



ExecProsm
Proposal Form
for
Miscellaneous Professional Liability Insurance

Part I – Applicant:

Name: _____

Street Address: _____

City, Province, Postal Code: _____

Web address: _____

Contact Person designated to receive, on behalf of all Insureds, any and all notices from the Insurer or their authorized representatives:

Name: _____ Title: _____

Part II – Background Information

1. Years in Operation: _____
2. Provinces and/or states in which the Applicant is licensed or registered: _____

3. Please provide the following information with respect to any affiliates or subsidiaries **for which coverage is desired:**

Table A.

Name	Years in Operation	Provinces and/or States where licensed / registered	Relationship to Applicant

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR SUBSIDIARIES OR AFFILIATES UNLESS LISTED IN THE TABLE ABOVE.

4. Is the Applicant (including the affiliates and/or subsidiaries identified in Table A) a successor-in-interest to any predecessor firm? Yes No
If “Yes” please attach complete details.
5. Is the Applicant owned by, controlled by, or affiliated with any other entity? Yes No
If “Yes” please attach complete details.
6. In the past five years have there been any changes in ownership or company name? Yes No
If “Yes” please attach complete details.
7. Please provide the following information for the Applicant (including the affiliates and/or subsidiaries identified in Table A):

Table B

Period End (MM/DD/YYYY)	Gross Revenues (\$000's)	Net Income(Loss) (\$000's)
Current Year Projection		
Most Recent Year End (/ /)		
Prior Year End (/ /)		

Part III – Professional Activities

8. Please describe in detail the professional services * performed by the Applicant (including the affiliates and/or subsidiaries identified in Table A):

Table C

Description of Professional Services	% of Annual Revenues

TOTAL = 100%

* If the professional services performed by the Applicant (including the affiliates and/or subsidiaries identified in Table A) can be classified into any of the following categories, please complete the indicated Questionnaire:

Human Resource / Staffing / Background Checks
 Property Appraisal / Auctioneer
 Travel Agents
 Information Technology

Management Consulting
 Property / Real Estate
 Risk Management/Loss Control
 Document Company

Marketing
 Public Relations
 Third Party Administrators
 Medical Billing

9. Did any client or project account for greater than 5% of the annual revenues of the Applicant (including the affiliates and/or subsidiaries identified in Table A) in any of the last five fiscal years? Yes No

If “Yes” please complete the table below

Table D

Client / Project Name	Client Description (individual, non-profit organization, commercial, or governmental)	Total Receipts (\$000's)

10. Does the Applicant (including the affiliates and/or subsidiaries identified in Table A) presently provide or plan to provide, or at any point during the past five years, has the Applicant provided any professional services for or in connection with any entity in which the any of its’ principals, partners, managing members, directors, officers, employees, or independent contractors had/have any ownership or financial interest? Yes No

If “Yes” please attach complete details.

11. Total number of the Applicant’s (including the affiliates and/or subsidiaries identified in Table A) principals, partners, managing members, directors, officers, and/or employees engaged in providing professional services to clients: _____

12. Does the Applicant (including the affiliates and/or subsidiaries identified in Table A) use independent contractors and/or sub-contractors in the performance of professional services on behalf of the Applicant? Yes No

If “Yes” please respond to the following:

a. What percent of revenues are derived from their use? _____ %

b. What specific professional services do they perform? _____

c. Are any of them located outside the United States of America and/or Canada? Yes No

d. Is evidence of professional liability insurance required of all independent contractors and/or subcontractors who perform professional services on behalf of the Applicant? Yes No

13. Please identify the Applicants' (including the affiliates and/or subsidiaries identified in Table A) principals, partners, managing members, directors and officers and provide a summary of their qualifications in the table below:

Table E

Name of Individual	Title	Professional Qualifications & Designations	Years in Practice

14. A standard written contract is used with clients: ___ In all cases ___ Sometimes ___ Never

Part IV – Prior Activity

15. During the last five years, has the Applicant (including any affiliates and/or subsidiaries identified in Table A) or any person proposed for this insurance been party to any civil, criminal, administrative, arbitration, or disciplinary proceeding or any claims, lawsuits, or disputes involving any matter that would fall under the scope of the insurance being applied for?

Yes No

16. During the last five years, have there been, or are there presently any disputes with respect to fees or other compensation for professional services rendered by the Applicant (including any affiliates and/or subsidiaries identified in Table A) or any person proposed for this insurance in their capacity with the Applicant?

Yes No

If “Yes” to either 15 or 16 above, in an attachment to this Proposal Form, provide details including the nature of the allegations and/or disputes, the date initiated, the current status, and total loss (including defense costs) incurred.

Part V – Insurance Information

17. Please state the Limits of Liability being applied for:

Single Claim Limit of Liability: ___ \$250,000 ___ \$500,000 ___ \$1,000,000 ___ \$2,000,000

Maximum Aggregate for the Policy Period: ___ \$250,000 ___ \$500,000 ___ \$1,000,000 ___ \$2,000,000 ___ \$3,000,000

18. Please identify the desired:

a) Effective date __/__/____

b) Retroactive date __/__/____

19. Does the Applicant presently maintain Miscellaneous Professional Liability Insurance of any kind? Yes No

If “Yes” please provide the following details and do not respond to question 20 below:

Insurer	Limit	Retention	Retroactive Date	Policy Period

Part VI – Warranty Statement

20. Is the undersigned or any other person proposed for this insurance aware of any fact, circumstance or situation involving the Applicant (including the affiliates and/or subsidiaries identified in Table A) or any employees of the Applicant which he or she has reason to believe might result in any future Claim under the Policy to which this Proposal Form will be attached?

Yes No

If “Yes” please attach complete details.

IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.

The undersigned Officer of the Applicant declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the Applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

This Proposal Form must be completed, signed, and dated to bind coverage.

Signature Title Date

Please submit this Proposal Form and any supporting documents to:

Great American Insurance Group
ELD Canada
1515 Woodfield Road, Suite 500
Schaumburg IL 60173