



ARBITRATORS/MEDIATORS

SUPPLEMENTAL APPLICATION

Applicant:

1. a. Largest Arbitration/Mediation Award within last three (3) years \$

b. Average Arbitration/ Mediation Award within last three (3) years \$

c. Number of Arbitrations/Mediations performed for the last three (3) years:
Year 1: Year 2: Year 3:

2. Please provide a copy of the rules of Arbitration/Mediation that are adhered to by the Arbitrators.

3. Are the Arbitrators/Mediators held harmless for their actions from the parties involved in the Arbitration/Mediation? YES NO

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

A copy of this application should be retained for your records.



PROFESSIONAL LIABILITY ERRORS & OMISSIONS

APPLICATION



PO Box 768 · Hendersonville, TN 37075
(T) 800-768-7475 · (F) 615-264-3980
www.bsrrins.com

If coverage is issued, it will be on a claims-made basis.

Notice: this insurance coverage provides that the limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

1. Name of applicant:

Address:

2. Limit of liability desired:

\$500,000 \$1,000,000 \$2,000,000 Other: _____

3. Deductible:

\$5,000 \$10,000 \$25,000 Other: _____

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

5. Is the applicant engaged in any business or profession other than as described in Item 4? YES NO

If YES, please attach an explanation and estimated revenues.

6. List the total gross revenues for the past two years derived from those activities in Question 4. In addition, please list projected revenues for the current year.

Year	Amount
a. Current projected:	\$ <input type="text"/>
b. <input type="text"/>	\$ <input type="text"/>
c. <input type="text"/>	\$ <input type="text"/>

7. For the revenues listed in question 6.a., please give the approximate percentage derived from each of the activities listed in Question 4:

Activity	% of 6.a. receipts
<input type="text"/>	%
<input type="text"/>	%
<input type="text"/>	%
<input type="text"/>	%

8. Applicant is:

Corporation Partnership Individual

9. Year Established:



PROFESSIONAL LIABILITY ERRORS & OMISSIONS

10. Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company? YES NO
 If YES, attach an explanation.

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. Please provide the following:

Name in full of ALL Partners/ Principals/Key Employees	Professional Qualifications	Date Qualified	How long in Practice?	How Long as Partner/ Principal?

13. To what professional association(s) does the Applicant Firm belong?

14. Please include a list of Applicant Firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

Project/Client Name	Nature of the Services	Revenue Obtained

15. Does the Applicant Firm use a written contract with client
 In all cases Sometimes Never
 Please attach a copy of your standard contract(s).

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

Does the Applicant Firm provide professional services to business entities in which it retains an ownership interest? YES NO

If YES, please explain:



PROFESSIONAL LIABILITY ERRORS & OMISSIONS

17. Has any similar insurance ever been declined or cancelled? YES NO
If YES, please attach explanation.

18. Is similar insurance currently in force? YES NO
If YES, please provide:
Description of services being covered:

[Empty text box for description of services]

Name of Insurer: [Empty text box]

Expiration Date: [Empty text box] Prior Acts/Retro. Date: [Empty text box]

Limit: \$ [Empty text box] Deductible: \$ [Empty text box] Premium: \$ [Empty text box]

Length of time coverage has been in force: [Empty text box]

19. Attach most recent audited financial statements (or recent tax returns) and descriptive or promotional materials.

a. Estimated Gross receipts for current fiscal period: \$ [Empty text box]

b. Estimated Cost of Goods Sold for current fiscal period: \$ [Empty text box]

20. Have any of the individuals listed in question No.12 ever been the subject of disciplinary action by authorities as a result of their professional activities? YES NO
If YES, please explain:

[Empty text box for explanation]

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 him/her? YES NO
If YES, please complete a Supplemental Claim Information form for each.

22. After inquiry have any claims been made against any proposed Insured(s) during the past five (5) years? YES NO
If YES, please complete a supplemental Claims Information form for each claim.
How many claims have been made in the last three (3) years? [Empty text box]



PROFESSIONAL LIABILITY ERRORS & OMISSIONS

It is understood and agreed that 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.

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.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability 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 judgement or settlement to the extent that such exceeds the limit of liability.

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

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the applicant:

Date:

This Application Form duly completed, together with any supplementary information, must be signed in ink by the person indicated.

Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.

A copy of this application should be retained for your records.