



**APPLICATION FOR SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY**

**PROPOSED INSURED (APPLICANT):**

1. \_\_\_\_\_  
 Name of Your firm: \_\_\_\_\_ Website address \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

2.A. Provide the date Your firm was established.  
 B. Geographic area in which you provide service(s)  
 Local  Regional (Multi State)  National  International  
 3. Are you owned by, or affiliated with other companies, or do you have any subsidiaries?  Yes  No

A. If yes, advise who they are. \_\_\_\_\_  
 B. For which of these do You wish to extend coverage. \_\_\_\_\_

4.A. Within the past five years, have You changed Your name, acquired any business, or have You merged or consolidated with any entity?  Yes  No  
 If yes, provide the following information (if more space is needed, advise by attachment)

Name of Entity	Date of Transaction	Type of Transaction (acquisition, merger or consolidation)
_____	_____	_____
_____	_____	_____

B. In any of the transactions listed in 4.A. above, did You assume the liabilities (i.e. responsibility for prior acts) of the acquired, merged or consolidated entity?  Yes  No  
 If yes, provide details of the liability(ies) assumed.

5. A. Provide the number of Your:  
 principals, partners or officers \_\_\_\_\_  
 technical personnel \_\_\_\_\_  
 clerical personnel \_\_\_\_\_

B. List the qualifications of key personnel or attach experience resumes of each.  
 C. List professional societies and trade associations relating to the services to be insured in which you or any of your officers are member.  
 D. Do you have any certified or licensed professionals on staff? (i.e. architect, engineer, medical practitioner, attorney, CPA, actuary, or insurance agent or broker, etc.)  Yes  No  
 If yes, what services are they providing.

**OPERATIONS:**

6. A. Describe the services you provide that you wish to insure. (Attach company brochures, advertising materials, etc. that describe these services)  
 B. Do You use independent contractors or subcontractors for the services described in A. above?  Yes  No  
 If yes, describe the services they provide and the estimated percentage of time used.

7. Briefly describe Your five largest jobs or projects during the past five years.

	Client	Revenue	Service(s) performed
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

8. A. What do you see as Your potential exposure to E&O claims?

B. What safeguards or procedures do you employ to avoid these claims or reduce these exposures?

9. A. Do you use a written contract or agreement describing the services You will provide? Yes  No  
 If yes, attach representative contracts, work orders, license agreements or letters of agreements You use with your clients. If no, explain how you reach agreement with your clients regarding the services to be insured.

B. Percentage of time agreements in 9. A. above are used \_\_\_\_\_%

C. Do Your contracts contain the following:

- Hold Harmless or Indemnity Agreement inuring to Your benefit Yes  No
- Hold Harmless or Indemnity Agreement inuring to Your client's benefit Yes  No
- Guarantees or Warranties Yes  No
- Disclaimer inuring to your benefit Yes  No

D. Has a law firm experienced in your field reviewed Your:

- Contracts Yes  No
- Procedures Yes  No

10. Provide the following information regarding your income:

Domestic Operations	Past 12 Months	Current 12 Months	Estimate for Coming year
Gross billings, sales, fees, commissions (Circle the applicable basis)	\$ _____	\$ _____	\$ _____
Foreign Operations			
Gross billings, sales, fees, commissions (Circle the applicable basis)	\$ _____	\$ _____	\$ _____

11. Please complete the appropriate sections indicating the approximate percentages of **Your** total operation involving:  
 (Must total 100%)

- |  |  |
|--|--|
| _____ % Marketing Consulting                                     | _____ % Direct Mail design and distribution          |
| _____ % Mailing list brokering                                   | _____ % Mailing list creation and maintenance        |
| _____ % Data Warehousing/Data Processing                         | _____ % Desk top publishing design/layout            |
| _____ % Graphic Design   | _____ % Promotion/Sweepstakes/Contests/Coupon Design |
| _____ % Fulfillment Services                                     | _____ % Investor Relations                           |
| _____ % Commercial Printing                                      | _____ % Catalog Design/Publishing/Distribution       |
| _____ % Advertising Agency Services                              | _____ % Public Relations Consulting                  |
| _____ % Package/Custom Software Development                      | _____ % Telemarketing                                |
| _____ % Promotion/Sweepstakes/Contests/<br>Coupon Administration | _____ % Other (Describe)                             |

