



AGENCY MARKETING SERVICES  
PO BOX 67218  
ST. PETE BEACH FL 33736-7218

**ERRORS AND OMISSIONS LIABILITY APPLICATION**

**NOTICE:** This application is for a **CLAIMS MADE POLICY**. Except as may be otherwise provided herein, this coverage is limited to liability for only those claims which are first made against the insured and reported to the Company during the policy period.

- 1 Name of Firm \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 2 Date Established \_\_\_\_\_
- 3 Is applicant firm a Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_?
- 4 Is the firm owned by, associated with or controlled by any other business?  Yes  No  
If Yes, give details \_\_\_\_\_
- 5 Describe in detail the nature of the professional or business activities for which insurance is desired  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6 How long have you been engaged in your current occupation or business? \_\_\_\_\_ years
- 7 Are you engaged in any other profession or business?  Yes  No  
If Yes, explain \_\_\_\_\_
- 8 Provide the number of your staff  
Partners or Officers \_\_\_\_\_ Professional/Technical Personnel \_\_\_\_\_ Support \_\_\_\_\_
- 9 List the qualifications of professional staff. If in business five years or less attach resumes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10 List membership in professional and/or trade organizations  
\_\_\_\_\_  
\_\_\_\_\_
- 11 Gross income estimated for next year. Indicate year in spaces provided \_\_\_\_\_ \$ \_\_\_\_\_  
Current Year \_\_\_\_\_ \$ \_\_\_\_\_ Previous Year \_\_\_\_\_ \$ \_\_\_\_\_

12 Are any changes in the nature or size of the applicant's business anticipated over the next 24 months?  Yes  No  
 If Yes, explain \_\_\_\_\_

13 Does the applicant subcontract services to others?  Yes  No  
 If Yes, explain what types of services and what percent of your total receipts are subcontracted \_\_\_\_\_

Does the applicant require certificates of professional liability insurance or other financial responsibility?  Yes  No

14 Does your firm use a written contract or agreement describing the services to be provided?  Yes  No

15 Have your contracts and procedures been reviewed by a law firm?  Yes  No

16 Does your firm assume liability for others under contracts utilized?  Yes  No

17 List your three largest clients during the past year and indicate services performed and approximate revenue from each:

| <u>Name</u> | <u>Services</u> | <u>Revenues</u> |
|-------------|-----------------|-----------------|
| _____       | _____           | _____           |
| _____       | _____           | _____           |
| _____       | _____           | _____           |

18 Provide details of General Liability Insurance in force:

| <u>Company</u> | <u>Limit</u> | <u>Deductible</u> | <u>Policy Term</u> |
|----------------|--------------|-------------------|--------------------|
| _____          | _____        | _____             | _____              |

Does the policy detailed above include coverage for Products/Completed Operations Hazard?  Yes  No

19 Please provide details of Errors and Omissions insurance carried during last three years:

| <u>Company</u> | <u>Limit</u> | <u>Deductible</u> | <u>Premium</u> | <u>Policy Term</u> |
|----------------|--------------|-------------------|----------------|--------------------|
| _____          | _____        | _____             | _____          | _____              |
| _____          | _____        | _____             | _____          | _____              |
| _____          | _____        | _____             | _____          | _____              |

Is your expiring policy a CLAIMS MADE POLICY?  Yes  No

If Yes, advise Retroactive Date \_\_\_\_\_

20 Give an example of a claim that you intend to have insured under this policy

\_\_\_\_\_  
 \_\_\_\_\_

21. Do you provide services/advice to customers/clients which could in any way be impacted by Year 2000 compliance?  Yes  No

If Yes, provide details of the services provided or advice given and the type of exposures arising out of or impacted by Year 2000 compliance. \_\_\_\_\_

22. Have you done an assessment of the impact of Year 2000 related issues in your organization?  Yes  No

If Yes, describe the assessment in detail. If No, describe in detail why you have not. Attach sheet providing full details of your answer. \_\_\_\_\_

23. Describe how you will monitor the Year 2000 compliance of third parties' services that you depend upon to conduct your business. \_\_\_\_\_

24. Has any application for Errors and Omissions or similar insurance made on behalf of you or your firm, or present partners, owners, officers or employees ever been declined, or has any such insurance ever been canceled or refused renewal?  Yes  No

If Yes, give details below or attach an information sheet

25. Have any claims, suits or proceedings been made during the past five years against any of you or your firm, your predecessors in business or against any present partners, owners, officers or employees?  Yes  No

If Yes, give details below or attach an information sheet

26. Are any of you aware of any alleged act, circumstance, situation, error or omission which may result in a claim being made against you or any of the persons or firm described?  Yes  No

If Yes, give details below or attach an information sheet

27. Limit of Liability requested \_\_\_\_\_ Deductible \_\_\_\_\_

28. Please include with this application the following items

- A. Current brochure or similar item describing activities or services
- B. Most recent financial statement or annual report.
- C. Copies of standard contracts for professional or business activities.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME

**I/WE HEREBY DECLARE** that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the sole basis of any subsequent contract or insurance with the company. Signature of the application does not bind the Firm or Company to complete the insurance

Application must be signed and dated by principal, partner, officer or director of the firm

\_\_\_\_\_

|      |                        |       |
|------|------------------------|-------|
| Date | Signature of Applicant | Title |
|------|------------------------|-------|

**PLEASE NOTE:** COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE POLICY. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED

AGENT OR BROKER \_\_\_\_\_

LAND SURVEYOR SUPPLEMENTAL APPLICATION

Applicant: \_\_\_\_\_

1. Are you or do you have on-staff licensed land surveyors?  
\_\_\_ YES \_\_\_ NO

2. Are you engaged in:

a) actual construction, fabrication or erection? \_\_\_ YES \_\_\_ NO

b) the manufacture, sale or distribution of any product,  
process or patented production process? \_\_\_ YES \_\_\_ NO

c) real estate development? \_\_\_ YES \_\_\_ NO

If any of the above answers are YES, please attach details.

3. Do you have any on-staff licensed engineers? \_\_\_ YES \_\_\_ NO

4. Do you have any financial interest in any project for which you  
have rendered professional services? \_\_\_ YES \_\_\_ NO

5. Types of Work:

a. Boundary/property survey \_\_\_\_\_ %

b. Construction stakeouts \_\_\_\_\_ %

c. Hydrographic surveys \_\_\_\_\_ %

d. Mapping or cartography \_\_\_\_\_ %

e. Photogrammetric surveys \_\_\_\_\_ %

f. Plans/specifications for state/  
highways, natural drainage systems,  
utilities or buildings or other  
structures ñ please attach details. \_\_\_\_\_ %

g. Subdivision work -  
do not include boundary or  
topographic surveys. Does the sub-  
division work include the preparation  
of plans/specifications for:

1. grading and site work? \_\_\_ YES \_\_\_ NO

2. roads and streets? \_\_\_ YES \_\_\_ NO

3. curbs, gutters and natural  
drainage? \_\_\_ YES \_\_\_ NO

4. utilities? \_\_\_ YES \_\_\_ NO

h. Other: \_\_\_\_\_  
\_\_\_\_\_

6. Does the Applicant provide services with respect to:

- |                                      |                          |     |                          |    |
|--------------------------------------|--------------------------|-----|--------------------------|----|
| a. bridges?                          | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b. dams?                             | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| c. surveys of subsurface conditions? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| d. tunnels?                          | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

If the answer to any one of the above questions is yes, then please provide full details. It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of person authorized  
to execute on behalf of the  
Applicant

MPL SA-21