

▼ DONALD GADDIS CO., INC.

WHOLESALE INSURANCE BROKERAGE

Send to: submissions@gaddiscompany.com
(312)853-0071 | www.gaddiscompany.com

MISCELLANEOUS PROFESSIONAL LIABILITY ERRORS & OMISSIONS APPLICATION

APPLICANT'S INFORMATION:

Applicant Name:			
Business Name:			
Inspection Contact:		Phone:	
Mailing Address:			
Insured Address:	<input type="checkbox"/> Same as above		
Entity Type:			
Website Address:	www.		

1. a. Year Established: _____
b. Individually Owned Partnership Corporation
c. Number of Locations: _____
2. Provide a complete description of the firm's operations/services (**Also attach a copy of the firm's brochures**):

3. Indicate the specific types of claims or exposures for which coverage is desired, and describe procedures employed by the firm to avoid or reduce claims:

4. List the firm's five largest projects during the past five years. Include the client name, description of services rendered and fees generated from each.

5. a. Has the name or ownership of the firm changed or has any other business been purchased, merged or consolidated with the firm within the last five years? Yes No
b. Is the firm owned or controlled by any other firm or individual? Yes No
c. Does the firm, or any owner or officer of the firm own, engage in, operate, manage or act as a director or officer of any other business? Yes No

6. a. Within the past five years, has the firm performed any professional services for any client in which any, shareholder, officer or employee of the firm had any ownership interest, or which he/she controlled, operated or managed to any extent? Yes No

b. If Yes, please indicate:

Client Name	Type of Business	Ownership %	Capacity	Engagement	Annual Fees

7. a. Within the past five years, has the firm or any partner, officer, principal or employee had any application for professional liability insurance denied, or policy cancelled or non-renewed? Yes No

b. If Yes, please explain: _____

8. a. Has the firm or any past or present owner, partner, shareholder, principal, officer, director or employee ever been subject to disciplinary action by a state licensing agency or other regulatory body? Yes No

b. If Yes, please explain: _____

9. a. Have any claims (including lawsuits) been made against the firm, its predecessors, or past or present owners, directors, officers, employees or other individuals during the past five years? Yes No

b. If Yes, please complete a separate **Supplemental Claim Form** for each claim or suit.

10. a. Is the firm aware of any circumstances or any allegations of contentions, which may result in a claim (including lawsuits) being made against the firm, its predecessors, or past or present owners, directors, officers or other individuals? Yes No

b. If Yes, please complete a separate **Supplemental Claim Form** for each incident.

11. a. Total Gross Fees: Last Year: \$ _____ This Year (est.): \$ _____

b. Total Payroll: Last Year: \$ _____ This Year (est.): \$ _____

c. Does any single client provide over 30% of gross receipts? Yes No

d. If Yes, please provide details: _____

12. a. What percentage of applicant's business involves subcontracting work to others? _____ %

b. Indicate cost of subcontracted work: \$ _____

c. What operations are subcontracted? _____

13. Individuals – Please list all owner(s), partners and officers, and the percentage of equity each has in the firm:

Name	Title	Years in Practice	Percentage of Equity

14. Indicate number of: Full Time Employees: _____ Part Time Employees: _____

15. Education, Training, Management:

- a. **Please attach a resume for each owner, partner, principal and professional/technical employee.**
- b. Do all employees (including management) attend at least one educational seminar annually? Yes No
- c. Is educational material presented to and reviewed with all employees at least semi-annually? Yes No
- d. What percentage of employees has less than two years of business related experience? _____ %

Please attach any disclaimers and/or descriptive brochures which are provided to existing or prospective clients.

- 16. a. Does the firm have membership(s) in any Professional Organizations, Associations or Societies? Yes No
- b. If Yes, please list name(s) of organization(s): _____

- 17. a. Has any person or organization requested to be added to your policy as an additional insured? Yes No

b. If Yes, please indicate:

	Interest/Reason	Address
<input type="checkbox"/> Municipality		
<input type="checkbox"/> Other:		

18. Describe errors and omissions coverage provided to the firm for the past five years:

From/To	Carrier	Limit	Deductible	Premium	Retroactive Date

19. Coverage Requested:

- a. Requested Effective Date: _____
- b. Requested Retroactive Date: _____

(If prior acts coverage is desired, a copy of current policy declarations must be attached. This optional coverage must not exceed five years.)

- c. Limits of Liability:
 - \$100,000/\$100,000
 - \$500,000/\$500,000
 - Other: _____
 - \$300,000/\$300,000
 - \$1,000,000/\$1,000,000
- d. Deductible:
 - \$1,500
 - \$2,500
 - \$5,000
 - \$10,000
 - Other: _____

20. Supplemental Information - Use this area to provide additional information as required. Attach additional sheet(s) if necessary.

