



Please fax completed applications to 1-800-915-3922

Or E-mail to [ciglesias@sabalinsurance.com](mailto:ciglesias@sabalinsurance.com)

## Application for Professional Liability Errors & Omissions Insurance

### GENERAL INFORMATION:

Legal Name & DBA: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Corporate Structure (check one):    Proprietorship    Partnership    Corporation    Other: \_\_\_\_\_  
 Year Business Established: \_\_\_\_\_ Requested policy period: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

### BUSINESS INFORMATION:

Estimated Annual Revenue: \$ \_\_\_\_\_ Estimated Annual Payroll: \$ \_\_\_\_\_  
 Please describe in detail the professional activities for which coverage is desired: \_\_\_\_\_  
 \_\_\_\_\_

List the total gross revenues for the past two years derived from those activities above.

In addition, please list projected revenues for the current year.

YEAR	AMOUNT
a) Current Projected	_____
b) _____	_____
c) _____	_____

For the Revenues listed in regards to the current projected year, please give the approximate percentage derived from each of the activities listed in your activity description.

ACTIVITY	%	OF CURRENT PROJECTED REVENUES
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%

Is the applicant engaged in any business or profession other than as described above?    Yes    No

If "Yes," please attach an explanation and estimated revenues.

Limit of Liability Desired: \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_ \$2,000,000 \_\_\_\_\_ Other \_\_\_\_\_

Deductible: \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$25,000 \_\_\_\_\_ Other \_\_\_\_\_

Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company?    Yes    No

If "Yes," please attach explanation.

Number of principals, partners, officers and professional employees directly engaged in providing services to clients: \_\_\_\_\_

Number of non-professional employees (clerks, secretaries, etc.): \_\_\_\_\_

Please provide the following:

Full names of ALL Partners/Principals/ Key Employees	Professional Qualifications	Date Qualified	How Long in Practice	How Long as Partner/Principal

To what professional association(s) does the Applicant Firm belong? \_\_\_\_\_

Does the Applicant Firm use a written contract with client?    Always \_\_\_\_\_    Sometimes \_\_\_\_\_    Never \_\_\_\_\_

Please attach a copy of your standard contract(s).

Please include a list of Applicant Firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) Project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What percentage of the Applicant Firm's business involves subcontracting of work to others? \_\_\_\_\_%

Does Applicant Firm provide professional services to business entities in which it retains an ownership interest? Yes No

If "Yes," please explain on a separate sheet.

Has any similar insurance ever been declined or cancelled? Yes No

If "Yes," please explain on a separate sheet.

Is similar insurance currently in force? Yes No

If "Yes," please provide:

Description of services being covered: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_ Length of time coverage has been in force: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Prior Acts/Retroactive Date: \_\_\_\_\_

Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

Attach most recent audited financial statements (or recent tax returns) and descriptive or promotional materials.

Estimated Gross receipts for current fiscal period: \$ \_\_\_\_\_

Estimated Cost of Goods Sold for current fiscal period: \$ \_\_\_\_\_

Have any of the individuals listed in the chart on page one ever been the subject of disciplinary action by authorities as result of their professional activities? If "Yes," please explain on a separate sheet. Yes No

Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her. Yes No

If "Yes," please complete a Supplemental Claim Information form for each.

After inquiry have any claims been made against any proposed Insured(s) during the past three (3) years? Yes No

If "Yes," please complete a Supplemental Claims Information form for each claim.

Also, how many claims have been made in the last three (3) years? \_\_\_\_\_

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the Applicant:

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date