

Paul Lynch & Associates, Inc.
Insurance Consultants & Agents

MISCELLANEOUS ERRORS & OMISSIONS

Agent:			Effective date of policy:			
Requested Limit of Liability: \$			Deductible: \$			
Company/Applicant:						
Street Address:			City: State, Zip:			
Telephone:			Fax:			
Date company was established:			Where is firm licensed or registered?			
Average number of years of experience of key personnel in this field:						
Describe nature of your business (mode or method of operation, where such operations are performed, etc.):						
Do you require a written contract or agreement for services with your clients? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Hold harmless or indemnity agreements insuring to your benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Hold harmless or indemnity agreements insuring to your client's benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you utilize a procedures manual? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Gross Fees or Revenues: Present financial year: \$				Next financial year: \$		
Loss Control – What safeguards or procedures do you employ to avoid liabilities or losses?						
Are you or any of your employees members of any professional organization relating to the services to be insured? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please list:						
Have any claims or suits been made during the past five years against the applicant or any of its predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, salespersons, or employees? Y <input type="checkbox"/> N <input type="checkbox"/> * It is agreed that if there is knowledge of any such fact, circumstance, or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the insurance being applied for.						
Is the applicant aware of any circumstances, alleged acts, errors or omissions, or of any offenses which may reasonably be expected to result in a claim being made against the persons or entities described above? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has the applicant or any of its predecessors in business or subsidiaries or affiliates or any of the past or present partners, owners, officers, salespersons or employees been investigated and/or cited by any administrative or regulatory agency for violations arising out of their activities? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Please provide the following information for similar insurance, if any, carried during the last five years. If none carried, state so. Include any coverage which may be directly related or respond in part to the exposure.						
Policy Period	Renewal Date	Carrier	Limit	Deductible	Premium	
Additional Coverages desired: (Please circle choice below)						
EPLI <input type="checkbox"/>	Cont. BI/PD <input type="checkbox"/>	Kidnap & Ransom <input type="checkbox"/>	Defense Outside Limits <input type="checkbox"/>	Aggregate Deductible <input type="checkbox"/>	Non-Profit D&O <input type="checkbox"/>	Employee Dishonesty <input type="checkbox"/>

Applicant's Signature _____
Title: _____

Date: _____

All estimates are anticipated pricing and non-binding indications. Actual quotes are subject to completing and signing a FULL APPLICATION along with submission of all supporting documents. Estimates are subject to change based upon your submissions.