



# Insurance Application For Renewals Errors & Omissions (E&O)

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UNDERWRITING  
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Defending Individuals & Entities  
From Negligence Claims



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**PROFESSIONAL LIABILITY INSURANCE SERVICES, INC. (PLIS®, INC.)**



800-761-7547



WWW.PLISINC.COM



UNDERWRITING@PLISINC.COM



SBE MISCELLANEOUS ERRORS & OMISSIONS INSURANCE
RENEWAL APPLICATION
CLAIMS MADE AND REPORTED POLICY

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.
UNDERWRITING FACILITY - SINCE 1983

P: 800.761.7547 | F: 512.327.5834 | E: UNDERWRITING@PLISINC.COM | W: WWW.PLISINC.COM

1. Named Insured (include dba if applicable): \_\_\_\_\_

NOTE: Complete the Additional Insured Supplement Questionnaire for any additional entities for which coverage is sought.

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

2. Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Email: \_\_\_\_\_ Website: \_\_\_\_\_

4. Has there been a change in the nature of your business (mode or method of operation, where such operations are performed, etc.)? ..... YES [ ] NO [ ]
If YES, please provide details on separate sheet.....YES [ ] NO [ ]

5. Has there been any material change(s) during the last year to your business operations (use of contracts, loss control techniques and /or procedures manual)?
If YES, please provide details on a separate sheet..... YES [ ] NO [ ]

6. Gross Fees or Revenues: Present financial year: \$ \_\_\_\_\_ Est. Next financial year: \$ \_\_\_\_\_ Est.
\*Insurance Agents/Brokers, please provide your total COMMISSIONS.

7. Is any Owner, Principal, Partner, Officer or Director aware of any claim(s), facts, situations, alleged acts, errors or omissions, or of any offenses which may reasonably
be expected to result in a claim being made against the Applicant or any of its predecessors in business, subsidiaries or affiliates or against any of the past or present
partners, owners, officers, salespersons, or employees that has or have not previously been reported? If yes, please provide details on a separate piece of
paper..... YES [ ] NO [ ]

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a client has expressed
dissatisfaction with the services performed.

NOTICE

The Applicant represents to the best of its knowledge and belief that the statements set forth are true and include all material information, and that there has been no attempt at suppression or
misstatement of any material facts known, or which should be known, which might affect the judgment of the Insurer in its rating and/or acceptance of this risk.

The Applicant agrees that if a contract of insurance is provided by the Insurer, this Application and any other previous Applications, along with any additional supplemental applications, any attachments
and supplied information shall be the basis for the formation of such contract and shall be a material and integral part of the Policy, whether or not they are attached to the Policy and/or signed by the
Applicant.

Any representations made in the application process for any Policy that may be issued by the Insurer, and the statements made within this Application, any additional supplemental applications, any
attachments and supplied information shall be construed as representations of the Applicant.

The Applicant represents that the person signing and initializing this Application and any additional supplemental applications has been authorized to do so by the Applicant.

Signing of this Application and any additional supplemental applications does not bind the Insurer to an offer nor the Applicant to accept insurance.

The Applicant further agrees that if the information supplied on this Application, any additional supplemental applications, any attachments and supplied information
changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify the Insurer of such change prior to inception of
the Policy.

▲ Initials▲

Applicant further understands and agrees that no person or entity other than the Insurer has the right to waive or change any part of the Policy. Furthermore, notice to any agent or knowledge
possessed by any agent or other persons acting on behalf of the Applicant shall not effect a waiver or a change in any part of the Policy nor estop Insurer from asserting any right under the terms of the
Policy.

This Application, any additional supplemental applications, any attachments and supplied information is for a "CLAIMS MADE AND REPORTED" BASIS POLICY which limits coverage to Claims
first made against an Applicant during the Policy Period and reported to the Insurer within the required time period. Coverage, if mutually accepted by the Insurer and the Applicant, will not apply
to any known facts, situations, acts, errors or omissions that occurred before inception of the Policy Period. The Applicant agrees that in the event of covered Claims, the Applicant will be required
to be defended by the Insurer's appointed attorneys and that the deductible under the Policy shall apply to Claims including but not limited to Defense Costs. If, however, the Applicant elects to handle
a Claim without in any way involving the Insurer, then no coverage for such Claim is afforded to the Applicant under the Policy.

By signing this Application, and any additional supplemental applications, the Applicant confirms that they have been provided with and inspected a specimen of the Small Business Essentials
- Miscellaneous Errors & Omissions wording and any applicable endorsements. The Insurer expects that the Applicant will take time to review the Policy to ensure that they fully understand the
coverages provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

Risk Management: The proposed insurance Policy is for Applicants that maintain loss control procedures represented on the original application for insurance. Should a Policy be issued, the
Applicant agrees to maintain those loss control procedures throughout the policy period.

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.

Applicant's authorized signature of a Principal, Partner or Director

Date

Printed Name of Applicant's authorized signature of a Principal, Partner or Director



MISCELLANEOUS ERRORS & OMISSIONS INSURANCE CLAIM / INCIDENT SUPPLEMENT

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC. UNDERWRITING FACILITY - SINCE 1983

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APPLICANT: \_\_\_\_\_

Table with 6 columns: DATE OF CLAIM, DATE OF REPORT, AMOUNT PAID, TOTAL PAID / RES., OPEN / CLOSED, CLAIM / INCIDENT

Insurance Carrier: \_\_\_\_\_ Attorney involved: \_\_\_\_\_

Attorney designated by carrier? ..... YES  NO

Claimant: \_\_\_\_\_ Claimant's Demand: (\$ + other) \_\_\_\_\_ (please estimate if unknown)

Analysis:

1. Was there a contractual relationship? ..... YES  NO

2. Was there an alleged breach of that contract? ..... YES  NO

If YES, please attach a copy of the signed and dated contract If NO, was the contract fulfilled?..... YES  NO

What is the current status of the claim? \_\_\_\_\_

3. Please provide description of claim / complaint: \_\_\_\_\_

Blank lines for description of claim / complaint

Please attach any documentation related to this claim, including any demand letter, lawsuit, written complaint from customer, etc.

