

PROFESSIONAL LIABILITY INSURANCE APPLICATION FORM

Application Date:

| Company Information | | | |
|-------------------------------|-----------------------------|-------------------------|----------|
| Company Name | | | |
| Street Address | City | State | Zip Code |
| | | | |
| Phone Number | Email Address | Type of Business Entity | |
| | | | |
| Professional Services Offered | Number of Years in Business | Total Annual Revenue | |
| | | | |

| Coverage Information | | |
|----------------------|------------------|--------------------------|
| Coverage Limit | Retroactive Date | Prior Insurance Coverage |
| | | |

| Additional Information | |
|--|--|
| Any claims or lawsuits in the past 5 years? If yes, please provide details | |
| Describe risk management practices in place | |
| Any disciplinary actions, investigations, or complaints against the applicant? | |

| Business Representative Information | | |
|-------------------------------------|---------------|--------------|
| First Name | Last Name | |
| | | |
| Job Title/Position | Email Address | Phone Number |
| | | |

I declare that the information provided in this application is true and complete to the best of my knowledge. I understand that any misrepresentation may result in denial of coverage or policy cancellation.

Signature:

Date: