

EASTERN SPECIAL RISK
INSURANCE AGENCY
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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)
FORENSIC EXPERT/LITIGATION CONSULTANT 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 Employee Of _____ Other _____
Date Business was established _____
Is the firm licensed? Yes No If yes, furnish details of the license, when it was first issued, and in what states. _____

5. Specialty _____ Area of Expertise _____
 Forensic Professional Engineer (No design work) _____
 Forensic Professional Engineer - Other (Describe exactly what work is performed
on a copy of your letterhead and attach it) _____
 Forensic Analyst (Normally no testimony) _____
 Expert Witness _____
 Litigation Consultant _____
 Other (Describe) _____
6. Indicate the name and experience of all Principals and/or Partners:

Name	Professional Specialty (Indicate Degrees Held)	Years of Experience
7. 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 If yes, are certificates of insurance obtained
from subcontractors? Yes No Is coverage desired for subcontractors? Yes No If yes, submit a resume of each subcontractor individual or firm
and include the number of full/part time staff.
8. Exactly what professional services are performed by the applicant? _____

From what sources does your business come? _____
If the applicant is a professional engineer, what percentage of your gross receipts is attributable to design work or other than forensic analysis? _____ %
9. Does the applicant provide professional services to anyone **other** than the following: reports of cause and origin, identification, testimony or other information
provided for insurance carriers, adjusters, or attorneys? Yes No If yes, describe what and for whom _____

Do you provide pre-occurrence opinions? Yes No On a copy of your letterhead, describe in what circumstances.
10. Do you have a standard contract for use with your clients? Yes No If yes, please attach a copy to this application.
11. Are Hold Harmless Agreements obtained from any or all of your clients? Yes No If yes, please attach a statement which specifies which clients and
what percentage of your business this represents.
12. Do all reports which you provide your clients contain a disclaimer indicating that your conclusion or recommendations are intended for use in actual or potential
litigation and are not to be used for other purposes? Yes No If no, explain why not _____

13. To the best of your knowledge, was any principal, employee or subcontractor ever convicted of a crime (traffic violations excepted) or plead nolo contendere; or been the subject of a disciplinary action by a professional board or other authority? Yes No If yes, provide full details _____
14. List the actual gross income for the past 12 months _____ Anticipated for the next 12 months _____
Does any one client represent over 50% of your gross income? Yes No If yes, provide full details _____
Are services ever provided on a salaried or annual retainer basis? Yes No If yes, provide full details _____
Is this business operated on a part-time basis? Yes No If yes, how many hours per year for all staff members? _____
15. Does the applicant wholly or partially own, operate, manage or control any other enterprise or is the applicant wholly or partially owned, operated, managed or controlled by any other enterprise? Yes No If yes, provide full details _____

16. 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	_____	_____	_____	_____	_____	_____	_____

17. 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 _____
18. 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.

19. After inquiry are 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.
20. 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.)
21. 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/\$3,000,000
 Other \$ _____ 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, curriculum vitae and a copy of your current policy's declaration page.

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: _____