

- Capitol Indemnity Corporation
- Capitol Specialty Insurance Corporation

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**CapSpecialty.com**

## Miscellaneous E&O Application Quick Quote

**THE APPLICANT IS APPLYING FOR A CLAIMS-MADE POLICY, WHICH IF ISSUED, APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.**

**NOTE: NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND. SOME RESPONSES MAY REQUIRE MORE SPACE THAN THAT PROVIDED IN THE APPLICATION ITSELF. PLEASE PROVIDE THOSE RESPONSES ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION.**

**I. APPLICANT INFORMATION**

1.1	Proposed <b>First Named Insured</b> :				
	Applicant Name:				
	Address:				
	City:	State:	Zip code:		
	County:				
	Phone:	Fax:			
	Website Address(es):				
1.2	Date Established:				
1.3	Is Applicant a: <input type="checkbox"/> sole-proprietor <input type="checkbox"/> partnership <input type="checkbox"/> LLC <input type="checkbox"/> corporation <input type="checkbox"/> joint-venture				
	<input type="checkbox"/> non-profit <input type="checkbox"/> individual <input type="checkbox"/> other, describe: _____				

**FOR THE REMAINDER OF THIS APPLICATION, "APPLICANT" REFERS INDIVIDUALLY AND COLLECTIVELY TO THE ENTITY(IES) FOR WHICH COVERAGE IS DESIRED, AS WELL AS EACH PERSON WHO IS AN OFFICER, DIRECTOR, OWNER, PARTNER OR EMPLOYEE OF THESE ENTITY(IES).**

1.4	Does Applicant have any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, please list below:			

Name of Entity	Nature of Operations	% of Ownership	Coverage Desired	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**II. REVENUE INFORMATION**

2.1	List total gross revenues from services / activities for which coverage is desired:	
	Current Gross Revenues	

**III. SERVICES**

3.1	Describe in detail each type of professional service performed and the percentage of revenues related to each service: **	
	<b>Service Performed</b>	<b>Percentage of Revenues</b>

**\*\* All services listed above by Applicant may not be included for coverage even if coverage is offered and bound.**

## Miscellaneous E&O Application Quick Quote

3.2	Does Applicant have any certified, licensed or registered professionals providing services to clients? If yes, please indicate which type(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Actuary <input type="checkbox"/> Architect <input type="checkbox"/> Attorney <input type="checkbox"/> CPA	<input type="checkbox"/> Engineer <input type="checkbox"/> Financial Planner / Adviser <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> Insurance Agent / Broker	<input type="checkbox"/> Securities Broker / Dealer <input type="checkbox"/> Other: _____ _____
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### IV. INDEPENDENT CONTRACTORS

4.1	Does Applicant desire coverage for independent contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### V. QUALITY CONTROL & PROCEDURES

**GENERAL:**

5.1	Does Applicant always use a written contract or agreement with client(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	Does Applicant obtain written approval from their client(s) upon completion of services performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3	Does Applicant have a written complaint resolution policy or procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INTELLECTUAL PROPERTY:**

5.4	If Applicant is developing or disseminating any content for clients, does the Applicant always get client written approval before releasing content?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5.5	Does Applicant always obtain the documented rights to use the intellectual property of third parties (including copyright and trademark)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**NETWORK SECURITY:**

5.6	Are firewalls, anti-virus software and encryption technology used to prevent unauthorized access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.7	Has Applicant experienced a virus or a security breach?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### VI. CURRENT/PRIOR COVERAGE

6.1	Prior Professional Liability Insurance for the last three years:	<input type="checkbox"/> None
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Policy Period	Carrier	Limits	Deductible	Premium	Claims-Made or Occurrence

6.2	What is the retroactive date of the current policy? _____	
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6.3	Has Applicant ever applied for Professional Liability coverage and been denied, cancelled or non-renewed? (Not Applicable in Missouri)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6.4	Does Applicant maintain General Liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<b>Carrier:</b>	<b>Limits:</b>	<b>Expiration Date:</b>	
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6.5	Does Applicant's General Liability coverage include Products/Completed Operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### VII. DESIRED LIMITS/DEDUCTIBLE OPTION(S)

7.1	<b>Desired Policy Limits:</b>	\$	<b>Each Erroneous Act</b>	\$	<b>Aggregate Limit</b>
7.2	<b>Desired Deductible:</b>	\$			

### VIII. HISTORY

8.1	Is Applicant aware of any actual or alleged fact, circumstance, situation, error or omission, which can reasonably be expected to result in a <b>Claim</b> , suit or proceeding being made against Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**The policy for which 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 any Applicant before the Inception Date of the policy.**

8.2	Has Applicant or any of Applicant's predecessors in business, affiliates, or past or present: partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency, certifying body, or other governmental entity or had their professional license(s) suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Miscellaneous E&O Application Quick Quote

8.3	Have any <b>Claims</b> , suits or proceedings been brought during the past five years against Applicant or Applicant's predecessors in business, affiliates, or past or present: partners, owners, officers, sales persons or employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**The policy for which Applicant is applying, if issued, will not insure any Claims made against the Applicant prior to the Inception Date of the policy or any subsequent claims, suits or proceedings arising there-from.**

8.4	If any of the answers to questions 8.1, 8.2, or 8.3 above are "Yes", have all matters been reported to appropriate insurance carriers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**IF APPLICANT HAS RESPONDED "YES" TO QUESTIONS 8.1, 8.2, or 8.3 ABOVE, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>A full description including damages alleged</li> <li>Date the insurance carrier was put on notice</li> <li>Amounts of: reserves; legal expenses paid; and settlements or judgments</li> </ul> | <ul style="list-style-type: none"> <li>Current status</li> <li>Loss runs</li> <li>Steps implemented to prevent similar claims</li> </ul> |
|---|--|

### IX. REPRESENTATIONS

<i><b>This Application <u>must</u> be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application. By signing this Application, Applicant represents and warrants the following:</b></i>	
1.	<i><b>The statements in the Application or Renewal Application furnished to the Company are accurate and complete;</b></i>
2.	<i><b>Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;</b></i>
3.	<i><b>Those representations are a material inducement to the Company to provide a premium proposal;</b></i>
4.	<i><b>If a policy is issued, the Company will have issued this Policy in reliance upon those representations;</b></i>
5.	<i><b>If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report to the Company in writing; and</b></i>
6.	<i><b>The Company reserves the right, upon receipt of such notice, to change or rescind any proposal previously offered by the Company.</b></i>

As used herein, the "Company" shall be Capitol Indemnity Corporation or Capitol Specialty Insurance Corporation.

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\_\_\_\_\_  
Signature of authorized representative of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type / Print name of authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail address of authorized representative

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### X. FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA and WV).

#### **APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV**

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 or confinement in prison. \*Applies in MD only.

#### **APPLICABLE IN CO**

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.

#### **APPLICABLE IN FL AND OK**

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)\*.

\*Applies in FL only.

#### **APPLICABLE IN KS**

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 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 commits a fraudulent insurance act.

#### **APPLICABLE IN KY, NY, OH AND PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

#### **APPLICABLE IN ME, TN, VA AND WA**

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 and denial of insurance benefits. \*Applies in ME only.

#### **APPLICABLE IN NJ**

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

#### **APPLICABLE IN OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.