

## 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:**