If your answer is too long, then please complete it on the supplemental page, referencing the question number.

APPLICATION FOR PROFESSIONAL LIABILITY ERRORS & OMISSIONS INSURANCE

IF COVERAGE IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

NOTICE: THIS INSURANCE COVERAGE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAME OF APPLICANT:

   ADDRESS:

2. LIMIT OF LIABILITY DESIRED:

   $500,000 ☐ $1,000,000 ☐ $2,000,000 ☐ Other ☐

3. DEDUCTIBLE:

   $5,000 ☐ $10,000 ☐ $25,000 ☐ Other ☐

4. Please describe in detail the professional activities for which coverage is desired:

5. Is the applicant engaged in any business or profession other than as described in Item 4? If yes, please attach an explanation and estimated revenues.

6. List the total gross revenues for the past two years derived from those activities in Question 4. In addition, please list projected revenues for the current year.

YEAR	AMOUNT
a) Current Projected	$
b)	$
c)	$

MPL 10/90

7.For the revenues listed in question 6a), please give the approximate percentage derived from each of the activities listed in Question 4:

ACTIVITY	% OF 6a) REVENUES
	%
	%
	%
	%

8. Applicant is: Corporation ☐ Partnership ☐ Individual ☐

9. Year Established: ☐

10.Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company? YES ☐ NO ☐ If yes, attach an explanation. Are any activities listed in Question 4 provided to such business enterprise? YES ☐ NO ☐

11. a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: ☐

b) Number of non-professional employees (clerks, secretaries, etc.): ☐

12. Please provide the following:

Name in full of ALL Partners/Principals/ Key Employees.	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE	HOW LONG AS PARTNER/ PRINCIPAL

13.To what professional association(s) does the Applicant Firm belong?

14. Please include a list of Applicant Firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

15. Does the Applicant Firm use a written contract with client?
☐ In all cases ☐ Sometimes ☐ Never

Please attach a copy of your standard contract(s).

16. What percentage of the Applicant Firm's business involves subcontracting of work to others? ____ %. Does the Applicant Firm provide professional services to business entities in which it retains an ownership interest Yes ☐ No ☐ If yes, please explain.

17. Has any similar insurance ever been declined or cancelled? Yes ☐ (If yes, attach explanation.) No ☐

18. Is similar insurance currently in force? Yes ☐ No ☐
If yes, please provide:

Description of services being covered:

Name of Insurer:

Expiration Date: Prior Acts/Retro. Date:

Limit: $ Deductible: $ Premium: $

Length of time coverage has been in force:

19. Attach most recent audited financial statements (or recent tax returns) and descriptive or promotional materials.

(A) Estimated Gross receipts for current fiscal period: $

(B) Estimated Cost of Goods Sold for current fiscal period: $

20. Have any of the individuals listed in question No. 12 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes ☐ No ☐ If yes, please explain.

21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her. YES ☐ NO ☐ If yes, please complete a Supplemental Claim Information form for each.

22. After inquiry have any claims been made against any proposed Insured(s) during the past three (3) years? Yes ☐ No ☐ If yes, please complete a supplemental Claims Information form for each claim. Also, how many claims have been made in the last three (3) years?

It is understood and agreed that with respect to questions 20, 21 and 22 above, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.

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 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.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I HEREBYDECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the Applicant:

_____ Title _____ Date _____

This Application Form duly completed, together with any supplementary information, must be signed in ink by the person indicated.

Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.

