



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

Underwritten by:
Philadelphia Indemnity Insurance Company

COVER-PRO SM RENEWAL APPLICATION - VT

NOTICE: This professional liability coverage is provided on a claims-made basis; therefore, claims which are first made against you, and reported to the Company, during the policy period are eligible for coverage, subject to policy provisions.

1. Name of the Applicant Firm:
2. Applicant principal location:
Street Address:
City: State: Zip Code:
Website: E-mail address:
3. Risk Management Contact: Risk Management's Phone:
Risk Management Email:
4. Date established: Telephone:
5. Describe the Applicant's nature of business:
6. Is the Applicant Firm controlled, owned, affiliated or associated with any other firm, corporation or company? Yes No
If yes, provide an explanation:
7. Please list the address(es) of all branch offices and / or subsidiaries.
Include a brief description of their operations and indicate if coverage is desired for these offices.
Branch Office(s):

Subsidiary(ies):
(Please note that our policy does not provide automatic coverage for subsidiaries)
8. During the past year has the Applicant Firm's name been changed or has any other business(es) been acquired, merged into or consolidated with the applicant firm? Yes No
If yes, provide a complete explanation detailing any liabilities assumed.

9. Staffing- Provide a breakdown of the Applicant's staff into the following categories:
 A. Principals, Partners or Officers: C. Support staff (including part-time):
 B. Professionals (not included in A): D. Part-time professionals (less than 20 hr/wk):
 TOTAL:

10. Dates of Applicant Firm's current fiscal period: From: To:

	PAST FISCAL YEAR	CURRENT FISCAL YEAR	ESTIMATE - NEXT YEAR
Total Gross Annual Revenue	\$	\$	\$

11. For the gross annual revenue listed in question 9, please give the approximate percentage derived from each service you provide.

Service:	Percent of Revenue:	%
Service:	Percent of Revenue:	%
Service:	Percent of Revenue:	%
Service:	Percent of Revenue:	%

To enter more information, please use the separate page attached to the application.

12. Was more than fifty (50)% of the Applicant's total gross annual revenue for any one year derived from a single client or contract? Yes No
- If yes, provide the following:**
- Client name:
 - Services rendered:
 - How long do you expect this relationship to continue?

13. Describe the Applicant Firm's three (3) largest jobs or projects since your last renewal.

Client name:
Services rendered:
Total gross billings: \$

Client name:
Services rendered:
Total gross billings: \$

Client name:
Services rendered:
Total gross billings: \$

14. Does the Applicant utilize the services of independent contractors or sub-consultants? Yes No
 a. Approximate percentage of gross annual revenue attributable to independent contractors or sub-consultants: %
15. Does the Applicant ever enter into contracts where your fees for services provided are contingent upon the client achieving cost reductions or improved operating results? Yes No
If yes, provide a detailed description of such arrangements.
16. Does the Applicant secure a written contract or agreement for every project? Yes No
Please attach a sample copy) If no, provide the percentage of your gross annual revenue where a written contract is secured: %
17. Do the Applicant's contracts contain any of the following? **(check all that apply)**
 Hold harmless or indemnification clauses in the Applicant's favor Guarantees or warranties
 Hold harmless or indemnification clauses in your Client's favor Payment terms
 A specific description of the services the Applicant will provide
18. Are any staff members considered "Licensed Professionals" or do any staff members hold any professional designations or belong to any professional societies/associations? Yes No
If yes, provide the individual's name and designation/affiliation:
19. Is the Applicant seeking any changes to the expiring policy limit or deductible? Yes No
 If yes, please indicate the desired limit and retention:
 Expiring limit: Expiring deductible:
 Professional liability coverage requested:
 REQUESTED LIMIT OF LIABILITY:
 \$250,000 \$1,000,000 \$4,000,000 \$7,000,000 \$10,000,000
 \$300,000 \$2,000,000 \$5,000,000 \$8,000,000
 \$500,000 \$3,000,000 \$6,000,000 \$9,000,000
- Requested Deductible: \$
- If question #19 was answered yes and increased limits are sought, please answer the following question:
20. **Solely with respect to any higher limits requested or that may ultimately be issued for the proposed renewal, is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could rise to a claim against them under the professional liability coverage?** Yes No
If yes, please provide details the Additional Information page below.
21. Do you currently carry commercial general liability insurance? Yes No
22. Has the Applicant sued to collect past or overdue fees from clients within the past two (2) years? Yes No
If yes, please provide details on the Additional Information page below.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRINCIPAL, PARTNER, OR OFFICER)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date