Question #	Additional Information

22. Signatures - THIS APPLICATION MUST BE SIGNED BELOW BY ALL OWNERS, PARTNERS OR PRINCIPALS.

The undersigned, being authorized by, and acting on behalf of the firm and all persons or concerns seeking insurance, have read and understand this application and declare all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue, or incomplete, any statement made herein, will immediately be reported in writing to the company.

The signing of this application does not bind the undersigned to purchase the insurance, nor does receipt or review of the application bind the company to issue a policy. It is agreed that if a policy is issued, it is issued in reliance upon the statements in this application.

REPRESENTATION: I/We represent(s) that the information contained herein is true, and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company/underwriter evidence acceptance of this application by issuance of a policy. I/WE further represent(s) that I/WE have not withheld any information which is reasonably likely to influence the judgment of the company/underwriter considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc....) If I/WE have withheld any such information, I/WE understand that the coverage may be voided. I/WE further understand that failure to disclose any information in my/our possession regarding possible acts, errors or omissions which may lead to a claim, will relieve the insurance company of any obligation under the policy.

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 OF THE THIRD DEGREE.

I/WE hereby authorize the insurance company, its agents and representatives to secure any information from my/our current and previous insurance carriers.

NO INSURANCE SHALL BE GRANTED UNLESS ALL QUESTIONS ARE FULLY ANSWERED.

Signature & Date: _____ Date: _____

Signature & Date: _____ Date: _____

Signature & Date: _____ Date: _____

Agent Signature: _____ Date: _____

Agent License #: _____

COLLECTION AGENCY ERRORS & OMISSIONS APPLICATION

APPLICANT'S INFORMATION:

Applicant Name:			
Business Name:			
Inspection Contact:		Phone:	
Mailing Address:			
Insured Address:	<input type="checkbox"/> Same as above		
Business Website Address:	www.		
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> For Profit <input type="checkbox"/> Joint Venture			
<input type="checkbox"/> Other:			

1. a. Year Established: _____
 b. Individually Owned Partnership Corporation
 c. Number of Locations: _____
2. Provide a complete description of the Applicant's operations/services **(Also attach a copy of the Applicant's brochures)**:

3. Indicate the specific types of claims or exposures for which coverage is desired: _____

4. What safeguards or procedures does the Applicant employ to avoid or reduce the claims and/or exposures identified in question 3. above?

5. **Attach a listing, on the Applicant's stationery, of the Applicant's five largest projects during the past five years.** Include the client name, description of services rendered and fees generated from each.
6. a. Has the name or ownership of the Applicant changed or has any other business been purchased, merged or consolidated with the Applicant within the last five years? Yes No
 b. Is the Applicant owned or controlled by any other firm or individual? Yes No
 c. Does the Applicant, or any owner or officer of the Applicant own, engage in, operate, manage or act as a director or officer of any other business? Yes No
 d. Has any license held by the Applicant firm or any individual ever been suspended or revoked? Yes No
 e. Have any persons proposed for this coverage ever been subject to disciplinary action by any state licensing board, court, regulatory authority, or professional association as a result of professional activities? Yes No
7. Is the Applicant firm or any partner, shareholder, principal or employee bonded for handling client funds? Yes No

8. a. Within the past five years, has the Applicant performed any professional services for any client in which any, shareholder, officer or employee of the Applicant had any ownership interest, or which he/she controlled, operated or managed to any extent? Yes No

b. If Yes, please indicate:

Client Name	Type of Business	Ownership %	Capacity	Engagement	Annual Fees

9. a. Within the past five years, has the Applicant firm or any partner, officer, principal or employee had any application for professional liability insurance denied, or policy cancelled or non-renewed? Yes No

b. If Yes, please explain: _____

10. a. Has the Applicant firm or any past or present owner, partner, shareholder, principal, officer, director or employee ever been subject to disciplinary action by a state licensing agency or other regulatory body? Yes No

b. If Yes, please explain: _____

11. a. Have any claims (including lawsuits) been made against the Applicant, its predecessors, or past or present owners, directors, officers, employees or other individuals during the past five years? Yes No

b. If Yes, please complete a separate **Supplemental Claim Form** for each claim or suit.

12. a. Is the Applicant aware of any circumstances or any allegations of contentions, which may result in a claim (including lawsuits) being made against the Applicant, its predecessors, or past or present owners, directors, officers or other individuals? Yes No

b. If Yes, please complete a separate **Supplemental Claim Form** for each incident.

13. a. Total Gross Fees: Last Year: \$ _____ This Year (est.): \$ _____

b. Total Payroll: Last Year: \$ _____ This Year (est.): \$ _____

c. Does any single client provide over 30% of gross receipts? Yes No

d. If Yes, please provide details: _____

14. a. What percentage of applicant's business involves subcontracting work to others? _____ %

b. Indicate cost of subcontracted work: \$ _____

c. What operations are subcontracted? _____

15. Individuals – Please list all owner(s), partners, officers, and employees engaged in professional services. Include part-time employees and all professional staff members. Continue in question 31. if necessary.

