

# ERRORS & OMISSIONS INSURANCE

(CLAIMS FIRST MADE & REPORTED BASIS)



Professional Liability  
Insurance Services, Inc.<sup>SM</sup>  
Underwriting Facilities

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**\*\*PREMIUM FINANCING AVAILABLE\*\***

1. Agency Name: \_\_\_\_\_ Requested effective date of policy: \_\_\_\_\_
2. Requested Limit of Liability: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ (minimum \$1000)
3. Name of Applicant \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_ Fax No. \_\_\_\_\_
5. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Date company was established: \_\_\_\_\_ Where is Company licensed or registered? \_\_\_\_\_
7. Average number of years of experience of key personnel in this field: \_\_\_\_\_
8. Describe nature of your business (mode or method of operation, type of services performed. where such operations are performed, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you require a written contract or agreement for services with your clients? ..... YES  NO 
  - a. Hold harmless or indemnity agreements insuring to your benefit? ..... YES  NO
  - b. Hold harmless or indemnity agreements insuring to your client's benefit? ..... YES  NO
10. Do you utilize a procedures manual? ..... YES  NO
11. Gross Fees, Revenues or Commissions: Present financial year: \$ \_\_\_\_\_ Est. Next financial year: \$ \_\_\_\_\_ Est.
12. Loss Control – What safeguards or procedures do you employ to avoid liabilities or losses? \_\_\_\_\_  
\_\_\_\_\_
13. Are you, or any of your employees, members of any professional organization relating to the services to be insured? ..... YES  NO   
If yes, please list: \_\_\_\_\_
15. Have any claims or suits been made during the past five years against the Applicant or any of its predecessors, subsidiaries, or affiliates in business, or against any of the past or present partners, owners, officers, salespersons, or employees? ..... YES  NO   
*It is agreed that if there is knowledge of any such fact, circumstance, or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the insurance being applied for.*
16. Is the Applicant aware of any circumstances, alleged acts, errors or omissions, or of any offenses which may reasonably be expected to result in a claim being made against the persons or entities described above? ..... YES  NO
17. Has the Applicant or any of its predecessors in business or subsidiaries or affiliates or any of the past or present partners, owners, officers, salespeople or employees been investigated and/or cited by any administrative or regulatory agency for violations arising out of their activities? ..... YES  NO
18. Please provide the following information for similar insurance, if any, carried during the last five years. If none carried, state so.  
*Include any coverage which may be directly related or respond in part to the exposure.*

<u>Policy Period</u>	<u>Renewal Date</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
19. Additional coverage requested:  
 Bodily Injury /Property Damage Sublimit  Personal Injury Sublimit  Defense Outside Limits  Aggregate Deductible

(Additional Information may be required).

**In addition to all other terms and conditions: Applicable in Kentucky.** 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.