THIRD PARTY BENEFIT PLAN ADMINISTRATORS/CONSULTANTS SUPPLEMENTAL APPLICATION

1. Give approximate percentage of revenues derived from all operations engaged in:

OPERATIONS DESIRED	% OF PROJECTED REVENUES	IF COVERAGE DESIRED (CHECK HERE)
Providing Consulting Services	0.00%	☐
Providing Actuarial Services	0.00%	☐
Administration of Health & Welfare Plans (specify type of plan)		
Single Employer Plans	0.00%	☐
Multiemployer benefit plans (Taft-Hartley Trusts)	0.00%	☐
Multiple Employer Welfare Arrangements (MEWAs)	0.00%	☐
Administration of Pension Plans	0.00%	☐
The design development or customization of computer software sold or provided to third party outside the normal operations of the applicant as a TPA	0.00%	☐
Other	0.00%	☐
Total must equal	100%	

2. (A) Number of Plan sponsors
   (B) Number of participants for the Plans administered by the Applicant:
   (C) Total annual contributions to the Plans administered by the applicant:
   (D) Total annual benefit payments issued in the Applicants administration of all such Plans:
   (E) Number of Plan Sponsors added and deleted in the past year:
   (F) What percentage of all Plans are:
   Self funded with stop-loss 0%
   Self funded with no stop=loss 0%
   Fully insured 0%
   (G) List carriers that stop loss coverages are placed with:

3. Does the applicant firm, its partners, directors, officers or employees act as trustee for the Employee Benefit Plans clients or non clients?

☐ YES ☐ NO

4. A) Name and address of law firm(s) acting as counsel to the applicant firm and nature of services provided:

B) Name and address of all firms providing accounting services to the applicant and the nature of services provided:

5. Does the applicant have a fidelity bond? ☐ YES ☐ NO
If no, do your clients list you as an additional insured under their Fidelity coverage? ☐ YES ☐ NO

6. Please outline below the applicant firm's standards of practice (procedural protocols).

A) Do you have written guidelines for the administration of each of your Plans, including your procedure for denial of benefits?
☐ YES ☐ NO

B) What percentage of claims are denied ☐ %

C) What percentage of denials are appealed? ☐ %

D) What is the average error rate of your claims handlers ☐ %

7. A) Which of the following are functions of your firm's Electronic Data Processing System? (please check off)

- ☐ Calculation of Co-payments;
- ☐ Claim Eligibility;
- ☐ Enrollment Information;
- ☐ Management Reports;
- ☐ Adjustors Accuracy;
- ☐ Analysis of Large Claims;
- ☐ Notices to StopLoss Carrier;
- ☐ Productivity Reports;
- ☐ Claim payments by Plan Year;
- ☐ Telephone Tracking System:
- ☐ Total Calls Received,
- ☐ Call backs due to claim handling problems,
- ☐ Turn around time;
- ☐ Calculation of Deductibles;
- ☐ Confidentiality Safeguards;
- ☐ Monitoring of Duplicate Claims;
- ☐ Claim Appeals tracking;
- ☐ Check Registers(weekly & monthly
- ☐ Payment Registers and analysis
- ☐ Monthly Aggregation Reports to Carrier (by claim or agg & spec);
- ☐ Claim analysis summaries by Year
- ☐ Time & materials analysis;
- ☐ Cost containment results;
- ☐ Expense analysis;
- ☐ Analysis of Loss causes;

7. Continued:

(B) If your system contains checks and balances to guard against the following, please note them with a check-mark:

- ☐ Overpayments;
- ☐ Late Payments;
- ☐ Payments to ineligibles;
- ☐ Improper refusal of benefits;
- ☐ Underpayments;
- ☐ Payments from incorrect Plan;
- ☐ Unfair/unjust enrichment;
- ☐ Failure to follow payment guidelines or procedures;

8. How often does your organization do an internal audit?

What situations are the audit guidelines designed to reveal?

9. What is your average turnaround time for benefits claim processing: This year ____ days Last year ____ days

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

Date

Name of Applicant

Signature of person authorized to execute on behalf of the Applicant

Please Note:

All services or operations by the Applicant are not automatically covered under any policy issued pursuant to this Supplemental Application. The services or operations to be provided coverage is an underwriting decision by the insurer. Please consult with your broker and carefully review any policy and endorsements which may be issued pursuant to this Supplemental Application.

Supplemental information:

(please reference any questions you are referring to)