12. Do **You** use subcontractors? Yes  No If yes, advise:

- (a) For what services: \_\_\_\_\_
- (b) Approximate percentage of time subcontractors are utilized: \_\_\_\_\_%
- (c) Do **You** require they maintain E&O insurance? Yes  No
- (d) Please attach copy of contract used with subcontractors.

13. (a) Are **You** involved in the development or design of copyrighted materials, trademarks, logos, packaging or display design? Yes  No

(b) The total number of trademarks you develop each year \_\_\_\_\_. Attach description of your legal review or other procedures used for clearing trademarks, copyrighted material or other intellectual property.

14. Do **You** utilize outside legal counsel for review and/or consultation on personal injury and intellectual property matters? Yes  No If yes, please advise name of attorney and firm.

15. Do **Your** activities involve set-up and/or management of promotional games, contests, lotteries, sweepstakes, or other games of chance? Yes  No If yes, please provide details including specific contracts.

16. Do **Your** contracts always require **Your** client to sign off on all press releases, advertising or promotional materials prior to dissemination? Yes  No

**CLAIM EXPERIENCE:**

17. A. Have any claims, suits or proceedings been made during the past five years against any of you or any of your Predecessors in business, subsidiaries or affiliates or against any of their past or present partners, owners, officers, sales persons or employees? Yes  No If yes, complete a supplemental claim information form for each.

The policy for which you are applying, if issued, will not insure any claims, suits or proceedings made against any of You before the inception date of the policy or any subsequent claims, suits or proceedings arising therefrom.

B. Are any of you aware of any actual or alleged fact, circumstance, situation, error or omission which may reasonably be expected to result in a claim being made against You or any of the persons or entities described in 11. A. above?  
 Yes  No If yes, explain below or in an attachment.

The policy for which you are 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 of You before the inception date of the policy.

18. Have any of you or any of your predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of your or their activities?  Yes  No If yes, explain below or attach a statement giving details.

**PRIOR OR CURRENT COVERAGE:**

19. A. Provide the following information for similar insurance, of any, carried during the last five years.

Company	Limit	Deductible	Premium	Policy Term
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Advise current retroactive date (if claims made)

20. Provide the following information for General Liability coverage currently in force

Company	Limit	Deductible	Policy Term
_____	_____	_____	_____

Does the policy above include coverage for Products/Completed Operations Hazards?  Yes  No

20. Limit of Liability desired: \_\_\_\_\_ Deductible: \_\_\_\_\_

**REPRESENTATIONS:**

By signing this application, you agree that:

- A. The statements and answers given in this application and any attachments to it are accurate and complete;
- B. The statements and answers You furnish to Us are representations You make to Us on behalf of all persons and entities proposed for coverage;
- C. Those representations are a material inducement to Us to provide a proposal for insurance;
- D. Any policy we issue will be issued in reliance upon those representations;
- E. You will report to us immediately, in writing, any material change in Your operations, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
- F. We reserve the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance we have offered.

**WARNING**

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 IN NEW YORK SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

\_\_\_\_\_ Date

\_\_\_\_\_ Your Signature

\_\_\_\_\_ Your Title

**RETAIL PRODUCER**

PRODUCER NAME: John Buttine Inc.

CITY, STATE: New York, NY

TELEPHONE NUMBER: 212 697 10100

Attach:

- A. A recent brochure or similar materials describing activities or services;
- B. Your most recent financial statement or annual report.
- C. Copies of standard contracts You enter into with clients; and
- D. Any other forms or materials which will provide the underwriter with information about the services You perform