



MISCELLANEOUS E&O: REQUEST FOR PREMIUM INDICATION

Please complete the following questionnaire to receive a NON-BINDING INDICATION of the anticipated annual cost of Miscellaneous Professional Liability coverage. After reviewing this indication, if you would like to receive a binding quotation, you must submit a full application. Upon review and acceptance of the full application, a quotation will be provided.

1. Name of Applicant: _____ Year Established: _____

2. Name of Contact: _____ Date form completed: _____

3. Principal business address: _____

4. Current expiration date: _____ Current retrodate: _____ Current Insurer: _____

Current limits: _____ Current Deductible: _____ Premium: _____

5. Requested limit of liability: _____ Requested deductible: _____

6. Total Gross Billings: This Year: _____ Last Year: _____ Two Years ago: _____

7. Please describe in detail the nature and types of professional services the Applicant is engaged in and indicate the percentage of revenues derived from each.

8. What does the Applicant wish to have covered by the Professional Liability Insurance?

9. Total Number of staff: _____

10. Have you reported any claims or incidents that might lead to claims in the last ten (10) years? If yes, please complete the supplemental claim form on the reverse side. _____

11. Does the Applicant use a written contract? Always: [] Sometimes: [] Never: []

Authorized Signature of Applicant

Title

Date

SUBMIT THIS APPLICATION TO: EandO@TargetProIns.com or Fax to 866-720-5003



CLAIM/CIRCUMSTANCE SUPPLEMENT
PROFESSIONAL LIABILITY INSURANCE

1. **THIS FORM IS TO BE COMPLETED IF THE APPLICANT OR ANY LAWYER INCLUDED IN QUESTION 6 IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM, SUIT OR CIRCUMSTANCE.**
2. **IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE SHEET. DO NOT ATTACH COPY OF SUMMONS AND COMPLAINT.**

1. Full Name of individual(s) and name of Firm involved in the Claim: _____

2. Full name of Claimant _____

3. Date of alleged error: _____ 4. Date reported to insurance Company _____

5. Which insurance company claim reported to: _____

6. Allegation upon which claimant bases claim:

7. Description of case and events:

8. Present Status of Claim: Open In Suit Closed
 (a) Total Damages Paid or Outstanding: \$ _____
 (b) If Pending:
 Amount asked for in summons: \$ _____
 Claimant's Settlement demand: \$ _____
 Defendant's offer for settlement \$ _____

9. Explain what action has been taken by the Firm to prevent reoccurrence of the same type of claim:

I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

 Authorized Signature of Applicant

 Title

 Date

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