

Management Consultants Errors & Omissions

1. Agency Code: _____ Agency: _____
2. Phone: _____ Fax: _____ Web site: _____
3. Producer: _____ E-Mail Address: _____
4. Assistant: _____ E-Mail Address: _____

Application courtesy of <http://www.insurance-applications.com>

General Information:

5. Business Name (dba): _____
6. Legal Name: _____ Years In Business: _____
7. Mailing Address: _____ City: _____ State: _____ Zip: _____
8. Physical Address: _____ City: _____ State: _____ Zip: _____
9. Contact Person: _____ Phone: _____ Fax: _____
10. Email Address: _____ Web site: _____
11. Type of Entity: Individual Partnership Joint Venture Corporation Other: _____
12. Effective Date: ____ / ____ / ____ Expiration Date: ____ / ____ / ____ Need By Date: ____ / ____ / ____

Underwriting:

13. List the Applicant's consulting activities and indicate the percentage of gross receipts derived from each activity:

a) _____	_____ %
b) _____	_____ %
c) _____	_____ %
d) _____	_____ %

In answering the following, if yes, please attach a narrative with complete details.

14. Does the Applicant sell, promote or perform any service other than listed in Item 13 ? Yes No
15. Does the applicant consult on means or methods of financing or obtaining funds, including but not limited to loans, grants, mergers, acquisitions, capitalizations, divestitures or liquidations? Yes No
16. Is the Applicant involved in the management, purchase, sale or maintenance of any real or personal property, or in any activity related in any way to investments or investing, including but not limited to securities, time deposits, annuities, future contracts, partnerships, syndications or tax shelters? Yes No
17. Does the Applicant consult on, supervise or manage any escrow accounts, trust funds or insurance plans? Yes No
18. Does the Applicant sell, distribute, design, manufacture, recommend or test any product or process for creating a product? Yes No
19. Does the Applicant prepare, review or approve architectural, engineering or construction maps, plans, opinions, estimates, surveys, designs or specifications, or is the Applicant otherwise involved in any way with the design, construction, demolition or testing of any buildings or structures or any components thereof? Yes No
20. Has the applicant agreed to manage the operations of any business on behalf of any client, or does the Applicant assist in negotiating or have any authority to enter into contractual relationships on any client's behalf? Yes No
21. Does the Applicant provide psychological counseling services or any alcohol, drug or other substance abuse counseling, therapy or rehabilitation of any kind? Yes No

Underwriting:

22. Is the Applicant controlled, owned or associated with any other firm, Corporation or Company, other than as stated above?

Yes No If yes, please give details: _____

23. **Previous Coverage:** Please give particulars of previous similar Insurance carried: (including earliest date of first coverage purchased)

Company	Policy Number	Limits	Deductible	Period (Including Dates)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

24. Has any application for similar Insurance made on behalf of the Applicant, any predecessors in business or present partners, directors, officers or employees ever been declined or has any such Insurance ever been cancelled or renewal refused? Yes No If yes, please give details: _____

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25. Have any claims or suits been made during the past five years against the Applicant, its predecessors in business, any of the present partners, directors or officers of the Applicant or to the knowledge of the Applicant against any past partners, past officers, or past directors of the Applicant? Yes No

If yes, state briefly the cause, nature of claim, the amount involved and the name of the project and claimant, the date when the claim was made, the date the act which gave rise to the claim was committed and the final disposition of the claim including amounts of settlement. _____

26. Is the Applicant (after proper inquiry of each director, officer, or partner of the Applicant or other prospective insured party) aware of any circumstance, incidents, situations or accidents have occurred during the past five years which may result in claim being made against the Applicant, his predecessors in business, or any of the present or past partners, officers or directors of the Applicant? Yes No

If yes, please give complete details: _____

Coverage Requested:

27. Limits of Liability: \$ _____

28. Deductible: \$ _____

29. Retro Date Requested: _____

Application courtesy of <http://www.insurance-applications.com>

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature _____

Date _____

Print Name _____

Title _____

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**

Marketing Information:

Do you currently control this account? _____ Have you inspected and do you recommend this account? _____

Price and terms needed to write the account? _____

Is this a firm order at those price and terms? _____ **Signature of Producer:** _____