

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

NOTICE: IF A POLICY IS ISSUED:

- A. IT WILL BE ON A CLAIMS MADE AND REPORTED BASIS APPLYING ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FORCE, DURING THE AUTOMATIC EXTENDED REPORTING PERIOD, OR THE EXTENDED REPORTING PERIOD, IF PURCHASED;**
- B. THE LIMITS OF LIABILITY AVAILABLE UNDER THE POLICY TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIM EXPENSES. FURTHER, SUCH AMOUNTS INCURRED FOR CLAIM EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

INSTRUCTIONS FOR THE COMPLETION OF THIS APPLICATION

- 1. Please read application carefully and answer all questions thoroughly.
- 2. Attach separate pages with additional information in answer to any question for which the provided space is not sufficient.
- 3. Sign and date application. Policy cannot be bound without the appropriate signature and date.
- 4. Please provide the following additional required underwriting information:
 - A. latest completed fiscal year-end CPA audited, reviewed or compiled financial statements or latest federal income tax return filed;
 - B. current resumes of the "Applicant" and any and all of the "Applicant's" principals, partners and key professional employees;
 - C. complete copies of all standard contracts used by the "Applicant" with its clients, independent contractors or subcontractors;
 - D. copies of all promotional and advertising copy used by the "Applicant" to market its services or products;
 - E. copies of any professional licenses or certificates held by any of the "Applicant's" principals, partners or employees.

DEFINITIONS: The following terms appear in this application and are defined as follows (**Please note that the following defined terms shall not be construed as the definition of a "Claim" or an "Insured" as used in the policy**):

A. PROFESSIONAL LIABILITY CLAIM means:

- 1. a written or oral demand, service of suit or institution of arbitration proceedings received by a PROSPECTIVE INSURED seeking damages or relief of any kind, including but not limited to any kind of monetary or compensatory damages, injunctive or declaratory relief, retribution of any kind, non-pecuniary relief of any kind, or any corrective action(s) for any act(s) or omission(s) actually or allegedly committed by a PROSPECTIVE INSURED, in the PROSPECTIVE INSURED'S rendering of services of any nature or supplying of products to others;

B. PROSPECTIVE INSURED means:

1. the "Applicant" or any past or present officer, director, partner, employee, independent contractor, or subcontractor of the "Applicant," in the capacity of such or in any other capacity.

1.a. Name of "Applicant": _____

DBA: _____

(NOTE: Whenever used, "Applicant" means the entity(ies) shown in 1.a. and 1.c.)

Street Address: _____
(Street Number) (Street) (Suite or Floor Number)

(City) (State) (Zip)

Mailing Address (if different from above):

(Street Number) (Street) (Suite or Floor Number)

(City) (State) (Zip)

Telephone Number (_____) _____ Fax Number (_____) _____

(Please list all other addresses of office locations occupied by the Insured on a separate sheet of paper.)

- 1.b. Is the "Applicant" (check one): Individual/Sole Proprietorship Partnership
 Corporation LLC LLP
 Other (please provide details) _____

- 1.c. If coverage is desired for any entities other than those shown in 1.a. (i.e. subsidiaries, joint ventures, or partnerships), please list each such entity below or on a separate sheet, if required:

Name and Address	Relationship to "Applicant"	Description of Operations	Percent Owned
_____	_____	_____	_____
_____	_____	_____	_____

- 2.a. Is the "Applicant" controlled, owned by, employed by, or associated with any other entity not shown in 1.c. above? Yes No

- 2.b. Does any PROSPECTIVE INSURED control or own any other entity not shown in 1.c. above? Yes No

(If the answer to 2.a. or 2.b. is "Yes," please provide complete details on a separate sheet of paper.)

