



- ACE American Insurance Company
- Illinois Union Insurance Company
- Westchester Fire Insurance Company
- Westchester Surplus Lines Insurance Company

ACE Advantage[®]
Small Business
Miscellaneous
Professional Liability
Application

NOTICE

The Policy for which you are applying is written on a claims-made and reported basis. Only claims first made against the Insured and reported to the Company during the Policy Period are covered subject to the Policy Provisions.

The Limits of Liability stated in the Policy are reduced, and may be exhausted, by Claims Expenses. Claims Expenses are also applied against your Retention, if any. If you have any questions about coverage, please discuss them with your insurance agent.

INSTRUCTIONS

Please type or print all answers clearly. Answer all questions completely, leaving no blanks. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. If any questions, or any part thereof, do not apply, print N/A in the space. Insert checks in Yes or No answer boxes, if any. This application must be completed, signed, and dated by an authorized officer of your firm. Underwriters will rely on all statements made in this application.

The information requested in this application is for underwriting purposes only and does not constitute notice to the Company under any Policy of a claim or potential claim. All such notices must be submitted to the Company pursuant to the terms of the Policy, if and when issued.

ADDITIONAL INFORMATION REQUIRED

Please submit the following information with the application:

- a. Standard contract, including sales/service contract, vendor contract and/or contract with subcontractors;
- b. Marketing, advertising or promotional material;
- c. Business resumes of Applicant's key professionals
- d. List of all litigation threatened or pending against any proposed insured, listing the claimant/plaintiff, the cause(s) of action and the alleged damages, and the actual or probable forum/venue for adjudication of such litigation
- e. Loss runs for the past five years supplied by the Applicant's previous Insurance Carrier.

1. General Information:

Applicant Name: _____
 Business Address: _____

Business Type: Corporation Partnership Limited Liability Company Other

Primary SIC Code: _____

Year Established: _____

Total Number of Employees: _____

URL Addresses for All Public-Facing Websites: _____

2. Subsidiaries:

List all Subsidiaries for which coverage is desired. For purposes of completing this question, Subsidiary means any entity that is not formed as a joint venture of which the Applicant owns or has the right to vote more than 50% of the outstanding voting securities representing the present right to vote for election of directors, or the managers or members of the board of managers or equivalent executives of a limited liability company or partnership, on or before the inception date of the Policy. Please provide percentage ownership by Applicant:

Subsidiary Name	Percentage of Ownership	Acquisition or Formation Date	Services Performed by the Subsidiary
	%		
	%		

3. Acquisition, Merger, Consolidation:

- a. Is the Applicant owned, controlled or affiliated with any other entity? Yes No
 - b. Has the name of the Applicant ever been changed? Yes No
 - c. Has the Applicant ever been the subject of any merger, acquisition or consolidation? Yes No
- If the answer is Yes to any part of Question 3, please explain on a separate sheet.**

4. Professional Services:

- a. Please check all boxes below indicating the professional services performed by the Applicant for which coverage is desired and the applicable percentage of total revenue derived from each professional service provided. If the Applicant's professional services do not fit into one of the categories below, please indicate "Other" and provide a comprehensive description of the type(s) of professional service(s) performed attaching a separate sheet. Where denoted by an asterisk (*), please complete a supplemental application for each service. Supplemental applications may be found at www.aceprofessionalrisk.com.

Prof. Service	%	Prof. Service	%	Prof. Service	%
Auctioneer		Employment Agency*		Property Manager*	
Appraisers		Employee Leasing		Public Relations	
Bookkeeper		Escrow Agent*		Printer	
Business Processing Outsourcing		Foreclosure Agent*		Real Estate Agent/Broker*	
Business Manager		Home Inspector		Real Estate Appraiser	
Call Center		Lease Broker		Third Party Administrator	
Claims Adjuster*		Loan Servicers/Closing Services		Testing Lab	
Collection Agency/Credit Reporting*		Management Consultant		Other: _____	
Debt Collector		Mortgage Broker*			
				MUST TOTAL TO 100%	100%

5. Financial & Business Information:

- a. Indicate fiscal year end date: ____/____ (month/day)
- b. Indicate below the total revenues for all professional services indicated in question 4a.

	Year	Revenues	% Non-US Revenues
Prior Fiscal Year		\$	
Current Fiscal Year		\$	
Projected Next Fiscal Year		\$	

6. Clients:

- a. Complete the following for the Applicant's 3 largest clients:

Client	Professional Services Provided	Revenues
1.		\$
2.		\$
3.		\$

7. Subcontractors:

- a. Do you use subcontractors? Yes No
If yes, please answer the two questions below:
 - i. Do you require independent/sub-contractors to carry professional liability insurance? Yes No
 - ii. What percentage of professional services rendered are contracted out? ____%

8. Contracts:

- a. Do you require a written contract or agreement for services with your customers? Always Sometimes Never
- b. Are all contracts reviewed by your legal department or a third party law firm? Yes No
- c. Do you have a process in place to handle and resolve client complaints? Yes No
- d. Do you have agreements with clients wherein your fees are contingent upon the successful completion of the assignment or upon the client's cost reductions or increased sales to the client? Yes No

9. Professional Development and Risk Management:

- a. Do you require continuing education for all professional employees? Yes No
- b. Do you provide formalized in-house training for all professional employees? Yes No
- c. Do you have any risk management procedures established and in use? Yes No

10. Prior Insurance:

- a. Please provide the following information for any Errors and Omissions or Professional Liability Insurance the Applicant carried during the last five years:

Company	Limit of Liability	Deductible	Premium	Policy Period	Retro Date
1.					
2.					
3.					
4.					
5.					

- b. **Missouri Residents are not required to answer this question.**

Has any Errors or Omissions Insurance or Professional Liability Insurance issued to the Applicant ever been declined, cancelled or non-renewed? Yes No

If Yes, please explain on separate sheet.

11. Claims Experience:

- a. After inquiry, any principals, directors, officers, partners, professional employees or independent contractors of the Applicant have knowledge or information of any actual or alleged acts, errors, omissions, offenses or circumstances which might reasonably be expected to give rise to a claim against the Applicant or any proposed insured entity? Yes No
- b. During the past five years, has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a disciplinary action as a result of professional activities? Yes No
- c. During the past five years, have any claims or suits been made against the Applicant, any predecessors in business, subsidiaries, affiliates or any principal, director, officer or professional employee? Yes No
- d. Has the Applicant reported the matters listed in Question 11 a-c to its current or former insurance carrier? Yes No

If yes to any part of Question 11 a-c, please complete a Supplemental Claims Questionnaire for each claim, notice or circumstance. Supplemental Claims Questionnaires are available at www.aceprofessionalrisk.com.

FRAUD WARNING STATEMENTS

NOTICE TO ARKANSAS & LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

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 or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION, SUPPRESSED OR CONCEALED. THE UNDERSIGNED AGREES THAT IF AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE UNDERSIGNED SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

Applicant's Signature:

(Must be signed by an Officer of the Applicant)

Print Name and Title

____/____/____
Date (Mo./Day/Yr.)

FOR IOWA APPLICANTS ONLY:

Broker: _____

Address: _____

FOR MISSOURI APPLICANTS ONLY:

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

I UNDERSTAND AND ACKNOWLEDGE THAT THE POLICY FOR WHICH I AM APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE MY LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

Applicant's Signature:

(Must be signed by an Officer of the Applicant)

Print Name and Title

_____/_____/_____
Date (Mo./Day/Yr.)