

**MISCELLANEOUS E&O PROFESSIONAL LIABILITY INSURANCE
RENEWAL APPLICATION**

Please complete all questions. If no answer is available, please write "not applicable" in the space provided. Where space provided insufficient to answer, please attach additional sheet(s).

1. Name of Applicant: _____

2. Policy Number: _____

3. Has there been a change to the firm's name or address since the inception of the current policy? Yes No

If "YES", please provide full details: _____

4. Has there been any change in the firm's ownership since the inception of the current policy or any anticipated change in the coming 12 months? Yes No

If "YES", please provide full details: _____

5. During the past 12 months has there been, or do you anticipate in the coming 12 months any purchases, mergers, or consolidations of the firm? Yes No

If "YES", please provide full details: _____

6. During the past 12 months has there been, or in the coming 12 months will there be any changes in the nature of services offered by the Applicant? Yes No
(Please refer to last full application on file)

If "YES", please provide full details: _____
Description of Services: _____ Percentage (Must Equal 100%)

100%

7. Please provide the annual revenue/fees derived from your professional services:

	For the past year:	Anticipated for next year:
Date (MM/YYYY)		
Canadian Fees:	\$	\$
USA Fees:	\$	\$
Overseas Fees:	\$	\$
Profit (Loss):	\$	\$

8. **Other than previously reported to the Insurer** has the applicant, partners, principals, or employees had one (1) or more claims arising from professional services, or are the applicant, partners, principals, or employees aware of any facts or circumstances or allegations which may give rise to a claim from their professional services? Yes No

If "YES", please provide more details:

9. Limits of Liability Requested:

Per Claim	\$
Aggregate	\$
Deductible Requested	\$
Deductible Options	\$

DECLARATION

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

Applicant Name: _____ Signature: _____

Title: _____ Date: _____

MUST BE SIGNED BY THE PRESIDENT OR CHAIRPERSON OF THE BOARD OR THE EXECUTIVE DIRECTOR