3.a. Date "Applicant" was established: _____

3.b. Date first services were offered by the "Applicant": _____

3.c. Date first products were offered by the "Applicant": _____

4. Please describe in detail the professional activities or services for which coverage is desired (Note: If a policy is issued, it may not cover all of the activities or services described.):

5.a. Please describe in detail all other professional activities or services conducted by the "Applicant" for which **coverage is not desired**:

5.b. Gross Annual current fiscal year revenues* derived from such other activities/services for which **coverage is not desired**:

\$ _____ (*Please project and annualize)

6. Please list the gross revenues for the fiscal years indicated from all activities and/or services conducted by the "Applicant":

	Date of Fiscal Year End	Gross Revenues
Current fiscal Year* (*Please project & annualize gross revenues)	___ / ___ / ___	\$ _____
Latest Fiscal Year ended	___ / ___ / ___	\$ _____
Prior Fiscal Year ended	___ / ___ / ___	\$ _____

7. Are any of the "Applicant's" directors, officers, partners or employees personally engaged to provide professional services for or on behalf of any entity other than the "Applicant"?

Yes No

(If "Yes," please provide complete details on a separate sheet of paper.)

8.a. Please indicate the number of directors, officers, partners and employees engaged in providing services to the "Applicant's" clients: _____

8.b. Please indicate the number of all other (non-professional/clerkal) employees: _____

8.c. Please provide the following information:

Name and Title of all Directors, Officers, Partners and Key Employees	Professional Qualifications/ Designations	Date Qualified/ Licensed	Number of Years in Practice	Number of Years with the "Applicant"
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9.a. Has any PROSPECTIVE INSURED ever been subject to a disciplinary action, including, but not limited to, a reprimand, reproof or censure, by any regulatory body, peer review board or committee or any professional association? Yes No

(If "Yes," please attach complete details.)

9.b. Has any PROSPECTIVE INSURED ever been convicted of a felony? Yes No

(If "Yes," please attach complete details.)

9.c. Has any PROSPECTIVE INSURED ever had his, her or its license or privilege to render professional services of any nature revoked or suspended? Yes No

(If "Yes," please attach complete details.)

10. Please provide the following with respect to the "Applicant's" top five revenue-producing clients or projects during the latest fiscal year end:

Name of Client/Project	Services Provided for Client/Project	Annual Revenues Derived from Client/Project
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11.a. Does the "Applicant" enter into written contracts with its clients? Please check one of the following: In all cases Sometimes Never

11.b. If the "Applicant" checked "Sometimes" or "Never," please describe in detail the procedures which the "Applicant" follows to ensure that the terms and conditions by which the "Applicant" provides Professional Services to its clients are mutually agreed upon and understood when a written contract does not exist:

12.a. Has the "Applicant" ever engaged or will the "Applicant" ever engage subcontractors? Yes No

(If "Yes," please provide responses to 12.b. and 12.c.)

12.b. What is the percentage of the latest fiscal year ended gross revenues that are attributable to services performed by subcontractors? _____ %

12.c. Please describe the circumstances when subcontractors have been or will be engaged:

13.a. Does the "Applicant" have Professional Liability Insurance currently in force? Yes No

13.b. If "Yes," please provide the following information for the current and prior two policy periods:

Name of Insurer	Limits	Deductible	Premium	Policy Period	Retroactive Date (if any)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

13.c. Is such coverage written on a claims-made or occurrence basis? Claims-made Occurrence

13.d. Has the "Applicant" ever purchased extended discovery or extended reporting period coverage from any current or prior Professional Liability insurer? Yes No

(If "Yes," please attach details.)

13.e. With respect to any Professional Liability Insurance coverage currently in force, or that was ever previously in force, which covers or covered any PROSPECTIVE INSURED, has any insurer:

1. Declined to offer terms or refused renewal? Yes No

2. Imposed special conditions to the coverage? Yes No

(If "Yes," please provide details on a separate sheet of paper.)

14.a. Have any PROFESSIONAL LIABILITY CLAIMS been made against any PROSPECTIVE INSURED during the past six years? Yes* No

14.b. Does any PROSPECTIVE INSURED have knowledge or information of any circumstance or any allegations or contentions or any incident which may result in any PROFESSIONAL LIABILITY CLAIM being made against any PROSPECTIVE INSURED? Yes* No

*NOTE: If 14.a. or 14.b. are answered "Yes," please complete and attach a Claims Supplement form for each such PROFESSIONAL LIABILITY CLAIM, circumstance, allegation or contention, or incident.

