



Rachel Coughlin, Account Executive

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Errors & Omissions Insurance Application

1. Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Date Established: _____ Website address: _____

3. Please indicate type of Company: Individual _____ Partnership _____ Corporation _____ Other _____

4. Is the Applicant owned, controlled, associated or affiliated with any other firm or business enterprise?

Yes _____ No _____ (if yes, please explain):

5. Please describe in detail the professional services performed by the applicant (please attach an additional sheet if necessary)

6. In the past 12 months has the Applicant or any of its principals engaged in any business or profession other than as described in the above question? Yes _____ No _____ (if yes, please explain):

7. Are there any material changes in the nature or size of the Applicant's business anticipated over the next 12 months? Or have there been any such changes in the past 12 months? Yes _____ No _____
If yes, please explain: _____

8. What percentage of the Applicant's business involves subcontracting work to others _____ %

Does the Applicant require evidence of errors and omissions insurance from subcontractors?

Yes _____ No _____ If no, please explain how the Applicant protects itself from acts or omissions arising out of services performed by its subcontractors. _____

9a. Please provide the number of principals, partners, director, officers and professional employees directly engaged in providing professional services to clients: _____

b. Please provide the number of all other non-professional and/or clerical employees: _____

10. Has the Applicant or any director, officer, employee or partner provided professional services on behalf of the Applicant been subject to disciplinary action as a result of professional activities?

Yes _____ No _____ (If yes, please explain): _____

11. Financial Information:

- Fiscal year end date: _____ / _____ / _____
- Projected gross revenues for next year: _____
- Gross revenues for current year: _____
- Gross revenues for last year: _____

12. Please indicate the Applicant's five largest jobs/projects during the past fiscal year:

Client	Services provided	Revenues from service	% of Applicant's total revenue
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13a. Does the Applicant use a written contract with clients? Yes _____ No _____ If no, please explain how the Applicant limits its liability with clients: _____

b. Does the standard contract contain hold harmless clauses for the benefit of the Applicant?
 Yes _____ No _____

14. Priors Errors and Omissions Insurance:

Year	Insurance Company	Limit of Liability	Deductible	Premium	Claims Made or Occurrence Policy Form	Policy Period	Retroactive Date (if any)
Current Year							
Previous Year 1							
Previous Year 2							
Previous Year 3							
Previous Year 4							

Is any Extended Reporting Period (ERP) currently in place? Yes _____ No _____ (if yes, please attach a copy of the endorsement including effective and expiration date)

15. Has any errors and omissions or professional liability insurance ever been declined or cancelled?

If yes, explain: _____

16. Has the Applicant been a party to any lawsuit or other legal proceeding within the past five years?

Yes _____ No _____

If yes, please attach a supplemental claims questionnaire or provide a detailed description which includes the parties involved, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the applicant, including all costs incurred; including defense expenses.

17. After inquiry, have any errors or omissions claims been made during the past five years against the Applicant or any past or present principals, partners, directors, officers or professional employees?

Yes _____ No _____ (If yes, please complete a supplemental claims questionnaire)

18. After inquiry, does the Applicant or any principal, partner, director, officer or professional employee have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim being made against them?

Yes _____ No _____ (If yes, please complete a supplemental claims questionnaire)

Please provide the following additional information:

- 1. Latest financial statements and company literature (if there is no company website).**
- 2. A copy of standard contracts utilized with clients.**
- 3. Resumes of key Principals.**

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

NOTICE: IN CERTAIN STATES, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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:

Title:

Applicant's
Signature:

Date:

Agent/Broker Name:

**THIRD PARTY ADMINISTRATORS/BENEFIT ADMINISTRATORS
ERRORS & OMISSIONS**

1. Name/Address of Applicant: (Please include DBA's/Subsidiaries, etc)

2. Give approximate percentages of all operations engaged in:

- 3.
- | | | |
|---|-------|---|
| Administration of health & welfare plans | _____ | % |
| Administration of pension plans | _____ | % |
| Computer Services | _____ | % |
| Insurance Services | _____ | % |
| Consultant Services | _____ | % |
| Actuarial Services | _____ | % |
| Data Processing | _____ | % |
| Other (Please Specify) | _____ | % |
| Total | _____ | % |

4. What type of clients does your firm serve? Give approximate percentage of revenues.

- | | | |
|------------------------------------|-------|---|
| Taft-Hartley | _____ | % |
| Corporate Plans | _____ | % |
| Multiple employer trusts | _____ | % |
| Public/Government plans | _____ | % |
| Single employer plans | _____ | % |
| Multi-employer plans | _____ | % |
| Health and welfare plans | _____ | % |
| Pension and/or profit sharing plan | _____ | % |
| Other (Please Specify) | _____ | % |

5. a. Number of accounts: _____
- b. Number of participants for plans administered by the firm: _____

c. Total annual contributions to the plans administered by the firm:

d. Total annual benefit payments issued in the administration of all plans:

6. Does the firm, its partners, directors, officers or employees act as Trustee for any clients or non-clients?
_____ Yes _____ No. If yes, please explain in detail:

7. Is 50% or more of your firm's income derived from providing contract administration services?
_____ Yes _____ No.

8. Does your firm administer any self-funding multiple employer trusts (METs)? _____ Yes _____ No. If yes, please explain in detail on a separate sheet.

9. a. Name and address of law firm acting as counsel to the firm:

b. Name and address of law firm acting as counsel to the firm:

10. Describe measures that firm has instituted to assure that the various client plans comply with ERISA:

11. To what extent do you or your clients make use of outside attorneys, accountants, actuaries, CPA's or others in order to comply with ERISA?

Applicant hereby represents that the information contained in this Supplemental Application is true, accurate and complete, and that no material facts have been suppressed or misstated. The Applicant understands that the information submitted herein shall become part of the Errors and Omissions Insurance Application attached hereto, and the Applicant represents that the information and statements contained in the Errors and Omissions Insurance Application remain true and accurate.

Applicant's Authorized Representative: _____

Signature of Authorized Representative

Print Name of Authorized Representative

Title of Authorized Representative

Date: ____ / ____ / ____
mo day year