

EASTERN SPECIAL RISK
INSURANCE AGENCY
P.O. BOX 218
HARVARD, MASSACHUSETTS 01451
PHONE (978) 456-8200
WATS (800) 341-1110
FAX (978) 456-3245
CA License #0619313
specrisk@charter.net

Broker _____ Date _____
Address _____ Surplus lines licensee? Yes No If yes,
_____ indicate State, License No. and Expiration Date
Phone _____
FAX _____ E-Mail _____

Application for a Premium Quotation (without obligation)
INSURANCE ADJUSTER/APPRaiser PROFESSIONAL LIABILITY
(ERRORS & OMISSIONS)

This is an application for a claims-made form with a limit of liability which includes damages and claim expense.

1. Applicant _____ Phone () _____ FAX () _____
E Mail _____ Web Site _____

2. Mailing Address _____ Town _____ State _____ Zip _____

3. Physical Location(s): *(Include the addresses of all offices.)*

4. Entity is Individual Partnership Corporation Other _____ Date Business was established ____ / ____ / ____

5. During the past five years, has the name of the applicant been changed, or has any other business been purchased, merged or consolidated with the applicant, or is the applicant affiliated in any way with another firm? Yes No If yes, please furnish full details on a separate sheet.

6. Is the applicant licensed? Yes No If yes, furnish details of the license, when it was first issued, and in what states you are licensed. _____

7. Indicate the name and experience of all Principals and/or Partners:

<u>Name</u>	<u>Profession/Specialty</u>	<u>Years of Experience</u>
_____	_____	_____
_____	_____	_____

8. Number of **employed** staff (operatives should include principals if active):

Principals _____ Operatives (FT) _____ (PT) _____ Clerical (FT) _____ (PT) _____ (Full time is 20 hours or more).

Are subcontractors used? Yes No How many subcontract operatives work full time on you behalf? _____ Part time? _____

What percentage of your work is performed by subcontractors? _____ %

Are subcontractors to be Insureds? Yes No If yes, provide a list of subcontractors to be covered and a brief resume of their experience.

Do you have a contract between your entity and subcontractors? Yes No If yes, please attach a copy to this application

9. Gross Receipts estimated for current year: \$ _____ Preceding 2 years: Yr _____ \$ _____ Yr _____ \$ _____

10. Type of Work Performed: Indicate the percent of work done in each of the following areas (Total should equal 100%)

Insurance Adjusting/Appraisal Yes No If yes, Indicate _____ % of Gross Receipts

Private Investigation Yes No If yes, Indicate _____ % of Gross Receipts

Marine/Aviation Surveys Yes No If yes, Indicate _____ % of Gross Receipts

Premium Auditing Yes No If yes, Indicate _____ % of Gross Receipts

Safety Engineering/Inspection Services Yes No If yes, Indicate _____ % of Gross Receipts

Is the applicant involved in any other activities other than as an insurance adjuster/appraiser, or as indicated in the above? Yes No if yes, describe in detail and indicate % of Gross Receipts _____

11. Is the firm or principals a member of any professional organization? Yes No If yes, which organization(s)? _____

12. Income Sources: What percentage of your annual income comes from each of the following (total should equal 100%):

Insurance Carriers _____ % Law Firms _____ % Self Insureds _____ % Public Adjusting _____ % Risk Retention Groups _____

Other (describe in detail) _____

13. Provide a breakdown of approximate percentages of Income in each of the following areas (total should equal 100%):

Property _____ % Casualty _____ % Surety _____ % Aviation _____ % Inland Marine _____ % Ocean Marine _____ %

Environmental Liability _____ % Other (describe in detail) _____

14. Does the applicant have draft or check issuance authority? Yes No If yes, please list for what Insurance Carriers or Self-Insureds and for what amounts. _____

15. Do you adjust losses or assume claims management functions for any insurance carriers not domiciled with the United States? Yes No If yes, provide a list of those carriers, their country of domicile and the percentage of your gross receipts that each represents _____

16. Does any client or other 3rd party require that you hold them harmless? Yes No If yes, for whom do you do this and what percentage of your business does this represent? _____

Does any client or other 3rd party require that they be named as an Additional Insured on your policy? Yes No If yes, submit a list with this application, including their names and relationship to your firm and whether they should be named as additional insureds for General Liability, Errors & Omissions or both.

17. Has the named applicant been insured previously? Yes No If yes, furnish full details for the past FIVE years. **If this is a renewal application, disregard this question**

Insurer	Policy No.	Limits of Liability	Deductible	Premium	Expiration (Mo/Day/Yr)	Claims-Made or Occurrence
19	_____	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____	_____

18. Does your current Professional Liability Insurance include General Liability? Yes No

19. Has any application for similar insurance on behalf of the applicant or any past or present owners, partners or officers, ever been cancelled, declined or refused renewal? Yes No If yes, furnish full details _____

20. Has any claim been made during the last TEN years against the applicant, any past or present owners, partners, officers, directors, employees, or subcontractors or any other organization for whom coverage is being requested? Yes No If yes, furnish full details, including date the claim was made, name of the claimant, value of the claim, whether the claim is settled or outstanding, amount of the settlement and brief details. _____

21. Do you maintain an employee dishonesty bond? Yes No If yes, limit _____ type _____ policy number. _____ expiration date _____ Are principals covered? Yes No

22. To the best of your knowledge, has any principal, employee or subcontractor ever been convicted of a crime (traffic violations excepted) pleaded nolo contendere, or been the subject of a disciplinary action by a professional board or other authority? Yes No If yes, provide full details _____

23. After inquiry is the applicant, any past or present owners, partners, officers, directors, employees or subcontractors or any other person or organization for whom coverage is requested aware of any circumstances, alleged errors or omissions or of any offenses which may result in a claim being made against them? Yes No If yes, attach a statement providing full details.

24. Does the applicant agree that this application is for a **CLAIMS-MADE** policy? Yes No Policy Expiration Date ____/____/____ If this is a **new account**, indicate your policy's retroactive date: ____/____/____ (This is the inception of your first claims-made policy assuming you have been on uninterrupted claims-made coverage.)

25. Amount of coverage required? \$100,000/\$300,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 Other (state)\$ _____ Amount of deductible requested (per claim): \$2,500 \$5,000 \$7,500 Other \$ _____

I/We do hereby declare that the above statements and particulars are in all respects true and are material to the issuance of insurance herein and that I/We have not omitted or suppressed or mis-stated any facts and I/We agree that this proposal form shall be the basis of the contract and shall be deemed a part of the policy as if annexed thereto. Applicant agrees to report any claim or incident of which he receives knowledge after the signing of this application as a condition precedent to effecting coverage.

Signed Title Date

Must be signed by an owner, partner or officer of the applicant. Completion of this form does not bind coverage or obligate the applicant; however, should the quotation be acceptable, the information given above will be the basis of the contract. Application must be currently signed (within 45 days) and dated to consider for quotation. The policy being applied for is limited to only those claims that are first made against the insured while the policy is in force and which occur after the inception of the contract, unless Prior Acts coverage is included.

IMPORTANT: Attach a copy of your letterhead and a copy of your current policy's declaration page if we are not currently covering you.

In Arkansas, Colorado, Florida, Hawaii, Kentucky, Maine, Minnesota, New Jersey, New Mexico, New York, Ohio Oklahoma, Pennsylvania and Virginia, notice concerning false or fraudulent statements must be attached.

NOTICE REQUIRED BY CERTAIN STATES

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO HAWAII APPLICANTS: "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

NOTICE TO KENTUCKY 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."

NOTICE TO MAINE AND VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "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, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND 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."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

Signature: _____