which **You** are applying contains a provision that reduces the total limit of insurance stated in the policy by the amount of claim expenses paid by **Us**.

— APPLICATION FORMS PART OF POLICY

Your submission of this application does not obligate **You** to buy insurance nor are **We** obligated to sell insurance. If coverage is effected, this application containing **Your** statements and answers will attach to and form a part of the policy. If coverage is offered or bound, any false or incorrect statements or answers which may have affected **Our** decision to offer or bind coverage could result in the offer being retracted or coverage being voided.

APPLICATION FOR SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY

INSTRUCTIONS:

The purpose of this application is not only to provide **Us** with underwriting and rating information, but more importantly, to help make certain **You** and **We** have a meeting of minds about what the policy, if issued, will cover and what it will not. Thank **You** for taking the time to provide **Us** with accurate information.

1. Answer all questions. If any question does not apply, explain why not.
2. If space is insufficient, continue answers on **Your** letterhead.
3. The application must be signed and dated by a principal, partner, officer or director of the firm.
4. Attach:
 - A. A recent brochure or similar materials describing activities or services;
 - B. **Your** most recent financial statement or annual report.
 - C. Copies of standard contracts **You** enter into with clients; and
 - D. Any other forms or materials which will provide the underwriter with information about the services **You** perform.

PROPOSED INSURED (APPLICANT):

1. Name, Address, Zip Code and Telephone number of **Your** firm:

Name

Street Address

City, State, Zip Code

Telephone Number

2. A. Provide the date **Your** firm was established. _____
B. Where is **Your** firm licensed or registered? _____
C. Is **Your** firm a _____ Corporation _____ Partnership _____ Sole Proprietorship?
3. Is coverage desired for any subsidiary(ies), affiliates, branch offices or other related entities? Yes No
If yes, provide the following information for each by attachment: Name, city, state, date established and the relationship to **You** including percentage of ownership, if applicable.

All remaining questions on this application apply to the persons or entities listed in questions number 1 and 3 above.

4. In the past five years has the name of **Your** firm been changed and/or has **Your** business been reorganized or restructured? Yes No

If yes, provide details.

5. A. Within the past five years, have **You** acquired any business, or have **You** merged or consolidated with any entity? Yes No
 If yes, provide the following information:

Name of Entity	Date of Transaction	Type of Transaction (acquisition, merger or consolidation)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- B. In any of the transactions listed above, did **You** assume the liabilities (i.e. responsibility for prior acts) of the acquired, merged or consolidated entity? Yes No
 If yes, provide details of the liability(ies) assumed.

6. A. Provide the number of **Your**:

partners or officers _____
 technical personnel _____
 clerical personnel _____

- B. List the qualifications of key personnel or attach experience resumes of each.

- C. List professional societies and trade associations relating to the services to be insured in which **You** or any of **Your** officers are a member.

OPERATIONS:

7. Briefly describe the nature of **Your** business (i.e. types of services performed). Attach a narrative description, if necessary.
8. Briefly describe **Your** five largest jobs or projects during the past five years including the type of service performed and the revenues generated from each.

9. A. For what types of claims or exposures are **You** requesting coverage?

B. What safeguards or procedures do **You** employ to avoid those claims or reduce those exposures?

10. A. Do **You** use a written contract or agreement describing the services **You** will provide? Yes No
If no, explain how **You** reach agreement with **Your** client regarding the services to be rendered.

B. 1. Do **You** ever assume liability for others in **Your** contracts? Yes No
If yes, explain those circumstances.

2. Do all contracts contain a hold harmless or indemnity agreement inuring to **Your** benefit? Yes No
If no, explain those circumstances.

3. Do any of **Your** contracts contain guarantees or warranties? Yes No
If yes, explain the nature of the guarantee or warranty.

C. Have **Your** contracts and procedures been reviewed by a law firm experienced in **Your** field? Yes No
If no, explain why they have not.

11. Provide the following information regarding **Your** income:

	Past 12 Months	Current 12 Months	Estimate for Coming year
Domestic Operations			
Gross billings, sales, fees commissions (Circle the applicable basis)	\$ _____	\$ _____	\$ _____
Foreign Operations			
Gross billings, sales, fees commissions (Circle the applicable basis)	\$ _____	\$ _____	\$ _____

12. Is **Your** income contingent upon generating savings or earnings for **Your** clients? Yes No
If yes, describe the nature of those contingencies in detail.

CLAIM EXPERIENCE:

13. A. Have any claims, suits or proceedings been made during the past five years against any of **You** or any of **Your** predecessors in business, subsidiaries or affiliates or against any of their past or present partners, owners, officers, sales persons or employees? Yes No
 If yes, complete a supplemental claim information form for each.

The policy for which You are applying, if issued, will not insure any claims, suits or proceedings made against any of You before the inception date of the policy or any subsequent claims, suits or proceedings arising therefrom.

B. Are any of **You** aware of any actual or alleged fact, circumstance, situation, error or omission which may reasonably be expected to result in a claim being made against **You** or any of the persons or entities described in 13. A. above? Yes No
 If yes, explain in an attachment.

The policy for which You are applying, if issued, will not insure any claims that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission known to any of You before the inception date of the policy.

14. Have any of **You** or any of **Your** predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of **Your** or their activities? Yes No
 If yes, attach a statement giving details.

PRIOR OR CURRENT COVERAGE:

15. A. Provide the following information for similar insurance, if any, carried during the last five years. Include any coverage which may be directly related or respond in part to the exposure for which **You** are applying for coverage under this application:

Company	Limit	Deductible	Premium	Policy Term
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Has any application for similar insurance made on behalf of any **You** or any of **Your** predecessors in business or their present partners, owners, officers, sales personnel or employees ever been declined or has any such insurance ever been cancelled or refused renewal? Yes No (Not applicable in Missouri.)
 If yes, please give details.

16. Provide the following information for General Liability Coverage currently in force:

Company	Limit	Deductible	Policy Term
_____	\$ _____	\$ _____	_____

Does the policy above include coverage for Products/Completed Operations Hazards? Yes No

PROPOSED DESCRIPTION OF SERVICES:

17. In this section **You** are being asked to describe the services **You** want to insure as **You** would like them to appear on the policy under "Schedule of Insured Services". **Your** suggested wording will be considered by **Us**, but is subject to change based on underwriting requirements or may be further negotiated. **Your proposed wording is not an insuring agreement.**

Proposed Schedule of Insured Services:

18. Limit of Liability desired: _____ Deductible: _____

REPRESENTATIONS:

By signing this application, You agree that:

- A. The statements and answers given in this application and any attachments to it are accurate and complete;
- B. The statements and answers **You** furnished to **Us** are representations **You** make to **Us** on behalf of all persons and entities proposed for coverage;
- C. Those representations are a material inducement to **Us** to provide a proposal for insurance;
- D. Any policy **We** issue will be issued in reliance upon those representations;
- E. **You** will report to **Us** immediately, in writing, any material change in **Your** operations, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
- F. Upon receipt of any such notice, **We** reserve the right to modify or withdraw any proposal for insurance **We** have offered.

WARNING

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 IN NEW YORK 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.

Date

Your Signature

Your Title

V. T. Eckert, inc.
INSURANCE BROKERS

Mailing address: P.O. Box 3231, Chicago, IL 60690-3231
(312) 621-2230



Underwriting Manager: MEDIA/PROFESSIONAL INSURANCE
Two Pershing Square, Suite 800
2300 Main Street
Kansas City, Missouri 64108-2404
TELEPHONE (816) 471-6118
FACSIMILE (816) 471-6119