

ADMIRAL INSURANCE COMPANY

NeitClem Wholesale Ins Brkg, Inc.

Los Angeles CA

Phone: 323-258-2600 — Fax: 323-258-2676

Internet: <http://www.neitclem.com>

CONSULTANTS E&O INSURANCE
CLAIMS MADE POLICY

1. Name of Applicant: _____
(If Partnership or Corporation, show firm)

2. Address: _____
Street City State Zip Code

3. Address(es) of Branch Office(s): _____

4. The Applicant is: Individual Partnership Corporation Other: _____

5. Furnish the number of Partners and Staff:

	<u>Full Time</u>	<u>Part Time</u>
a) Principals/Partners	_____	_____
b) Professional Staff	_____	_____
c) Other Employees	_____	_____

6. Furnish the following information on all employees and attach the resumes of the principals and key employees:

<u>Full Name</u>	<u>No. Years Experience</u>	<u>Professional Qualifications</u>	<u>How Long a Principal</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. a) Furnish estimated gross receipts for the NEXT fiscal year: \$ _____
b) Furnish gross receipts for the current year and the past TWO years: (year) _____ \$ _____
(year) _____ \$ _____
(year) _____ \$ _____

8. Describe in detail the professional activities for which coverage is desired and indicate the percentage of gross receipts derived from each.

<u>Professional Activity</u>	<u>Percentage</u>
_____	_____%
_____	_____%
_____	_____%
_____	_____%
Total	100%

9. Furnish the details of the FOUR largest contracts undertaken during the last THREE years and the gross receipts derived from them.

<u>Client</u>	<u>Details</u>	<u>Gross Receipts</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

10. Is the Applicant a member of any Professional Organizations, Associations, or Societies? Yes No
 If "Yes", furnish full details: _____

11. Answer the following:
- a) Does the Applicant sell, promote, or perform any service other than the consulting services described in Question 8? Yes No
 - b) Does the Applicant consult on the means or methods of financing or obtaining funds, including, but not limited to, loans, grants, mergers, acquisitions, capitalization's, divestitures, or liquidations? Yes No
 - c) Is the Applicant involved in the management, purchase, sale or maintenance of any real or personal property, or any activity related to investments or investing, including, but not limited to, securities, time deposits, annuities, futures contracts, partnerships, syndication's or tax shelters? Yes No
 - d) Does the Applicant consult on, supervise or manage any escrow accounts, trust funds, or insurance plans? Yes No
 - e) Does the Applicant sell, distribute, design, manufacture, recommend, or test any product or any process for creating a new product? Yes No
 - f) 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
 - g) 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
 - h) If "Yes", to any of the above, furnish full details on a separate sheet of paper.

12. Furnish the following:
- a) Copies of brochures and descriptive literature;
 - b) A sample contract or letter of engagement between the Applicant and clients outlining the services to be rendered;
 - c) Sample consulting report issued to a client.

13. Does the Applicant use Subcontractors to perform professional services? Yes No If "Yes", furnish the following:
- a) The number of subcontractors hired in the last year _____
 - b) Percentage of gross receipts derived from the subcontractor's work _____%
 - c) Type of work done by the subcontractor's _____
 - d) Furnish the qualifications required of a subcontractor by the applicant. Is there a minimum experience requirement? _____

 - e) In what geographic areas are subcontractors used? _____
 Are any used outside the USA? Yes No If "Yes", please advise areas of the world _____
 - f) How is the work of the subcontractor supervised by the Applicant? _____
 - g) Are the subcontractors required to have their own Errors & Omissions Insurance? Yes No

14. a) Furnish the following information about other insurance carried by the Applicant:

Insurance Company Policy Limit Expiration Date

1) General Liability _____

2) Fidelity _____

b) Does the general liability insurance include personal injury coverage? ___ Yes ___ No

c) Does the general liability insurance include products/completed operations coverage? ___ Yes ___ No

15) Is the Applicant engaged in any business or profession, or employed by any other firm, full or part-time?

___ Yes ___ No If "Yes", furnish full details. _____

16. 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? ___ Yes ___ No If "Yes", furnish full details. _____

17. Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business? ___ Yes ___ No If "Yes", furnish full details of errors and omissions coverage for the last THREE years.

<u>Insurer</u>	<u>Policy No.</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Mo./Day/Yr.</u>
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Is the Applicant's expiring policy a CLAIMS MADE policy? ___ Yes ___ No
If "Yes", furnish full details. _____

18. 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 cancelled, non-renewed, refused, or had special terms imposed? ___ Yes ___ No If "Yes", furnish full details. _____

19. 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? ___ Yes ___ No If "Yes", furnish the following:

a) Date the Claim was made _____

b) Name of the Claimant _____

c) Value of the Claim _____

d) If the Claim is settled or outstanding _____

e) Amount of the settlement _____

f) Brief Description _____

20. 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? ___ Yes ___ No If "Yes", furnish the following:

a) Date the Applicant first became aware of any such alleged negligent act, error or omission. _____

b) Name of the potential Claimant. _____

c) Estimated value. _____

d) Brief description. _____

