

# Target Professionals™ – Miscellaneous Professional Liability Small Firm Application



RLI Insurance Company  
Peoria, Illinois 61615

This application applies to firms with revenues of \$3,000,000 or less. Please answer all questions completely. This form must be completed, signed and dated by a partner, member, director or officer of the firm. Please type or print.

1. Name of Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Date Established: \_\_\_\_\_

(If your business was established less than three years ago, please provide a resume of a principal or partner)

4. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company?  Yes  No

If "Yes", please provide name(s) and relationship(s): \_\_\_\_\_

5. Does the Applicant have any subsidiaries?  Yes  No

If "Yes", please list:

Subsidiary Name	% of Ownership	Created Date	Services Performed
_____	_____	_____	_____
_____	_____	_____	_____

6. Applicant is:  Corporation  Partnership  Individual  LLC  Non-Profit

7. Total number of employees: \_\_\_\_\_

8. List all professional services for which coverage is desired:

Professional Service	% of Revenues
_____	_____
_____	_____
_____	_____

9. Provide your firm's revenues attributable to the following years.

Next Year: \$\_\_\_\_\_ This Year: \$\_\_\_\_\_ Last Year: \$\_\_\_\_\_

10. Describe the three (3) largest jobs or projects during the past three (3) years:

Name of Client	Services Provided	Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Please answer the following questions regarding the use of independent/subcontractors:

(a) The total percentage of work done by subcontractors: \_\_\_\_\_%

(b) Are all subcontractors required to carry errors and omissions insurance?  Yes  No

12. Please answer the following questions regarding contractual procedures:

(a) A written contract or agreement is used:  In all cases  Sometimes  Never

(b) Are all written contracts reviewed by legal counsel?  Yes  No

(c) Percent of contracts that limit the insured's liability: \_\_\_\_\_%

13. Provide the following information about your firm's current Professional Liability insurance:

Insurance Company	Policy Period	Per Claim / Agg. Limit	Deductible	Premium
_____	_____ to _____	\$_____ / \$_____	\$_____	\$_____
Retroactive date on policy: _____		Years continuous coverage? _____		

14. The following questions are applicable to Privacy/Network Security coverage. Certain classes of business may require additional underwriting information.

(a) If your firm uses laptops, are all laptops password protected?  N/A  Yes  No

(b) Does your firm have a firewall and anti-virus/spam/malware software in place?  Yes  No

(c) Are written network security and privacy policies in place?  Yes  No

(d) Is all private and personal information encrypted?  Yes  No

(e) Are procedures in place to report and respond to unauthorized attempts to access computer system(s)?  Yes  No

(f) Estimated number of personally identifiable records: \_\_\_\_\_

**15. Claims Awareness:**

- (a) After inquiry, do any partners, members, directors, or officers of the firm for which coverage is sought, have knowledge of any incident, a circumstance, an event, or unresolved fee dispute that may result in a claim?  Yes  No

If "Yes", please provide the following details:

- Project Name
- Potential claimant
- Alleged damages
- Dates

- (b) Within the past five (5) years, have any claims been made or legal action brought against the firm, its predecessor(s), or any past or present principals, partners, insurance managers, or employees?  Yes  No

If "Yes", please provide current carrier loss runs and provide the following details:

- Project Name
- Claimant
- Nature of damages to include dollar amount
- Dates

- (c) Within the past five (5) years, have you had any information security breaches, including unauthorized access, unauthorized use, unauthorized disclosure, virus, denial of service attack, theft of data, fraud, electronic vandalism, sabotage, extortion or other security events, including notification for any actual or potential compromise of information?  Yes  No

If "Yes", please provide current carrier loss runs and provide the following details:

- Project Name
- Claimant
- Nature of damages to include dollar amount
- Dates

Claim(s) means a demand received by the Insured for money or services and which alleges a wrongful act. Claim(s) includes but is not limited to lawsuits, petitions, arbitrations or other alternative dispute resolution requests filed against the Insured.

**FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD STATEMENT TO ARKANSAS APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD STATEMENT TO COLORADO APPLICANTS**

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 settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS**

**WARNING:** It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FRAUD STATEMENT TO HAWAII APPLICANTS**

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

**FRAUD STATEMENT TO IDAHO APPLICANTS**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**FRAUD STATEMENT TO KANSAS APPLICANTS**

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 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 who conceals, for the purpose of misleading, information concerning any fact material thereto, is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD STATEMENT TO KENTUCKY APPLICANTS**

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.

**FRAUD STATEMENT TO LOUISIANA APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD STATEMENT TO MAINE APPLICANTS**

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.

**FRAUD STATEMENT TO MARYLAND APPLICANTS**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD STATEMENT TO MINNESOTA APPLICANTS**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**FRAUD STATEMENT TO NEW JERSEY APPLICANTS**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil Penalties

**FRAUD STATEMENT TO NEW MEXICO APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**FRAUD STATEMENT TO NEW YORK APPLICANTS**

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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD STATEMENT TO OHIO APPLICANTS**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**FRAUD STATEMENT TO OREGON APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS**

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.

**FRAUD STATEMENT TO TENNESSEE APPLICANTS**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**FRAUD STATEMENT TO VIRGINIA APPLICANTS**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**FRAUD STATEMENT TO WASHINGTON APPLICANTS**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I declare that I am the authorized agent for the firm for the purposes of procuring insurance and have answered this application on behalf of the firm and its members. As the authorized agent, I declare that if the firm or any of its members become aware of any information that would change answers furnished in the application, the firm will reveal such information in writing to the Company prior to the effective date of coverage. On behalf of the applicant firm, I declare that this application, including attachments, supplementary pages and other exhibits attached, is complete and correct. I understand that the application shall form the basis of the contract of insurance should the Company offer coverage and should the firm accept the Company's quotation. I also understand that completion of this application does not bind the Company or broker to provide insurance.

THE APPLICATION MUST BE SIGNED BY A PARTNER, MEMBER, DIRECTOR OR OFFICER OF THE APPLICANT.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME**