



SBE - MISCELLANEOUS ERRORS & OMISSIONS INSURANCE

(Claims First Made & Reported Basis)

Answer all questions. Explain if the question does not apply. If space is insufficient, please attach an additional explanation sheet. The Application must be signed and dated by a partner, officer or director of the Applicant.

1. Name of Applicant: _____ Requested effective date of policy: _____
2. Requested Limit of Liability: \$ _____ Deductible: \$ _____ (minimum \$1000)
3. Contact Person: _____ Title: _____ Website: _____
4. Telephone Number: _____ Fax Number: _____ Email: _____
5. Street Address: _____ City: _____ State: _____ Zip Code: _____
6. Sole Proprietor Corporation Partnership Joint Venture Individual Other _____
7. Are there other office locations? *If yes, provide details.* YES NO
8. Date company was established: _____ Where is Company licensed or registered? _____
9. Average number of years of experience of key personnel in this field: _____
10. In the past five years has the name of the Company been changed or has any other business been purchased, or has any merger or consolidation taken place? *If yes, provide details.* YES NO
11. Describe nature of your business (mode or method of operation, type of services performed. where such operations are performed, etc.)

*(You are being asked to describe the services, types of claims, exposures, or risks you want to insure. This information may be used to create "Named Insured's Professional Services" as it appears on the policy. Your suggested wording will be considered by the underwriters but is subject to change based on underwriting requirements or may be further negotiated. **Your proposed wording is not an insuring agreement.**)*

12. Do you control, own, and/or manage any other business entity(ies)? YES NO
Do you provide any services to such business entity(ies)? YES NO
Does any employee of the applicant serve on the Board of Directors of any client of the applicant? YES NO
Provide detailed explanation to any "Yes" Responses
13. Do you require a written contract or agreement for services with your clients? *(If yes, answer 13a-13d)* 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
c. Guarantees or warranties? **(Guarantees or warranties will not be covered under the SBE Miscellaneous E&O Policy)** YES NO
d. Specific description of the services you will provide? YES NO
14. **Gross Income:** Present Financial Year \$ _____ (Est.) Next Financial Year \$ _____ (Est.)
***Insurance Agents/Brokers and Real Estate Agents, please list your COMMISSIONS.**
15. Loss Control (all locations) – Do you utilize a procedures manual? YES NO
16. What additional safeguards or procedures do you employ to avoid liabilities or losses? _____

17. Number of employees who are: Full Time: _____ Part Time: _____ Sub Contractors*: _____
***Sub-contractors who work for others will not be covered under the SBE Miscellaneous E&O Policy.**

CLAIMS HISTORY/EXPERIENCE: *(For questions 18-20 answered yes, please complete the SBE E & O Claim Supplement for each claim, circumstance, act, error or omission.)*

To avoid loss of coverage, it is imperative that all known circumstances, acts, errors, omissions which could result in a professional liability claim against the Applicant, or any of its predecessor companies, be reported to your current insurer within the time period specified in your **current policy**.

As used in the questions below, the term "claim" shall mean a demand received by the Applicant for money or services, including the service of suit or institution of arbitration proceedings against the Applicant.

18. Have any claims or suits been made during the past five years 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? YES NO

