

APPLICATION
INTERIOR DESIGNERS ERRORS & 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.	1.
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) Principals/Partners; b) Professional Staff; c) Other Employees.	5. <u>Full Time</u> <u>Part Time</u> a) _____ _____ b) _____ _____ c) _____ _____
6. a) Furnish the following information on all principals and key employees:	
<u>Full Name</u>	<u>No. Years Experience</u>
<u>Professional Qualifications</u>	<u>How Long a Principal</u>
b) Attach resumes of the principals and key employees.	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 services:</p> <p>a) Interior design services;</p> <p>b) Sale of furniture and accessories;</p> <p>c) Other (describe).</p>	<p>8.</p> <p style="text-align: center;">_____ %</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>Total 100%</p>
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<p>9. Furnish the Applicant's FIVE largest jobs or projects during the past THREE years.</p>	
<p style="text-align: center;"><u>Client</u></p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p>	<p style="text-align: center;"><u>Gross Receipts</u></p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p>

<p>10. a) Is the Applicant a member of any Professional Organizations, Associations, or Societies?</p> <p>b) If "Yes," furnish full details.</p>	<p>10. a) YES/NO</p> <p>b)</p>
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<p>11. a) Does the Applicant use 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) For what type of work are the subcontractors hired;</p> <p>4) Furnish the qualifications required of the subcontractors by the Applicant;</p> <p>5) Are certificates of Insurance required of subcontractors for:</p> <p style="margin-left: 20px;">a. General Liability;</p> <p style="margin-left: 20px;">b. Automobile Liability</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)</p> <p style="margin-left: 20px;">a. YES/NO</p> <p style="margin-left: 20px;">b. YES/NO</p> <p>6) YES/NO</p>
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QUESTIONS	ANSWERS						
<p>12. a) Does the Applicant require a written contract agreement for services with clients?</p> <p>b) If "Yes," furnish a sample of the contract or agreement.</p>	<p>12. a) YES/NO</p> <p>b)</p>						
<p>13. Are there any architects on staff?</p> <p>a) If "Yes," furnish the number;</p> <p>b) If "Yes," furnish the nature of their activities/responsibilities;</p> <p>c) If "Yes," do they perform services which require them to be licensed;</p> <p>d) If "Yes," furnish the percentage of gross revenues derived from such services.</p>	<p>13. YES/NO</p> <p>a)</p> <p>b)</p> <p>c) YES/NO</p> <p>d) _____%</p>						
<p>14. Answer the following:</p> <p>a) Does the Applicant prepare, review or approve architectural, engineering, or construction plans, designs, maps, opinions, estimates, or specifications?</p> <p>b) Does the Applicant design, review, or approve work on load bearing walls?</p> <p>c) Does the Applicant offer appraisal services?</p> <p>d) Does the Applicant act as the contractor for installation of furniture and fixtures?</p> <p>e) Does the Applicant order or supply art work, antiques, or other collectibles?</p> <p>f) If "Yes," to any of the above, furnish full details.</p>	<p>14.</p> <p>a) YES/NO</p> <p>b) YES/NO</p> <p>c) YES/NO</p> <p>d) YES/NO</p> <p>e) YES/NO</p> <p>f)</p>						
<p>15. a) Furnish the following information about the general liability insurance carried by the Applicant:</p> <p>b) Does the general liability insurance include:</p> <p>1) Personal injury coverage;</p> <p>2) Products/completed operations coverage;</p> <p>3) Independent contractors coverage.</p>	<p>15. a)</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Insurance Co.</u></td> <td style="text-align: center;"><u>Policy Limit</u></td> <td style="text-align: center;"><u>Expiration Date</u></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">_____</td> </tr> </table> <p>b)</p> <p>1) YES/NO</p> <p>2) YES/NO</p> <p>3) YES/NO</p>	<u>Insurance Co.</u>	<u>Policy Limit</u>	<u>Expiration Date</u>	_____	\$ _____	_____
<u>Insurance Co.</u>	<u>Policy Limit</u>	<u>Expiration Date</u>					
_____	\$ _____	_____					

QUESTIONS	ANSWERS																								
<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>17. 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="94 956 1433 1126"> <thead> <tr> <th><u>Insurer</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>Insurer</u>	<u>Policy No.</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Mo./Day/Yr.</u>	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____	<p>a) YES/NO</p> <p>c) YES/NO</p> <p>d) _____</p>
<u>Insurer</u>	<u>Policy No.</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Mo./Day/Yr.</u>																				
_____	_____	\$ _____	\$ _____	\$ _____	_____																				
_____	_____	\$ _____	\$ _____	\$ _____	_____																				
_____	_____	\$ _____	\$ _____	\$ _____	_____																				
<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**

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?

- b) If "Yes," furnish the following:
- 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.

20. a) YES/NO

- b)
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
 - 6) _____

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?

- b) If "Yes," furnish the following:
- 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.

21. a) YES/NO

- b)
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____

22. a) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application?

b) If "Yes," furnish full details.

22. a) YES/NO

b)

23. Does the Applicant agree that this Application is for a CLAIMS MADE policy?

23. YES/NO

24. a) Limit of Liability required?

b) Amount of deductible required?

24. a) \$ _____
(Each Claim /Aggregate)

b) \$ _____

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.*