Print Application | Clear Application

PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

Underwritten by:
Philadelphia Indemnity Insurance Company

COVER-PRO℠ APPLICATION

NOTICE: This professional liability coverage is provided on a claims-made basis; therefore, claims which are first made against you, and reported to the Company, during the policy period are eligible for coverage, subject to policy provisions.

1. Name of the Applicant Firm:_____

2. Applicant principal location:_____
   Street Address:_____
   City:_____ State:_____ Zip Code:_____
   Website:_____ E-mail address:_____

3. Risk Management Contact:_____ Risk Management's Phone:_____
   Risk Managements Email:_____

4. Date established:_____ Telephone:_____

5. Describe the Applicant's nature of business:

   _____

6. Is the Applicant Firm controlled, owned, affiliated or associated with any other firm, corporation or company? ☐ Yes ☐ No
   If yes, please provide an explanation.

   _____

7. Please list the address(es) of all branch offices and/or subsidiaries. **Include a brief description of their operations and indicate if coverage is desired for these offices.**
   Branch Office(s):

   _____

   Subsidiary(ies): ***(Please note that our policy does not provide automatic coverage for subsidiaries)***

   _____

8. During the past five (5) years has the name of the firm been changed or has any other business(es) been acquired, merged into or consolidated with the Applicant firm? ☐ Yes ☐ No
   If yes, provide a complete explanation detailing any liabilities assumed.

   _____

9. Staffing- Provide a breakdown of the Applicant's staff into the following categories:
   a. Principals, Partners or Officers:_____
   b. Professionals (not included in A):_____
   c. Support staff (including part-time):_____
   d. Part-time professionals (less than 20 hr/wk):_____
   TOTAL:_____

© 2017 Philadelphia Consolidated Holding Corp.

10. Are any staff members considered "Licensed Professionals" or do any staff members hold any professional designations or belong to any professional societies/ associations? ☐ Yes ☐ No
If yes, provide the individual's name and designation/affiliation:

_____

11. Dates of the Applicant's current fiscal period: From:_____ To:_____

	PAST FISCAL YEAR	CURRENT FISCAL YEAR	ESTIMATE – NEXT YEAR
Total Gross Annual Revenue	$	$	$

12. Provide the percentage of the Applicant's gross annual revenue from the last fiscal period attributable to the following:
Federal government: _____%
State, county or local government and agency thereof: _____%
Institutional (schools, hospitals, etc…): _____%
Lending institutions: _____%
Manufacturing: _____%
Other (specify):_____ _____%

13. Does the Applicant provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than three (3)% shareholder of said client? ☐ Yes ☐ No
If yes, please provide the following:
a. Client name:_____
b. Applicant's relationship with the client:_____
c. Approximate annual gross revenue generated from this client: $_____

14. Were more than fifty (50)% of the Applicant's total gross annual billings for any one year derived from a single client or contract? ☐ Yes ☐ No
If yes, provide the following:
a. Client name:_____
b. Services rendered:_____
c. How long do you expect this relationship to continue?_____

15. Describe the Applicant's three (3) largest jobs or projects during the past three (3) years.

Client name:_____
Services rendered:
_____
Total gross billings: $_____

Client name:_____
Services rendered:
_____
Total gross billings: $_____

Client name:_____
Services rendered:
_____
Total gross billings: $_____

© 2017 Philadelphia Consolidated Holding Corp.

16. Does the Applicant utilize the services of independent contractors or sub-consultants? ☐ Yes ☐ No
    a. Approximate percentage of billings attributable to independent contractors or sub-consultants:_____%

17. Does the Applicant ever enter into contracts where their fees for services provided are contingent upon the client achieving cost reductions or improved operating results? ☐ Yes ☐ No
    If yes, provide a detailed description of such arrangements.

    _____

18. Does the Applicant secure a written contract or agreement for every project? ☐ Yes ☐ No
    (Please attach a sample copy)
    If no, provide the percentage of your gross annual revenue where a written contract is secured: _____%
    a. Does the Applicant's contract contain any of the following? **(check all that apply)**
       ☐ Hold harmless or indemnification clauses in your favor
       ☐ Hold harmless or indemnification clauses in your clients favor
       ☐ A specific description of the services you will provide
       ☐ Guarantees or warranties
       ☐ Payment terms

19. Describe steps taken to minimize / manage business risks:

    _____

20. Has any policy or application for similar insurance on your behalf or on the behalf of any of your principals, partners, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused? ☐ Yes ☐ No
    If yes, provide details.

    _____

21. Does the Applicant currently carry commercial general liability insurance? ☐ Yes ☐ No

22. Has the Applicant sued to collect past or overdue fees from clients within the past 2 years? **If yes, please provide details on the Additional Information page below**. ☐ Yes ☐ No

23. Please provide the following information on your professional liability (E&O) insurance for the past three (3) years:

    Name of Insurer:_____ Limit of Liability: $_____
    Deductible: $_____ Premium: $_____ Policy period:_____ - _____

    Name of Insurer:_____ Limit of Liability: $_____
    Deductible: $_____ Premium: $_____ Policy period:_____ - _____

    Name of Insurer:_____ Limit of Liability: $_____
    Deductible: $_____ Premium: $_____ Policy period:_____ - _____

    a. Retro-active date on current policy:_____

24. Have any claims, suits, or demands for arbitration been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? ☐ Yes ☐ No
    If yes, complete a Claim Supplement form for each incident.

25. Having inquired all principals, partners and officers, are you aware of any act, error, omission, unresolved job dispute or any other circumstance that is or could be a basis for a claim under the proposed insurance? ☐ Yes ☐ No
    If yes, complete a Claim Supplement form for each incident.

© 2017 Philadelphia Consolidated Holding Corp.

26. Please indicate the number of claim supplemental forms attached to this application:_____

With regard to questions 24. and 25., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

Coverage requested:

LIMIT OF LIABILITY:

☐ $250,000	☐ $1,000,000	☐ $4,000,000	☐ $7,000,000	☐ $10,000,000
☐ $300,000	☐ $2,000,000	☐ $5,000,000	☐ $8,000,000	
☐ $500,000	☐ $3,000,000	☐ $6,000,000	☐ $9,000,000	

DEDUCTIBLE: $_____

Attach the following items in support of this application

1. Applicant Firm's **statement of qualifications** including resumes of all key (technical) personnel along with any available marketing material or company brochures.
2. A copy of the Applicant Firm's formalized **standard client contract.**
3. A copy of the outline from the Applicant Firm's **Quality Assurance / Quality Control (QA/QC) manual.**

© 2017 Philadelphia Consolidated Holding Corp.

Print Application | Clear Application

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.
***Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company**

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS ($5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRINCIPAL, PARTNER OR OFFICER)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

© 2017 Philadelphia Consolidated Holding Corp.

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date

© 2017 Philadelphia Consolidated Holding Corp.