It is agreed that any PROFESSIONAL LIABILITY CLAIMS made prior to the inception of the policy, or any future PROFESSIONAL LIABILITY CLAIMS resulting from any circumstances or any allegations or contentions of any incident of which any PROSPECTIVE INSURED has knowledge or information prior to the inception of the policy, are excluded from the coverage sought by the "Applicant" from the Company.

15.a. Limits of Liability requested:

- | | |
|--|--|
| <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 |
| <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |
| <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 |
| <input type="checkbox"/> \$1,000,000/\$3,000,000 | <input type="checkbox"/> OTHER _____ |

15.b. Deductible requested:

- | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$20,000 |
| <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$100,000 |

Other (Please specify \$ _____)

16. The officer of the Firm designated to receive any and all notices from the Company or its authorized representative(s) concerning this insurance is: (Give name and full official title)

Name _____ Title _____

17. Please provide the following information concerning the "Applicant's" general liability insurance currently in force:

Name of Insurer: _____

HUMAN RESOURCE SERVICES SUPPLEMENT

1. Name of Applicant: _____

2. Please provide the percentage of gross annual revenues derived from the performance of the following services:

	Current Fiscal Year*	Latest Fiscal Year Ended
a. Placement of permanent employees	_____ %	_____ %
b. Placement of temporary employees	_____ %	_____ %
c. Executive recruiting or search	_____ %	_____ %
d. Temporary employee leasing	_____ %	_____ %
e. Providing employees who are independent contractors or subcontractors of clients	_____ %	_____ %
f. Providing advice on employment practices matters	_____ %	_____ %
g. Providing advice on workplace safety matters	_____ %	_____ %
h. Other human resources consulting	_____ %	_____ %

(*Projected and annualized)

3. Please provide the total dollar amount of payroll included in the gross annual receipts which is passed along to employees placed by the Applicant:

Current Fiscal Year*: \$ _____

Latest Fiscal Year Ended: \$ _____

Prior Fiscal Year Ended: \$ _____

(*Projected and annualized)

4. Indicate which of the following services have been or ever will be performed by the Applicant:

	YES	NO
a. Determination and payment of local, state or federal payroll taxes or other withholdings for employees placed by the Applicant (hereinafter referred to as "placed employees")	<input type="checkbox"/>	<input type="checkbox"/>
b. Drug testing of "placed employees" or prospective employees to be placed by the Applicant (hereinafter referred to as "prospective placed employees")	<input type="checkbox"/>	<input type="checkbox"/>
c. Aptitude testing of "placed employees" or "prospective placed employees"	<input type="checkbox"/>	<input type="checkbox"/>
d. Negotiation of compensation or incentive plans	<input type="checkbox"/>	<input type="checkbox"/>
e. Negotiation of benefit plans	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing of benefits to any entity other than a "Prospective Insured"	<input type="checkbox"/>	<input type="checkbox"/>
g. Administration of any benefit plan (other than a benefit plan covering "Prospective Insureds")	<input type="checkbox"/>	<input type="checkbox"/>
h. Administration of workers compensation benefits or laws (other than those benefits or laws covering "Prospective Insureds")	<input type="checkbox"/>	<input type="checkbox"/>
i. Compensation analysis	<input type="checkbox"/>	<input type="checkbox"/>
j. Design of employment practices, policies and procedures for clients	<input type="checkbox"/>	<input type="checkbox"/>

5.a. Please provide the following information with respect to the placement of permanent, temporary or leased employees, independent contractors or subcontractors with clients over the past 12 months:

<u>Name of Client</u>	<u>Description of Client's Services/Products</u>
1. _____	_____ _____ _____
2. _____	_____ _____ _____
3. _____	_____ _____ _____

(If more space is required, please use a separate sheet of paper.)

