

The Warnock Agency, Inc.

4528 McEver Rd. • Suite C

Oakwood, Georgia 30566

Ph: 678-450-8003 • Fax: 678-450-7333

Specified Professions Professional Liability Product

SECTION I: BACKGROUND INFORMATION

1. Name of Insured

2. Address

City State Zip Code

Phone Website

Email Address

3. Date Established

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

If yes, please provide name(s) and relationship:

5. Does the Applicant have any Subsidiaries? Yes No

If yes, please provide name(s) and relationship:

6. Applicant is: Corporation Partnership Individual

SECTION II : ORGANIZATION OPERATION

7. Please describe in detail the professional services for which coverage is desired:

8. (a) List total gross receipts derived from activities in question #7.

Last Year: Gross Receipts \$

Current Year (based on 12 months) Gross Receipts \$

Forecast for Next Year: Gross Receipts \$

(b) Please indicate the percent of receipts listed in 8a from Foreign Operations (i.e. outside of U.S. and its territories):

(c) Did Applicant have a positive net income in the past 12 months? Yes No

If No, please advise net income and steps being taken to correct the negative net income.

(d) What is the Applicant's overall net equity? Positive Negative

If negative, please advise net equity and steps being taken to correct the negative net equity.

9. (a) Describe the 5 largest jobs or projects during the past 3 years:

Name of Client	Services Provided	Gross Billings

(b) Does the Applicant anticipate deriving more than 50% of total gross billings for the coming year from a single client?

Yes No If yes, advise details:

10. Is the Applicant a licensed Professional (i.e. Lawyer, Accountant...)?

Yes No If yes, advise details:

11. (a) Number of principals, partners, officers and professional employees directly engaged in providing service directly to clients?

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

(c) Number of independent/sub contractors:

12. Please answer the following question(s) regarding the use of independent contractor.

(a) The total percent of Applicant's work done by independent contractors and subcontractors:

(b) Does the Applicant desire to provide coverage for independent contractors (including them named as insured(s) on your policy), while working on your behalf? Yes No If YES to 12b, please answer the following questions:

1) How will the Applicant utilize each independent/subcontractor?

2) Does the Applicant require Certificates of Professional Liability insurance from all independent contractors:

Yes No

13. Please provide the following:

Name of Partners, Principals, Key Employees and Independent/Subcontractors	Professional Qualifications/Designations	# of Years in Practice

14. Does any director, officer, employee, partner or independent/subcontractor of the Applicant serve as an officer or on the Board of Directors of any client or own any financial or equity interest in any client of the Applicant?

Yes No If yes, advise details:

15. What do you see as your potential exposure to a professional liability claim?

16. Does the Applicant use a written contract or letter of engagement with clients? In All Cases Sometimes Never

17. Additional Insured(s) to be included for Errors and Omissions (list name, address and relationship to Applicant):

Name	<input type="text"/>	Address	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>	Relationship	<input type="text"/>

18. Has any prospective insured ever had their license revoked or suspended or disciplined in any way or been the subject of any investigation by any state insurance department? Yes No

SECTION III: CLAIMS INFORMATION

DO NOT COMPLETE THIS SECTION IF THIS IS AN APPLICATION FOR A RENEWAL POLICY AT THE SAME LIMIT OF LIABILITY WITH ONE OF THE USLI COMPANIES.

1. Have you initiated litigation against any of your clients in the past 5 years?

Yes No If YES, advise how many times you have initiated litigation in the past 5 years along with details for each)

2. During the past 5 years, has any claim been made or suit brought against the Insured, its predecessors(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors?

Yes No If YES, please provide details on a separate supplemental claim application.

3. Is the owner, partner, officer, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the Insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees or independent contractors?

Yes No If YES, please provide details on a separate supplemental claim application.

SECTION IV: PROFESSIONAL LIABILITY INSURANCE COVERAGE

1. Has any Policy or Application for professional liability insurance on your behalf or on the behalf of any of your principals, officers, employees, independent contractors, or on behalf of any predecessor(s) in business ever been declined, cancelled or renewal refused? *Not applicable in Missouri*

Yes No If yes, advise details

2. Is similar professional liability insurance currently in force? Yes No

Name of Carrier	Limit	Retroactive Date (if any)	Deductible	Premium	Policy Period

Length of time coverage has continuously been in force?

SECTION V: BUSINESS OWNERS PACKAGE INSURANCE

1. Does the Applicant currently have General Liability Insurance? Yes No

If Yes, please provide the following:

Name of Carrier	Limit	Premium	Expiration Date

2. Is the Applicant involved in the installation of hardware, electrical work, wiring and /or cable installation of the items for which they are providing consultation services (including work done by Independent Contractors on behalf of Applicant)?

Yes No If yes, please provide percentage of receipts from these services

3. Additional Insured(s) to be included for General Liability (list name, address and relationship to Applicant):

Name Address Relationship

Name Address Relationship

Name Address Relationship

4. Has the Applicant had any General Liability claims paid, reserved or pending during the last 5 years?

Yes No If yes, please provide details

5. (a) Personal Property Limit (at 80% Coinsurance/Replacement Cost):

(b) EDP Equipment Limit \$

(c) Burglar Alarm? Yes No

Functioning Fire/Smoke Detector? Yes No

Aluminium Wiring? Yes No

6. Is the electrical system connected to circuit breakers? Yes No

7. Property Protection Class (1-10)

8. Building Construction (please check one)

Frame - Bldg. is made from a wood frame (2x4's/veneer)

Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.

Masonry Non-Combustible - Same as Joisted, except roof is steel.

Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls

9. Has the applicant had any property Claims Paid, Pending or reserved during the last 5 years? (by year)?

Yes No If yes, please provide details

SECTION VI: REQUIRED INFORMATION

A. USLI Application

B. Copy of resume(s) on technical and key personnel (for select classes)

C. Supplemental Application (for select classes)

Virginia Notice: You have an option to purchase a separate limit of liability for the extension period. Policy common conditions. 1) If you do not elect this option, the limit of liability for the extension period shall be part of an not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance," is replaced with "Authorization or agreement to bind insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being cancelled for nonpayment of premium.

Colorado Fraud Statement: 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 Fraud Statement: 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 Fraud Statement: 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.

Kentucky Fraud Statement: 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.

Maine Fraud Statement: 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.

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

New York Fraud Statement: 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 state value of the claim for each such violation.

New York Disclosure Notice: This policy written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

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

cont.

Pennsylvania Fraud Statement: 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 crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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.

The states of Florida, Iowa and New York require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker:

Address

License Number

NOTICE TO APPLICANT

The undersigned declares that to the best of his/her knowledge and belief that statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations. The Company is hereby authorized, but not required to make an investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not stop the Company from relying on any statement in this application. The signing of this Application does not bind the undersigned to purchase the insurance, nor does the review of this Application bind the Company to issue a Policy. It is understood the Insurer is relying on this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a Policy be issued and it will be attached and become a part of this Policy.

Signature Date

Document Signature Field

Must be signed by a Principal, Partner or Officer of the Firm

Signature Title

