

U.S. Risk, LLC | 14241 Dallas Parkway, Suite 850, Dallas, Texas 75254

NOTE: If this policy is issued, it will be on a claims made basis. The policy provides that the limit of liability available to pay judgments or settlements shall be reduced by amounts incurred for legal defense. Amounts incurred for legal defense shall be applied against the deductible amount.

1. Applicant name: _____
 Mailing Address: _____
 City: _____ State: _____ ZIP: _____ County: _____
 Address(es) of Branch(es): _____

Telephone Number: _____ Email: _____
 Website URL: _____

2. Limit of liability desired: \$100,000 \$300,000 \$500,000 \$1,000,000 Other: \$ _____

3. Deductible desired: \$1,000 \$2,500 \$5,000 \$10,000 Other: \$ _____

4. Describe in detail the professional activities for which coverage is desired:

5. Is the applicant engaged in any business or profession other than as that described in question 4? Yes No

If yes, explain and include estimated receipts:

6. List the total gross receipts for the past three years derived from the activities in question 4. In addition, list projected receipts for the current policy year:

Year	Estimated fees and receipts
Current policy year	\$ _____
Year: _____	\$ _____
Year: _____	\$ _____
Year: _____	\$ _____

7. For the receipts listed in question 6, please provide the approximate percentage derived from each of the activities listed in question 4:

Activity	Percentage of receipts from question 6
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

8. Corporate structure: Individual Partnership LLC Corporation: Federal ID# _____

9. Year established: _____

During the past five years has the name of the Applicant been changed, or has any other business been purchased, merged or consolidated with the applicant? Yes No

If yes, explain:

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

If yes, explain:

Are any activities listed in question 4 provided to such business enterprise? Yes No

11. a. Number of principals, partners, officers and professional employees directly engaged in providing services to clients: _____

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

12. List all Partners, Principals and Key Employees:

Full Name	Professional Qualifications	Date Qualified	Years in Practice	How Long in Role
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Does the Applicant firm belong to any professional association(s)? Yes No

If yes, list:

14. List the Applicant firm’s five largest clients during the past three (3) years, including: a) project/name; b) the nature of the services performed for the client; and c) the revenues obtained from those service:.

15. Does the applicant firm use a written contract with clients? Always Sometimes Never

Attach a copy of your standard contract.

16. What percentage of the Applicant’s business involves subcontracting of work to others? _____ %

Does the Applicant provide professional services to business entities in which it retains an ownership interest?

If yes, explain:

17. Has any similar insurance ever been declined or canceled? Yes No

If yes, explain:

18. List errors and omissions insurance carried for each of the past **three** years. **If none**, check here:

Inception date	Expiration date	Insurance Company	Premium	Limits of liability	Deductible
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

If retroactive date prior to policy inception is requested, provide date: _____

19. Attach copies of the following:

- a. Advertisements, brochures, descriptive literature
- b. Sample contract between you and your clients outlining services to be rendered
- c. Latest financial data (annual report or balance sheet)

20. Has the Applicant or any of the individuals listed in question 12 ever been the subject of disciplinary action by authorities as a result of any professional activities? Yes No

If yes, explain:

21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against that person?

If yes, explain:

22. **Attach a list and status** of all errors and omissions claims made against any proposed Insured(s) during the past three years.

If none, check here:

23. It is agreed with respect to questions 20, 21 and 22, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT TO THE BEST OF HIS KNOWLEDGE THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Please read the following statement carefully and sign below where indicated. If a policy is issued, new york insurance department regulations require that this signed statement be attached to the policy.

Arkansas Residents: 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.

The Insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limits of liability of this policy.

The Insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

Authorized signature

Date

Typed or printed name: _____

Title: _____

Producer: _____

Address: _____

U.S. Risk, LLC | 8401 N. Central Expressway, Dallas, Texas 75225

Applicant Name: _____

1. Number of locations or branch offices including main office: _____
Do customers come onsite to any of these offices? Yes No
2. Do you design, manufacture or distribute any products? Yes No
If yes, describe: _____
3. Do you have any responsibility for site safety? Yes No
4. Do you sponsor any sporting or social events? Yes No
5. Do you have any responsibility for construction, erection, fabrication or installation? Yes No
6. During the past five (5) years, has any claim been made against the applicant or any director, officer, employee or partner for general liability?
 Yes No
If yes, provide loss runs and details: _____
7. Are you aware of any act, error, omission or other circumstances which might reasonably be expected to be the basis of a claim or suit against you or anyone to which this insurance is being applied for? Yes No
If yes, provide details: _____
8. During the past five years, has any insurance company declined, cancelled or refused to renew coverage for the applicant or anyone to which the insurance is being applied for? Yes No
If yes, provide details: _____

The applicant declares that any event or occurrence that happens prior to the effective date of coverage which may cause any statement to be untrue or incomplete will be reported in writing to the insurer's representative. Further, the applicant declares that receipt of such report by the insurer's representative is a condition precedent to coverage.

I/we hereby declare that the above particulars and statements are true and that I/we have not omitted or suppressed or misstated any material facts and that at the present time, I/we have no reason to anticipate any claim being brought against me/us for any error or omission on the part of me/us or any proposed insured and, agree that this Application Form shall be the basis of any policy of insurance which may be issued by the company and shall be deemed a part thereof; one signed copy to be attached to the policy, if issued.

THE LIMITS OF LIABILITY STATED IN THIS POLICY INCLUDE THE COST OF CLAIMS EXPENSE AND MAY BE REDUCED OR EXHAUSTED BY SUCH COSTS AND IN SUCH EVENT THE COMPANY SHALL NOT BE LIABLE FOR THE COSTS OF CLAIMS EXPENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMITS OF LIABILITY OF THE POLICY. IF THERE IS A DEDUCTIBLE AMOUNT SHOWN IN THE DECLARATIONS, CLAIMS EXPENSE COSTS INCURRED IN THE DEFENSE OF ANY CLAIM WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

The applicant hereby authorizes the company, by signing this application, to contact any prior insurer and obtain any details, or prior loss information, or obtain any other information from any other source, which the company deems important in the underwriting of the insurance applied for by this application.

Arkansas Residents: 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.

It is agreed that the signature to this form does not bind the company or the applicant to complete this insurance.

MUST BE SIGNED AND DATED BY OWNER, PARTNER OR SENIOR OFFICER OF THE AGENCY APPLYING FOR COVERAGE.

Authorized signature

Date

Typed or printed name:

Title:

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APPLICANT INSTRUCTIONS

- This form is to be completed by Applicant regarding any claim or suit during the past five (5) years or any facts, circumstances, acts, errors, or omissions of which applicant is aware which may give rise to a claim. **Complete one form for each such claim or circumstance.**
- If space is insufficient to answer any question fully, attach a separate sheet.
- Answer all questions completely.

1. Full name of Applicant: _____

2. Full name(s) of individual(s) involved or named in the claim: _____

3. Full name of Claimant: _____

4. Indicate whether: Claim/suit Incident

5. Date of alleged error: _____ Date of claim: _____

6. Additional defendant (if any): _____

7. IF CLOSED:

Total Loss Paid including Deductible: \$ _____

Legal Expenses Paid: \$ _____

8. IF PENDING:

Claimant's settlement demand: \$ _____ Loss reserves: \$ _____

Defendant's offer of settlement: \$ _____ Loss paid to date: \$ _____

Expense reserves: \$ _____ Expenses paid to date: \$ _____

Deductible: \$ _____ Is claim in suit? Yes No

If yes, amount asked in summons: \$ _____

9. Name of Insurer (if any): _____

10. Description of claim (provide enough information to allow evaluation and attach an additional sheet if required):

a. Alleged act, error or omission upon which claimant bases claim:

b. Description of the type and extent or injury or damage allegedly sustained:

11. What preventive measures has the applicant implemented to ensure claims will not occur in the future?

I understand information submitted herein becomes a part of the proposal and is subject to the same warranty and conditions.

Authorized signature

Date

Typed or printed name:

Title: