



Application For Professional Liability Insurance
(Claims Made and Reported Basis)

PLEASE NOTE THAT AMOUNTS INCURRED AS CLAIM EXPENSES WILL REDUCE THE LIMIT OF LIABILITY AVAILABLE AND WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT, UNLESS PURCHASED.

If space is insufficient to answer any question fully, attach a separate sheet.

Business Name:
Phone #: Email:
Mailing Address: City:
County: State: Zip Code: Website:
Principal Business Premise Address (if different):
County: State: Zip Code:
Address(es) Of Branch Office(s):
Contact Person, Title & Phone Number:

Section 1 - General Information

- 1. Number of employees including principals: Full-Time \_\_\_ Part-Time \_\_\_ Seasonal \_\_\_ Total
2. Business is an: [ ] Individual [ ] Partnership [ ] Corporation [ ] Joint Venture [ ] Non-Profit [ ] Other (please describe)
3. Date organized (MM/DD/YYYY):
If business started in the past three years, please attach resumes of owners/principals.
4. Is the applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization? [ ] Yes [ ] No
If yes:
Are any services provided to such organization(s)? [ ] Yes [ ] No
Please provide organization chart and details:
5. During the last year has the applicant been involved in, or are they presently considering or contemplating:
a. Any merger, consolidation or acquisition? [ ] Yes [ ] No
If yes, provide a complete explanation detailing liabilities assumed and any professional liability coverage purchased by any predecessor organization:
b. A change in the nature of business operations? [ ] Yes [ ] No
If yes, provide details:
6. During the last year, has the name of the applicant been changed? [ ] Yes [ ] No
If yes, provide details:

7. What are the professional designations, societies and organizations to which the applicant and its owners, partners, officers and key employees belong(s)? \_\_\_\_\_
8. Within the past year, has the applicant's security been evaluated by a Qualified Security Assessor?  Yes  No  N/A
- a. If yes, has the applicant corrected or complied with all critical recommendations?  Yes  No
- If the applicant has not corrected or complied with all critical recommendations, please provide timeline for compliance with these recommendations. \_\_\_\_\_
- b. If no, please describe any steps taken to ensure compliance with Payment Card Industry Data Security Standard. \_\_\_\_\_

**Section 2 – Professional Activities And Specialty**

1. Provide detailed description of all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Professional Services For Which Coverage Is Requested	Percent of Gross Revenues
_____	_____ %
_____	_____ %
_____	_____ %

2. Is the applicant involved in any other services other than described above?  Yes  No

If yes, please explain. \_\_\_\_\_

3. a. Estimated annual gross revenues for the coming year: \$ \_\_\_\_\_
- b. Percentage of annual gross revenues for the coming year:
- (1) Domestic: \_\_\_\_\_%
- (2) Foreign: \_\_\_\_\_%

- c. Annual gross revenues for the last 3 years:
- (1) Last twelve months: Year: \_\_\_\_\_ \$ \_\_\_\_\_
- (2) 1<sup>st</sup> prior year: Year: \_\_\_\_\_ \$ \_\_\_\_\_
- (3) 2<sup>nd</sup> prior year: Year: \_\_\_\_\_ \$ \_\_\_\_\_

4. Describe applicant's 5 largest jobs in the last 3 years and attach a copy of a sample contract:

Client Name	Professional Services	Gross Revenues
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

5. Does the applicant utilize the services of independent contractors or sub-consultants?  Yes  No

If yes, indicate percentage of billings and whether a certificate of professional liability insurance is required of each. \_\_\_\_\_

6. Does the applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture,

fabricate or sell any product?

Yes  No

If yes, describe. \_\_\_\_\_  
 \_\_\_\_\_

7. Is any principal, partner, owner, officer, director, employee, manager or managing member of the applicant a certified public accountant, an attorney or lawyer, an architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services?

