



## AXIS MPL PROFESSIONAL SERVICES LIABILITY APPLICATION

### AXIS INSURANCE

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Chicago, IL 60606

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[www.axiscapital.com/insurance/professional-liability](http://www.axiscapital.com/insurance/professional-liability)

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**SOLELY AS RESPECTS CLAIMS-MADE LIABILITY COVERAGES UNDER THE POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED: THIS INSURANCE POLICY PROVIDES COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED TO THE INSURER AS SET FORTH IN THE REPORTING OF CLAIMS AND EVENTS SECTION. DEFENSE COSTS ARE INCLUDED IN THE LIMITS OF INSURANCE, AND PAYMENT THEREOF WILL ERODE, AND MAY EXHAUST, THE LIMITS OF INSURANCE.**

### ABOUT THIS APPLICATION

- The term "Applicant," herein refers individually and collectively to all proposed insureds. All responses shall be deemed made on behalf of all proposed insureds.
- This Application and all materials submitted herewith shall be held in confidence.
- The submission of this Application does not obligate the Applicant to buy insurance nor is the Insurer obligated to sell insurance or to offer insurance upon any specific terms requested.
- If the policy applied for is issued, this Application, which shall include all Supplemental Applications and material and information submitted in connection with this Application, will be deemed attached to and will form a part of the policy.

### INSTRUCTIONS

- Respond to all questions completely, leaving no blanks. Check responses when requested.
- If space is insufficient, continue responses on your letterhead.
- This Application must be completed, dated, and signed by an authorized officer of the entity identified in the section entitled "Applicant Information" below.

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### APPLICANT INFORMATION

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**Applicant Entity Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Primary Website:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Date Established:** \_\_\_\_\_

If less than 3 years, please attach resumes of principles.



## AXIS MPL PROFESSIONAL SERVICES LIABILITY APPLICATION

**Geographic area in which the Applicant provides service(s):**

☐ Local ☐ Regional (Multi-State) ☐ National ☐ International

**Is the Applicant owned by or affiliated with other companies?**

☐ Yes ☐ No

A. If yes, advise who they are:

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B. For which of these does the Applicant wish to extend coverage?

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**Within the past five years, has the Applicant changed its name, acquired any business, or has the Applicant merged or consolidated with any entity?**

☐ Yes ☐ No

If yes, provide the following information:

<u>NAME OF ENTITY</u>	<u>DATE OF TRANSACTION</u>	<u>TYPE OF TRANSACTION</u> <u>(ACQUISITION, MERGER OR CONSOLIDATION)</u>
_____	_____	_____
_____	_____	_____

Did the Applicant assume the liabilities (i.e. responsibility for prior acts) of the acquired, merged or consolidated entity?

☐ Yes ☐ No

If yes, provide details of the liability(ies) assumed:

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**Provide the number of the Applicant's:**

Principals, partners or officers: \_\_\_\_\_

Technical personnel: \_\_\_\_\_

Clerical personnel: \_\_\_\_\_



## AXIS MPL PROFESSIONAL SERVICES LIABILITY APPLICATION

List professional societies and trade associations relating to the services to be insured in which the Applicant or any of the Applicant's officers are a member:

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Does the Applicant have any certified or licensed professionals on staff (i.e. architect, engineer, medical practitioner, attorney, CPA, actuary or insurance agent or broker, etc.)?

☐ Yes ☐ No

If yes, what services are they providing?

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### OPERATIONS

1. Describe the services the Applicant provides that the Applicant wishes to insure:

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2. Does the Applicant use independent contractors or subcontractors for the services described in 1. above?

☐ Yes ☐ No

If yes, estimated percentage of time used: \_\_\_\_\_

3. Briefly describe the Applicant's five largest jobs or projects during the past five years:

	<u>CLIENT</u>	<u>REVENUE</u>	<u>SERVICE(S) PERFORMED</u>
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____

4. A. What does the Applicant see as its potential exposure to E&O claims?

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B. What safeguards or procedures does the Applicant employ to avoid these claims or reduce these exposures?

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## AXIS MPL PROFESSIONAL SERVICES LIABILITY APPLICATION

**5. A. Does the Applicant use a written contract or agreement describing the services it will provide?**

☐ Yes ☐ No

If yes, attach representative contracts, work orders, license agreements or letters of agreement the Applicant uses with its clients.

If no, explain how the Applicant reaches agreement with its clients regarding the services to be insured:

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**B. Percentage of time agreements in 5.A. above are used:**

\_\_\_\_\_%

**C. Do the Applicant's contracts contain the following:**

Hold harmless or indemnity agreement inuring to the Applicant's benefit? ☐ Yes ☐ No

Hold harmless or indemnity agreement inuring to the Applicant's client's benefit? ☐ Yes ☐ No

Guarantees or warranties? ☐ Yes ☐ No

Disclaimer inuring to the Applicant's benefit? ☐ Yes ☐ No

**D. Has a law firm experienced in the Applicant's field reviewed its:**

Contracts? ☐ Yes ☐ No

Procedures? ☐ Yes ☐ No

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### FINANCIAL INFORMATION

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**Provide the following information regarding the Applicant's income:**

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
<b>Domestic Operations</b> Gross billings, sales, fees, commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____
<b>Foreign Operations</b> Gross billings, sales, fees, commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____



## AXIS MPL PROFESSIONAL SERVICES LIABILITY APPLICATION

### PRIOR INSURANCE AND CLAIM EXPERIENCE

#### PRIOR OR CURRENT COVERAGE:

1. A. Provide the following information for similar insurance, if any, carried during the last five years:

<u>INSURER</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>	<u>POLICY TERM</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- B. Advise current retroactive date (if claims made):

\_\_\_\_\_

2. Provide the following information for General Liability coverage currently in force:

<u>INSURER</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>POLICY TERM</u>
_____	_____	_____	_____
_____	_____	_____	_____

Does the policy above include coverage for Products/Completed Operations Hazards? ☐ Yes ☐ No

3. Limit of Liability desired: \$ \_\_\_\_\_

Retention: \$ \_\_\_\_\_

#### CLAIM EXPERIENCE:

Have any claims, suits or proceedings been made during the past five years against the Applicant or any of the Applicant's predecessors in business, subsidiaries or affiliates or against any of their past or present partners, owners, officers, sales persons or employees? ☐ Yes ☐ No If yes, complete a Supplemental Claim Information form for each.

**The policy for which the Applicant is applying, if issued, will not insure any claims, suits or proceedings made against the Applicant before the inception date of the policy or any subsequent claims, suits or proceedings arising therefrom.**



## AXIS MPL PROFESSIONAL SERVICES LIABILITY APPLICATION

Is the Applicant aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against the Applicant or any of the persons or entities described in above?

☐ Yes ☐ No

If yes, please explain:

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**The policy for which the Applicant is applying, if issued, will not insure any claims that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission known to the Applicant before the inception date of the policy.**

Has the Applicant or any of the Applicant's predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of your or their activities?

☐ Yes ☐ No

If yes, please explain:

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### REPRESENTATIONS AND SIGNATURE

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By signing this document, the undersigned authorized representative of the Applicant represents on behalf of all persons and entities proposed for coverage, after inquiry, that to the best of their knowledge:

1. The statements and answers given in and all materials submitted with this Application are true, accurate and complete.
2. No facts or information material to the risk proposed for insurance have been misstated or concealed.
3. These representations are a material inducement to the Insurer to provide a proposal for insurance.
4. Any policy the Insurer issues will be issued in reliance upon these representations.
5. The Applicant will report to the Insurer immediately in writing any material change in the Applicant's activities, products and services.
6. The Applicant will report to the Insurer immediately in writing any material changes to the answers provided in this Application which occur or are discovered between the date of this Application and the effective date of the policy for which coverage is sought by submission this Application.
7. The Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.



## AXIS MPL PROFESSIONAL SERVICES LIABILITY APPLICATION

### WARNING

PLEASE REVIEW THE STATE FRAUD STATEMENT CONTAINED AT THE END OF THIS APPLICATION APPLICABLE TO THE STATE IN WHICH THE APPLICANT RESIDES.

Any person who, with intent to defraud or knowingly facilitates a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

*This Application must be signed by the Applicant's Chief Executive Officer, Chief Financial Officer, Chief Operations Officer or General Counsel, or their functional equivalent, unless the Insurer instructs the Applicant otherwise.*

Name \_\_\_\_\_

Name (signature) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

### TO BE COMPLETED BY PRODUCERS ONLY:

RETAIL PRODUCER		WHOLESALE PRODUCER	
Producer Name:		Producer Name:	
City, State:		City, State:	
Telephone No.:		Telephone No.:	
License No.:		License No.:	

Producer signature: \_\_\_\_\_



## **AXIS MPL PROFESSIONAL SERVICES LIABILITY APPLICATION**

### **STATE FRAUD STATEMENT**

#### **ALABAMA**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison or any combination thereof.

#### **ARKANSAS**

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

#### **COLORADO**

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.

#### **DISTRICT OF COLUMBIA**

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

#### **FLORIDA**

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.

#### **KANSAS**

A "fraudulent insurance act" means an act committed by 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.

#### **KENTUCKY**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

#### **LOUISIANA**

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





## AXIS MPL PROFESSIONAL SERVICES LIABILITY APPLICATION

### MAINE

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 or a denial of insurance benefits.

### MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

### NEW JERSEY

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

### NEW MEXICO

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### NEW YORK

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### OHIO

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### OREGON

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
  - 1. Material to the risk assumed by us; or



## AXIS MPL PROFESSIONAL SERVICES LIABILITY APPLICATION

### 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

### **PENNSYLVANIA**

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.

### **PUERTO RICO**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

### **RHODE ISLAND**

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

### **TENNESSEE**

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.

### **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.

### **VIRGINIA**

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.



## AXIS MPL PROFESSIONAL SERVICES LIABILITY APPLICATION

### 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.

### WEST VIRGINIA

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