

New England Excess Exchange, Ltd.

P O Box 219 ~ Montpelier, VT 05601

800-548-4301 ~ Fax: 800-347-4935

Producer #3837

APPLICATION

INSURANCE CLAIM ADJUSTERS ERRORS AND OMISSIONS INSURANCE CLAIMS MADE POLICY

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE IS ANY QUESTION, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

QUESTIONS	ANSWERS																
1. Full name and address of Applicant.	I. _____																
2. Address(es) of Branch Office(s).	2. _____																
3. Date Established.	3. _____																
4. The Applicant is:	4. <input type="checkbox"/> Individual; <input type="checkbox"/> Partnership; <input type="checkbox"/> Corporation; <input type="checkbox"/> _____																
5. Furnish the number of Partners and Staff- a) Principal s/Partners; b) Professional Staff; c) Other Employees (Secretaries, Clerks, etc.).	5. <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Full Time</u></td> <td style="text-align: center;"><u>Part Time</u></td> </tr> <tr> <td>a)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		<u>Full Time</u>	<u>Part Time</u>	a)	_____	_____	b)	_____	_____	c)	_____	_____				
	<u>Full Time</u>	<u>Part Time</u>															
a)	_____	_____															
b)	_____	_____															
c)	_____	_____															
6. a) Furnish the following information on all principals and key employees:	6. a)																
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;"></td> <td style="width: 15%; text-align: center;">No. Years</td> <td style="width: 25%; text-align: center;">Professional</td> <td style="width: 25%; text-align: center;">How Long</td> </tr> <tr> <td><u>Full Name</u></td> <td style="text-align: center;"><u>Experience</u></td> <td style="text-align: center;"><u>Qualifications</u></td> <td style="text-align: center;"><u>a Principal</u></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td></td> </tr> </table>		No. Years	Professional	How Long	<u>Full Name</u>	<u>Experience</u>	<u>Qualifications</u>	<u>a Principal</u>	_____				_____				
	No. Years	Professional	How Long														
<u>Full Name</u>	<u>Experience</u>	<u>Qualifications</u>	<u>a Principal</u>														

b) Attach resumes of the principals, key employees, and claim adjuster subcontractors.	b)																
7. a) Furnish estimated gross receipts for the NEXT fiscal year;	7. a) \$ _____																
b) Furnish gross receipts for the current year and the past two years.	b) 19 ____ \$ _____ 19 ____ \$ _____ 19 ____ \$ _____																

QUESTIONS	ANSWERS
<p>8. Furnish the percentage of gross receipts derived from the following:</p> <p>a) General Liability; b) Environmental Liability; c) Property (Fire and Allied Lines); d) Catastrophe; e) Auto Liability; f) Auto Physical Damage; g) Aviation; h) Marine; i) Workers Compensation; j) Professional Liability; k) Other _____ _____</p>	<p>8.</p> <p style="text-align: center;"><u>%</u></p> <p>a) _____ b) _____ c) _____ d) _____ e) _____ f) _____ g) _____ h) _____ i) _____ j) _____ k) _____ _____</p> <p>Total 100%</p>
<p>9. Furnish the percentage of work derived from the following:</p> <p>a) Insurance Company Adjusting; b) Public Adjusting; c) Self-insured Adjusting; d) Claims Administration; e) <i>Fisk</i> Retention Groups; f) Other _____ _____</p>	<p>9.</p> <p style="text-align: center;"><u>%</u></p> <p>a) _____ b) _____ c) _____ d) _____ e) _____ 0 _____ _____</p> <p>Total 100%</p>
<p>10. Furnish the names of the THREE largest clients.</p>	<p>10. <u>Client Name</u></p> <p>1) _____ 2) _____ 3) _____</p>