Yes  No

If yes, advise of the name of the individual(s), their position(s) with the applicant and the nature of services they perform for clients of the applicant. \_\_\_\_\_

8. Previous Professional Liability Insurance:

Policy Period	Insurer	Indicate Whether Claims Made Or Occurrence Policy	Limits Of Liability	Deductible	Retro Date
			\$	\$	
			\$	\$	
			\$	\$	

9. Does the applicant carry General Liability Insurance?

Yes  No

If yes, provide: Insurer: \_\_\_\_\_ Limits: \$ \_\_\_\_\_

Does coverage include Products/Completed Operations Hazards?  Yes  No

**Section 3 – DataBreach Network And Information Security And Media Liability Information**

If DataBreach coverage is desired, please select option and complete this section:

DataBreach Basic: Professional Liability plus Network And Information Security Liability, Regulatory Fines, Network Security Loss, and Breach Mitigation Expense

DataBreach Preferred: Basic coverages plus Media Injury Liability, Network Security Business Interruption Loss, and PCI Assessments

DataBreach Advanced: Preferred coverages plus Social Engineering Loss

1. Please check all of the following risk management controls that the applicant has in place:

A dedicated internal or external party responsible for information security and privacy

Anti-virus, anti-spyware and anti-malware software installed

Firewalls or other security appliances between the internet and sensitive data

A security patch management process

2. How often are back-ups of the applicant's systems performed? \_\_\_\_\_

3. Do you have a written policy regarding the setting up of electronic funds transfer?  Yes  No

4. List current and prior DataBreach liability or cyber security insurance. If none, check here:

Insurance Company	Limits Of Liability	Deductible	Premium	Inception And Expirations Dates (MM/DD/YYYY)	Retroactive Or Prior Acts Date (MM/DD/YYYY)
	\$	\$	\$		

	\$	\$	\$		
	\$	\$	\$		

**Section 4 – Claims History**

1. After inquiry, does the applicant have any knowledge of any claims, proceedings arising out of professional services, against the applicant, or any of its principals, partners, owners, officers, directors, employees, managers, managing members, its predecessors, subsidiaries, affiliates, or against any other person or organization proposed for this insurance during the last 5 years?  Yes  No

If yes, attach loss runs and complete details including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.

2. After inquiry, is the applicant or any principal, partner, owner, officer, director, employee, manager or managing member of the applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance, situation, incident or allegation of negligence or wrongdoing, which might afford grounds for any claim such as would fall under the proposed insurance?  Yes  No

If yes, provide details. \_\_\_\_\_

3. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the applicant, its predecessors, subsidiaries, affiliates or for any other person or organization proposed for this insurance in the last 5 years? (Not applicable in Missouri)  Yes  No

If yes, please explain. \_\_\_\_\_

4. Has the applicant or any of its principals, partners, owners, officers, directors, managers or managing members or employees, its predecessors, subsidiaries, affiliates, or any other person or organization proposed for this insurance been involved in or have knowledge of any pending or completed investigative or administrative proceedings or governmental regulatory proceedings, actions or notices?  Yes  No

If yes, provide details on a separate sheet.

**NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY**

No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there is knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, which provides coverage on a claims made basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, unless the extended reporting period option is exercised in accordance with the terms of the policy. The policy has specific provisions detailing claim reporting requirements.

The underwriting manager, Company or affiliates thereof are authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto, of which the underwriting manager, Company or affiliates thereof receives notice, is on file with the underwriting manager, Company or affiliates thereof and is considered physically attached to and part of the policy, if issued. The underwriting manager, Company or affiliates thereof will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the applicant will promptly notify the underwriting manager, Company or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**REPRESENTATION STATEMENT**

The applicant(s) understands and accepts the notice stated above and declares that the information contained herein is true to the best of his or her knowledge and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. The applicant(s) authorizes the release of claim information from any prior insurer to the underwriting manager, Company or affiliates thereof.

Application must be signed within 60 days of the proposed effective date.

**Fraud Warning:** Any person who knowingly and with intent to defraud any Insurance Company or another person files an application for insurance or statement of claim 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 and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.)

### **STATE FRAUD STATEMENTS**

#### **Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### **Applicable in CO**

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 for the purpose of defrauding or attempting to defraud the 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.

#### **Applicable in FL and OK**

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 (of the third degree)\*. \*Applies in FL Only.

#### **Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### **Applicable in KY, NY, OH and PA**

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 or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

#### **Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in Maine only.

#### **Applicable in MN**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

#### **Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in VT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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**NOTE:** Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Florida only) Agent license number: \_\_\_\_\_

**Thank you for choosing Markel!**