

HARMAN KEMP NORTH AMERICA LIMITED

**APPLICATION FOR
MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE**

THIS APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY

1. Name of Applicant:
2. Address:
3. Please describe in detail the nature and types of professional services the Applicant is engaged in and indicate the percentage of revenue derived from each.

4. Please indicate type of company: Sole Trader__ Partnership__ Corporation__ Privately Held__
Non-Profit__ Publicly Traded__ Other__

5. Date established:

6. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own, any other firm or business enterprise? Yes__ No__.

If Yes, please explain:

7. Total Number of staff:

8. Please provide the following:

Name of Principals	Professional Qualifications	Years in practice
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Please list Professional Associations to which the Applicant belongs: _____

10. Gross billings:
This year(est):_____ Last year:_____ Year prior:_____

- 10a. Have your Gross Billings increased by 50% over the last year, YES__NO__ If, yes please explain why
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11. Does the Applicant use a written contract:

Always: _____ Sometimes: _____ Never _____

If not always, please explain how the scope of services to be provided is agreed:

12. Does the Applicant sub-contract work to others: Yes _____ No _____

If yes, please explain and include any details of any hold harmless agreements, etc:

13. Is any errors or omissions or professional liability insurance currently in place? Yes _____ No _____

If no, the coverage if issued will not cover any of the applicants prior acts.

If yes, please provide details of such coverage carried in the last 3 years:

<u>Carrier</u>	<u>Period</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>	<u>Retro Date</u>

14. Have any claims been made during the past 10 years against the Applicant. Yes ___ No ___

If yes, please provide details.

15. Is the Applicant aware, after enquiry, of any circumstances which may result in any claims being made against the Assured. YES ___ NO ___

If yes, please provide full details on a separate page.

16. Has any insurer cancelled or refused to renew any similar insurance during the past ten years?

Yes _____ No _____ If yes, please provide full details:

THE APPLICANT DECLARES THAT THE ABOVE STATEMENTS AND REPRESENTATIONS ARE TRUE AND CORRECT AND THAT NO FACTS HAVE BEEN SUPPRESSED OR MISSTATED. THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED AND MADE PART OF THE POLICY.

DATE: _____

APPLICANT'S SIGNATURE:

TITLE: