





8. Is Applicant engaged in any business/profession other than as stated in question 6.? Yes  No   
**If Yes, please provide details by separate attachment.**
9. Does Applicant contemplate any change in services or emphasis planned for the next 12 months?  
 Yes  No  **If Yes, please provide details by separate attachment.**

10. Please explain what type of claim or allegations could the Applicant be involved in?

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11. **PROFESSIONAL LIABILITY COVERAGE FOR LAST 5 YEARS ( if NONE check here  )**

CARRIER	LIMIT (per claim/agg)	DEDUCTIBLE	PREMIUM	EXPIRATION (mm/dd/yy)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. What is the **retroactive date** of expiring Professional Liability policy? \_\_\_\_\_ (mm/dd/yy).

13. Has any insurer cancelled/refused to renew any similar coverage during the last 5 years? Yes  No   
**If Yes, please provide details on separate attachment .**

14. Has any professional liability claim or suit been made against Applicant, any predecessor in business or against any past or present partner/officer(s)? Yes  No  **If Yes, please provide on separate attachment these details – allegations, amount of damages/demand, date of loss/date claim made/reserve amounts for indemnity and expenses as well as paid amounts for indemnity and expenses.**

15. Is the Applicant aware of any circumstance or incident which may result in any claim against them or any predecessor in business or any past or present partner/officer? Yes  No   
**If Yes, please provide details on separate attachment.**

**The Applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell no the Applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made part of the policy.**

The Applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title (Officer/Principal/Partner)