QUESTIONS	ANSWERS																				
<p>IL a) Does the Applicant use adjuster subcontractors?</p> <p>b) If "Yes," furnish the following:</p> <p>1) The number of subcontractors hired in the last year;</p> <p>2) The percentage of gross receipts derived from the subcontractors work;</p> <p>3) Under what circumstances are the subcontractors hired?</p> <p>4) Furnish the qualifications required of the subcontractors by the Applicant.</p> <p>5) Are the subcontractors required to have their own errors and omissions insurance?</p> <p>6) Are the subcontractors required to be licensed?</p>	<p>11. a) YES/NO</p> <p>b)</p> <p>1) _____</p> <p>2) _____%</p> <p>3)</p> <p>4)</p> <p>5) YES/NO</p> <p>6) YES/NO</p>																				
<p>12. a) Is the Applicant responsible for making coverage determinations?</p> <p>b) If "Yes," is this authority in writing from the insurance company?</p>	<p>12. a) YES/NO</p> <p>b) YES/NO</p>																				
<p>i 3. a) Does the Applicant issue reservation of rights or declination letters?</p> <p>b) If "Yes," is this authority in writing from the insurance company?</p>	<p>13. a) YES/NO</p> <p>b) YES/NO</p>																				
<p>14. a) Does the Applicant give any warranty of value, fitness or condition?</p> <p>b) If "Yes," furnish a sample report.</p>	<p>14. a) YES/NO</p> <p>b)</p>																				
<p>15. a) Furnish the following information about other insurance carried by the Applicant:</p> <p>1) General Liability;</p> <p>2) Automobile Liability.</p> <p>b) Does the general liability insurance include personal injury coverage?</p>	<table border="0"> <tr> <td></td> <td></td> <td colspan="2" style="text-align: center;">Policy Expiration</td> </tr> <tr> <td>15. a)</td> <td>Insurance Co,</td> <td>Limit</td> <td>Date</td> </tr> <tr> <td></td> <td>1) _____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td></td> <td>2) _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>b) YES/NO</td> <td></td> <td></td> </tr> </table>			Policy Expiration		15. a)	Insurance Co,	Limit	Date		1) _____	\$ _____	_____		2) _____	_____	_____		b) YES/NO		
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	2) _____	_____	_____																		
	b) YES/NO																				

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<p>16. a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?</p> <p>b) If "Yes," furnish full details.</p>	<p>16. a) YES/NO</p> <p>b)</p>																								
<p>17. a) 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?</p> <p>b) If "Yes," furnish full details.</p>	<p>i 7. a) YES/NO</p> <p>b)</p>																								
<p>18. a) Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business?</p> <p>b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.</p> <table border="0" data-bbox="121 1102 1469 1281"> <thead> <tr> <th><u>Insure</u></th> <th><u>Policy No.</u></th> <th><u>Limits of Liability</u></th> <th><u>Deductible</u></th> <th><u>Premium</u></th> <th><u>Expiration Mo/Day/Yr.</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>c) Is the Applicant's expiring policy a CLAIMS MADE policy?</p> <p>d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy,</p>	<u>Insure</u>	<u>Policy No.</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Mo/Day/Yr.</u>	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>18. a) YES/NO</p> <p>b)</p> <p>c) YES/NO</p> <p>d) _____</p>
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_____	_____	_____	_____	_____	_____																				
_____	_____	_____	_____	_____	_____																				
<p>19. a) Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed?</p> <p>b) If "Yes," furnish full details.</p>	<p>19. a) YES/NO</p> <p>b)</p>																								

QUESTIONS	ANSWERS
<p>20. a) Has any Claim been made during the last FIVE years against the Applicant, any of their past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Claim was made; 2) Name of the Claimant; 3) Value of the Claim; 4) If the Claim is settled or outstanding; 5) Amount of the settlement; 6) Brief description. 	<p>20. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____
<p>21. a) Is the Applicant aware of any circumstances, or any allegation or contentions, as to any incident which may result in a Claim being made against the Applicant or any past or present owners, partners, officers, employees, or predecessors in business?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Applicant first became aware of any such alleged negligent act, error or omission; 2) Name of the potential Claimant; 3) Estimated value; 4) Brief description. 	<p>21. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____
<p>22. a) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application?</p> <p>b) If "Yes," furnish full details.</p>	<p>22. a) YES/NO</p> <p>b)</p>
<p>23. Does the Applicant agree that this Application is for a CLAIMS MADE policy?</p>	<p>23. YES/NO</p>
<p>24. a) Limit of Liability required?</p> <p>b) Amount of deductible required?</p>	<p>24. a) \$ _____ Each Claim/Aggregate</p> <p>b) \$ _____</p>

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this declaration shall be the basis of the contract between me/us and the Company and that this Application will form a part of the policy.

• Name of Firm: _____

By: _____
(Owner, Partner, or Senior Officer)

Title: _____

Date: _____ 19 _____

- *Signing this form does not bind the Applicant or the Company to complete the insurance.*

With the Compliments of

