

- 2.4 Do you require contracted staff to carry their own Professional Liability Insurance and secure Certificates of Insurance as evidence of such coverage? If yes, indicate minimum limits required:
- 2.5 Give name of owner/manager and describe their training and experience.
- 2.6 Do you rent or otherwise provide any equipment or products to others? If yes, describe and indicate estimated annual receipts:

PART 111. RISK MANAGEMENT

- 3.1 List all memberships in professional organizations.
- 3.2 Do you enter into contractual agreements? Yes No If yes, enclose copies of all such contracts.
- 3.3 Do you require staff to report all incidents (accidents) which might result in a liability claim and are records of such reports kept on file by you? Yes No If not, are you agreeable to instituting this procedure? Yes No
- 3.4 **Enclose a copy of all brochures or advertising materials distributed by you.**
- 3.5 **Unless otherwise noted hereunder, applicant warrants that:**
- a) Applicant is not licensed, registered or certified to provide any other professional services except as stated in this application;
 - b) Applicant is not a proprietor, superintendent, officer, director, stockholder or member of the board of directors, trustees or governors of any business enterprise, except as previously stated;
 - c) Neither applicant nor any of applicant's employees have:
 - i) ever been the subject of disciplinary or investigative proceedings or been reprimanded by a governmental or administrative agency, hospital or professional association;
 - ii) ever been convicted for an act committed in violation of any law or ordinance other than a traffic offense;
 - iii) ever had any state professional license, certificate or registration refused, suspended, revoked, renewal refuse or accepted only on special terms or has ever voluntarily surrendered same;
 - iv) ever had any insurance company or Lloyd's cancel, decline, refuse to renew or accept only on special terms their professional liability insurance.
 - d) Applicant does not have any other premises or operations exposures not stated in this application.

EXCEPTIONS, if any, to the above:

PART IV.HISTORY

- 4.1 List prior professional liability insurers for the past five years, starting with the most recent year. If none, so state.

	Insurer Number	Policy Number	Limits of Liability	Premium	Eff Date	Claims-Made	
						Yes	No
1.							
2.							
3.							
4.							
5.							

If claims-made, what is the most recent retroactive date?

4.2 List prior general liability insurers for the past five years, starting with the most recent year. If none, so state.

Insurer Number	Policy Number	Limits of Liability	Premium	Eff Date	Claims-Made	
					Yes	No

- 1.
- 2.
- 3.
- 4.
- 5.

If claims-made, what is the most recent retroactive date?

4.3 Have any claims been made or occurrences reported during the past six years against any of the proposed insureds or against any entity in which any proposed insured has or has had an interest?

Yes No If yes, please describe, indicate status of the claim or suit, and any amount(s) paid or reserved (attach an additional sheet if necessary).

4.4 Does any proposed insured have any knowledge of an event, circumstance or occurrence (other than any listed in 4.3 above) prior to the effective date of the proposed policy, or does any proposed insured foresee that a claim may be brought as a result of said event, circumstance or occurrence?

Yes No If yes, describe the event and indicate the reason for anticipation of a claim.

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and Mid-Continent General Agency, Inc. any documents, records or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

Date

Applicant/Title

Supplementary Page

Please reference the number of the question to which these responses apply.