The unqualified word "Claim" wherever used in the Policy and this form shall mean a demand received by the Insured for money or services, including the service of suit or institution of arbitration proceedings or subpoena against the Insured.

4. Has there been a procedure implemented to avoid a similar claim? ..... YES  NO

If YES, describe procedure: \_\_\_\_\_

5. Please provide details regarding any known facts, situations, alleged acts or errors or omissions that could give rise to a claim:

Blank lines for details regarding any known facts, situations, alleged acts or errors or omissions

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim and/or allegation may be brought against you if a current or former customer has expressed dissatisfaction with the professional services rendered, by:

- i) Making frequent or formal complaints to an employee of the applicant regarding quality of goods or service;
ii) Threatening to hire an attorney or submission of a demand letter;
iii) Asking for a full refund; remedies other than those that are contractually provided.

NOTICE

The Applicant represents to the best of its knowledge and belief that the statements set forth are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgment of the Insurer in its rating and/or acceptance of this risk.

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.

Date Signed by Partner, Officer, or Director Title

Printed name of Partner, Officer or Director



# SBE MISCELLANEOUS ERRORS & OMISSIONS INSURANCE ADDITIONAL INSURED(S) SUPPLEMENT

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.  
UNDERWRITING FACILITY - SINCE 1983

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If any Additional Insured is requested to be covered by this Policy, this Supplemental Questionnaire must be completed for each proposed Additional Insured.

1. Name of Applicant applying for coverage: \_\_\_\_\_
2. Name of requested Additional Insured(s) (include dba if applicable): \_\_\_\_\_
3. Relationship to Applicant: \_\_\_\_\_
4. Reason to be added (Include copy of contract if applicable): \_\_\_\_\_
5. Will the gross revenues / projected gross revenues change based on the addition of any Additional Insured(s)? ..... YES  NO   
If YES, please provide the projected additional Revenues: \$ \_\_\_\_\_ (Est.) Insurance Agents/Brokers, please list your COMMISSIONS.
6. Are the services rendered by the Additional Insured the same as the Applicant Company? ..... YES  NO   
a. If NO, please list the differences here: \_\_\_\_\_  
b. If the Additional Insured is an Insurance entity, you must attach a breakdown of all lines placed ..... ATTACHED  N/A
7. Does the Company as stated on question 1 above, hold the majority ownership interest in the Additional Insured?..... YES  NO
8. List the date the Additional Insured was acquired or formed: \_\_\_\_\_
9. Does the responsibility for each Additional Insured(s) above rest with management at the Applicant Company? ..... YES  NO   
If NO, please provide details: \_\_\_\_\_
10. Will there be any new locations added? If YES, how many? \_\_\_\_\_ (Also complete a. & b. below)..... YES  NO   
a. Address of new location(s): \_\_\_\_\_  
b. Does each additional location follow the same loss control policies and procedures as the Company as stated in question 1 above? ..... YES  NO   
If NO, please provide details regarding the different loss controls: \_\_\_\_\_

### CLAIMS HISTORY/EXPERIENCE:

(For questions 11-13 answered yes, please complete the SBE E&O Claim Supplement for each claim, fact, situation, act, error or omission.)

11. Have any claims or suits been made during the past five years against the proposed Additional Insured or any of its predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, salespersons or employees? ..... YES  NO   
If YES, how many? \_\_\_\_\_ Please complete the Claim Supplement for each
12. Is the proposed Additional Insured aware of any facts, situations, alleged acts, errors or omissions, or of any offenses which may reasonably be expected to result in a claim being made against the proposed Additional Insured or any of its predecessors in business, subsidiaries or affiliates or against any of the or present partners, owners, officers, salespersons, or employees?..... YES  NO   
If YES, how many? \_\_\_\_\_ Please complete the Claim Supplement for each.  
If YES, have you reported such fact(s), situation(s), alleged acts(s), errors or omissions, lawsuit(s) or claim(s) to your current or prior carrier?.... YES  NO
13. Has the proposed Additional Insured or any of its predecessors in business or subsidiaries or affiliates or any of the past or present partners, owners, officers, salespersons or employees been investigated and/or cited by any administrative or regulatory agency for violations arising out of their activities? YES  NO   
If YES, how many? \_\_\_\_\_ Please complete the Claim Supplement for each

*It is agreed that if any Owner, Principal, Partner, Officer or Director has knowledge, or if it is reasonable that the person have knowledge, of any such claim(s), potential claim(s), alleged acts, errors or omissions requested in the Claims History/Experience section of this Supplemental Questionnaire, any lawsuit or Claim subsequently made arising from such claim(s), potential claim(s), alleged acts, errors or omissions is not covered under the insurance being applied for by this Supplemental Questionnaire.*

▲ Initials ▲

### NOTICE

Please be aware that newly formed or acquired organization(s) are not covered for any claim that results from any event that happened or first commenced before the Applicant acquired or formed it; nor for any claim covered under any other insurance. Also, once the information requested on this Supplement Questionnaire has been received and reviewed by the Insurer, terms may change and/or additional subjectivities may be required to secure coverage for that newly formed or acquired organizations.

The Applicant, represents on behalf of each and every proposed insured under the Policy, to the best of its knowledge and belief that the statements set forth are true and include all material information and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgement of the Insurer in its rating and/or acceptance of this risk.

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's authorized signature of a Partner, Officer or Director

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Partner, Officer or Director