

XS/GROUP, INC.

Miscellaneous Professional Liability Insurance Application

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

INSTRUCTIONS FOR COMPLETING FORM: Using the TAB key to navigate the form, please complete information needed in the gray shaded areas. If space in this form is insufficient, please attach additional sheets containing a reference to the appropriate question on the form. When completed, please print a copy of the form, sign where indicated and mail, fax or email it to us.

1. Name of Applicant:

Address of Applicant:

Phone:

Fax:

Email:

Years in Business:

Are you a corporation, partnership, or other (please explain)?

2. Briefly describe the nature of your business, i.e., types of services performed.

3. Are you engaged in any other business other than described in item 2? Yes No

If yes, please provide a brief description.

4. List total gross receipts for the past two years from activities listed in item 2. Also list projected receipts for the current year.

Year	Receipts
a. Projected next 12 months	\$
b. Most recent 12 month period	\$
c. Previous 12 month period	\$

5. From the revenues listed in item 4a, please provide approximate percentage of revenue derived from each of the activities listed in item 2.

Activity	Percent of 4a Revenues

6. Please list the five largest projects handled during the past three years including the project client name, nature of services performed and revenue obtained from these services.

Project client name:	
Nature of service:	
Total revenue:	
Project client name:	
Nature of service:	
Total revenue:	
Project client name:	
Nature of service:	
Total revenue:	
Project client name:	
Nature of service:	
Total revenue:	
Project client name:	
Nature of service:	
Total revenue:	

7. Do you use subcontractors in your business? Yes No

If so, please indicate percentage of gross revenues and types of services subcontracted.

8. Do you use a written contract? Yes No

If yes, please attach a copy. If not, how do you define your responsibilities to your clients?

9. Please list professional associations to which your firm belongs.

10. Please attach a list of partners, officers and key employees showing their professional qualifications.

11. Please attach your latest financial data (audited financial statement or balance sheet and income statement).

12. Please attach copies of advertisements, brochures or descriptive literature.

13. Do you have a formal training program in place for your employees? Yes No

If yes, please provide a description.

14. Do you engage in any professional continuing education for your field of work? Yes No.

15. Has any similar insurance ever been declined or cancelled? Yes No

16. Is similar insurance currently in force? Yes No

If yes, please provide the following information.

Insurer:	
Expiration Date:	
Limit:	
Deductible:	
Premium:	
Prior Acts/Retroactive date:	

17. Limit requested: Each Claim Annual Aggregate

Deductible requested:

18. 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 provide full explanation.

19. After inquiry, have any claims been made against any proposed insured(s) during the past three years? Yes No

If yes, please provide full explanation for each claim.

It is understood and agreed that with respect to questions 18 and 19 above, that if such knowledge or information exists, any claim or action arising therefrom is excluded from this proposed coverage.

NOTICE TO ALL APPLICANTS: ANY PERSON OR 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 judgment 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 HEREBY DECLARE 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 the person authorized to execute on behalf of the Applicant:

Applicants Signature: _____

Applicants Printed Name:

Title:

Date:

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

Return to: XS/Group, Inc.
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