**CONSULTANT LIABILITY APPLICATION**

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| Applicant’s Name:    Mailing Address:    Location Address: | Agency Name:  Agent No.:  Address:    E-mail:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture

Limited Liability Company  Other (Specify)

**Website Address:**

**E-mail Address:**       **Phone No.:**

**Limits Of Liability and Deductible Requested:**

|  |  |
| --- | --- |
| General Aggregate (other than Products/Completed Operations) | $ |
| Products & Completed Operations Aggregate | $ |
| Personal & Advertising Injury (any one person or organization) | $ |
| Each Occurrence | $ |
| Damage To Premises Rented To You (any one premise) | $ |
| Medical Expense (any one person) | $ |
| Errors and Omissions Coverage Each Claim (Limits must be equal to General Liability Limits) Aggregate | $       $ |
| Sexual and/or Physical Abuse Coverage | $25,000/$50,000 (included) |
| Other Coverage, Restrictions and/or Endorsements: | $ |
| Deductible | $ |

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| **1. Describe all professional or business services performed by applicant:** |

**2. Number of years in business:**

**3. List all states in which applicant performs operations:**

**4. Number of employees: Total:**        **Full Time:**        **Part Time:**

**5. Total annual: Payroll:** **$**       **Gross Receipts:** **$**

**6. Schedule Of Hazards:**

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| --- | --- | --- | --- | --- |
| **Loc. No.** | **Classification Description** | **Class. Code** | **Exposure** | **Premium Basis**  (s) Gross Sales (p) Payroll (a) Area (c) Total Cost  (t) Other |
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**7. List applicant’s five largest clients (projects), service provided and cost of service:**

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| --- | --- | --- |
| **Client (Project) Name:** | **Services Provided** | **Cost of Service** |
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| **8. Provide a breakdown of the applicant’s consulting services including type of consulting activity and percent of gross receipts derived from each type of consulting activity:** |

**9. Identify which of the following categories the applicant offers consulting services for:**

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| --- | --- | --- |
| Animals | Legal | Range Management |
| Chemicals | Management/Business | Real Estate |
| Computer/Information Technology | Marketing | Regulatory |
| Construction | Medical | Safety |
| Engineers or Architects | Nuclear | Security |
| Environmental | Nutrition | Social Media |
| Financial/Investment | Political | Social Services |
| Gas or Oil | Public Relations | Other: |
| Irrigation |  |  |

**10. Does applicant provide the following services:**

Construction Project Manager  Yes  No

Expert Witness  Yes  No

Inspection Company  Yes  No

Real Estate Agent  Yes  No

Tutor  Yes  No

**11. Does applicant use a written contract?**  Yes  No

If yes, attach copy of contract.

**12. Does applicant subcontract work to others?**  Yes  No

**13. During the past three years, has the applicant’s name been changed or has the applicant purchased, merged or consolidated with any other business?**  Yes  No

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| If yes, explain: |

**14. Is applicant involved in any business or profession other than what is described above?**  Yes  No

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| If yes, describe and provide estimated receipts: |

**15. Is applicant controlled by, owned by, or associated with any other firm, corporation or   
company?**  Yes  No

If yes, describe:

**16. Does applicant assist in negotiating or have any authority to alter or enter into contractual relationships on any client’s behalf?**  Yes  No

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| If yes, explain: |

**17. Does applicant have Professional Liability coverage in force?**  Yes  No

If yes: With whom?

Effective dates:

Limits:

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| **18. List professional associations to which the applicant belongs:** |

**19. During the past three years, has any company canceled, nonrenewed, declined or refused similar insurance to the applicant?** (Not applicable in Missouri)  Yes  No

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| If yes, explain: |

**20. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**  Yes  No

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| If yes, describe: |

**21. Additional Insured Information:**

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| --- | --- | --- |
| **Name** | **Address** | **Interest** |
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**22. Prior Carrier Information:**

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| --- | --- | --- | --- | --- | --- |
|  | **Year:** | **Year:** | **Year:** | **Year:** | **Year:** |
| **Carrier** |  |  |  |  |  |
| **Policy No.** |  |  |  |  |  |
| **Coverage** |  |  |  |  |  |
| **Occurrence or  Claims Made** |  |  |  |  |  |
| **Total Premium** |  |  |  |  |  |

**23. Loss History:**

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| --- | --- | --- | --- | --- |
| **Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.**  Check if no losses in the last five years. | | | | |
| **Date of Loss** | **Description of Loss** | **Amount Paid** | **Amount Reserved** | **Claim Status (Open or Closed)** |
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**24. Include the following documents with the Application:**

**a.** Sample copies of all types of client contracts, including sub-contractor contracts.

**b.** Copies of all promotional or marketing materials.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

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|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning  character, general reputation, personal characteristics and mode of living. Upon written request, additional information  as to the nature and scope of the report, if one is made, will be provided. | | |