5.b. Please describe the positions (i.e. clerical, skilled assembly line labor, engineers, registered nurses, accountants, etc.) which the Applicant fills, and provide the percentage of latest fiscal year ended gross revenues derived from such placements or recruiting efforts:

<u>Position Description</u>	<u>% of revenues</u>
1. _____	_____
2. _____	_____
3. _____	_____

5.c. Please indicate which of the following personnel the Applicant has or will place:

- | | |
|--|-------------------------------------|
| Medical Doctors _____ | Securities Brokers-Dealers _____ |
| Registered Nurses _____ | Financial Planners/Advisors _____ |
| Other licensed medical practitioners _____ | Attorneys _____ |
| Certified Public Accountants _____ | Licensed architects/engineers _____ |
| Insurance Agents or Brokers _____ | Real Estate Agents/Brokers _____ |

6.a. Do all written contracts between the Applicant and clients which are professional service organizations require the clients to maintain professional liability insurance throughout the entire duration of the contracts?
 Yes No

b. If "Yes," please provide the limits of liability of such insurance required in all cases:

\$ _____ per claim/occurrence
 \$ _____ policy aggregate

7.a. Please describe the Applicant's screening process of prospective employees to be placed by the Applicant:

b. Does the Applicant's screening process require the following procedures to be performed in all cases before a candidate is referred to a client for prospective temporary or permanent employment:

- | | Yes | No |
|---------------------------|--------------------------|--------------------------|
| (i) Telephone interviews | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) In-person interviews | <input type="checkbox"/> | <input type="checkbox"/> |

- (iii) Researching of a minimum of 3 references provided by the candidate
- (iv) Criminal background check
- (v) Credit history check

c. In all cases, are all clients required to interview all candidates for prospective permanent or temporary employment (other than those candidates to be placed in clerical positions) and provide the Applicant with their written consent for the selection of candidates acceptable to the clients? Yes No

8.a. Does the Applicant have written policies and procedures that must be read and accepted in writing by all Prospective Insureds, which ensure that all Prospective Insureds comply with all pertinent labor laws, the Americans with Disabilities Act, discrimination laws, other laws and regulations and acceptable practices concerning the screening, selecting, rejecting, placing or recruiting of temporary, permanent or leased employees? Yes No

b. If "Yes," please attach complete copies of all such written policies and procedures.

c. If "No," what alternative measures does the Applicant take to assure compliance with such laws, regulations or practices:

d. Does the Applicant have written policies and procedures that must be read and accepted in writing by all Prospective Insureds for receiving, recording and resolving complaints (including complaints of discrimination or other employment-related practice(s) made by temporary, permanent or leased employees placed or recruited by the Applicant? Yes No

e. If "Yes," please attach copies of all such written policies and procedures.

f. If "No," what alternative measures does the Applicant take to ensure that such complaints are properly received, recorded and resolved to the satisfaction of the complaining party:

9.a. Who is liable when a temporary employee is injured on the job?

- Applicant Client
- Other (please explain on a separate sheet of paper)

b. Does the Applicant maintain Workers' Compensation insurance covering all temporary employees placed by the Applicant? Yes No

c. In all cases where a client is liable for a temporary employee's injury, does the written contract between the client and Applicant require the client to maintain workers' compensation insurance which covers the temporary employee throughout the duration of the contract? Yes No

10.a. Does the Applicant confine the placement of temporary employees to job sites within a limited geographical area? Yes No

b. If yes, please provide the maximum number of miles that the farthest job site is from:

(i) The Applicant's street address shown in 1.a. of the Miscellaneous Professional Liability Application: _____# of miles.

(ii) Any street address of any branch or satellite office of the Applicant shown in 3. of the Miscellaneous Professional Liability Application: _____# of miles.

The undersigned authorized agent of the Prospective Insured understands that the information provided in this supplement becomes a part of the Miscellaneous Professional Liability Application and is subject to the same representations and conditions.

Signature of Applicant: _____

Printed Name of Applicant: _____

Date: _____

WARNING: 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, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.