



Errors And Omissions Liability Insurance For Associations Supplement (Claims Made)

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

Full Name Of Applicant: _____ Title: _____

Business Name: _____

Phone #: _____ Fax #: _____ Email: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____ Website: _____

Contact Person & Phone Number: _____

Year Established: _____

Individual Partnership Corporation For Profit Not for Profit Other _____

1. APPLICANT OPERATIONS

a. Please attach a list all past and present affiliations with other entities. Describe the relationship in detail and indicate period of affiliation.

b. Please state the number of:

Directors	Active Members
Officers	Clerical Staff
Inactive Members	Other (Describe)

c. Please describe the minimum qualifications for membership and submit copy of application form.

d. Please describe briefly the purpose of the applicant's association. (If other than bar or medical association, submit copies of contracts which the association has with others.)

e. Please attach a list of the kinds of publications and other printed or recorded material, including advertisements furnished to members or nonmembers. (Attach a copy of printed materials.)

f. Does the applicant:

(1) Provide a referral service, legal aid service or computer service to the applicant's members or the public? Yes No

(2) Promote or sponsor any type of group travel, conventions, parades or other similar events, or assume any liability in connection therewith? Yes No

- (3) Promote, sponsor or provide any form of insurance to the applicant's members or non-members? Yes No
- (4) Act as a fiduciary or administrator under the Employee Retirement Income Security Act of 1974? Yes No
- (5) Develop standards used to evaluate the quality of goods, products manufactured or services rendered:
- (a) By members? Yes No
- (b) By nonmembers? Yes No
- (6) Engage in any form of research, development, experimentation, or testing? Yes No
- (7) Act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others? Yes No
- (8) Take any disciplinary action or recommend disciplinary action as a result of peer review group activities? Yes No
- (9) Perform any other activities or services not specifically included in (1) through (8)? Yes No
- (10) Have any secondary locations? Yes No
- Please attach details for any yes answer.

2. REVENUES

- a. Sources and amounts of total revenue:

Source	Last Fiscal Year Amount	This Fiscal Year Amount
Membership Dues	\$ _____	\$ _____
Government Funding	\$ _____	\$ _____
Sale of Publications	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Total Gross Revenues:	\$ _____	\$ _____

- b. Total expenditures for:

Last Fiscal Year \$ _____

This Fiscal Year (Estimate) \$ _____

4. APPLICANT HISTORY

- a. Has the applicant or any of the applicant's past or present officers, directors or employee ever been convicted of a violation of any law or ordinance? Yes No
- b. Has any insurance company or Lloyd's ever canceled, declined, refused to renew, or accepted only on special terms the applicant's errors and omissions insurance? Yes No
- c. Has any claim or suit ever been brought against the applicant or any of the applicant's past or present officers, directors or employees? Yes No
- d. Is the applicant or any of the applicant's officers, directors or employees, aware of any circumstances that may result in an errors and omissions claim or suit being made or brought against the applicant? Yes No

e. List prior professional liability insurance carried for each of the past four years. If none, state none.

Insurance Company	Policy Number	Limits Of Liability	Deductible	Premium	Inception Mo./Day/Yr.	Expiration Mo./Day/Yr.	Was This A Claims Made Policy Form?
		\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

Fraud Warning: 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 for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.)

STATE FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT

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.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.**

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

(Florida only) Agent license number: _____

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.