Name	Title	Years in Practice

16. Education, Training, Management:

- a. **Please attach a resume for each owner, partner, principal and professional/technical employee.**
- b. Do all employees (including management) attend at least one educational seminar annually? Yes No
- c. Is educational material presented to and reviewed with all employees at least semi-annually? Yes No
- d. What percentage of employees has less than two years of business related experience? _____ %
- e. Is management active in daily operations? Yes No
- f. Are staff meetings held at least bi-weekly? Yes No
- g. Are printed standards of practice and code of ethics adhered to, and copies provided to all clients? Yes No

Please attach any disclaimers and/or descriptive brochures which are provided to existing or prospective clients.

- 17. a. Does the Applicant have membership(s) in any Professional Organizations, Associations or Societies? Yes No
- b. If Yes, please list name(s) of organization(s): _____

- 18. a. Does the Applicant collect funds for others for a fee? Yes No
- b. If Yes, provide the type of debt and the average size of debt collected: _____

19. Provide the percentage of the Applicant's procedures used to collect funds:

- a. Letters: _____ %
- b. Telephone calls: _____ %
- c. Personal contact: _____ %
- d. Institution of legal proceedings: _____ %
- e. Other - describe: _____ %

- 20. a. Is the Applicant agency bonded? Yes No
- b. If Yes, provide the following:

	Carrier	Expiration Date	Amount
Fidelity Bond:			
Surety Bond:			

- 21. List all states where the Applicant pursues collection monies: _____

- 22. Describe all steps taken to comply with the Federal Fair Debt Collection Practices Act (FDCPA) and all applicable state collection laws: _____

- 23. a. Does the firm call debtor's cellular telephone numbers? Yes No
- b. If Yes, how does the firm document the debtor has granted written permission to call the cellular telephone in compliance with the Telephone Consumer Protection Act (TPCA)? _____

24. Describe all steps taken to comply with the Telephone Consumer Protection Act (TPCA): _____

25. a. Does the Applicant have any attorneys on staff? Yes No

b. If Yes, how many? _____

26. Describe fully the extent of litigation activities/involvement with your collection agency: _____

27. a. Have all form letters and other correspondence been reviewed by an attorney for compliance with all federal and state statutes? Yes No

b. If No, please explain why not: _____

c. **As part of this Supplement attach copies of the Applicant's collection letters, demand forms and collection telephone scripts.**

28. Describe fully the extent of involvement with repossessing property of others: _____

29. Describe errors and omissions coverage provided to the firm for the past five years:

From/To	Carrier	Limit	Deductible	Premium	Retroactive Date

30. Coverage Requested:

a. Requested Effective Date: _____

b. Requested Retroactive Date: _____

(If prior acts coverage is desired, a copy of current policy declarations must be attached.)

c. Limits of Liability:

\$100,000/\$100,000 \$500,000/\$500,000 Other: _____
 \$300,000/\$300,000 \$1,000,000/\$1,000,000

d. Deductible:

\$1,500 \$2,500 \$5,000 \$10,000 Other: _____

31. Supplemental Information - Use this area to provide additional information as required. Attach additional sheet(s) if necessary.

Question #	Additional Information

32. Signatures - THIS APPLICATION MUST BE SIGNED BELOW BY ALL OWNER, PARTNERS OR PRINCIPALS.

The undersigned, being authorized by, and acting on behalf of the Applicant and all persons or concerns seeking insurance, have read and understand this application and declare all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue, or incomplete, any statement made herein, will immediately be reported in writing to the company.

The signing of this application does not bind the undersigned to purchase the insurance, nor does receipt or review of the application bind the company to issue a policy. It is agreed that if a policy is issued, it is issued in reliance upon the statements in this application.

REPRESENTATION: I/We represent that the information contained herein is true, and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company/underwriter evidence acceptance of this application by issuance of a policy. I/We further represent that I/We have not withheld any information which is reasonably likely to influence the judgment of the company/underwriter considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc....) If I/We have withheld any such information, I/We understand that the coverage may be voided. I/We further understand that failure to disclose any information in my/our possession regarding possible acts, errors or omissions which may lead to a claim, will relieve the insurance company of any obligation under the policy.

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 OF THE THIRD DEGREE.

I/We hereby authorize the insurance company, its agents and representatives to secure any information from my/our current and previous insurance carriers.

NO INSURANCE SHALL BE GRANTED UNLESS ALL QUESTIONS ARE FULLY ANSWERED.

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Signature & Date: _____ Date: _____

Signature & Date: _____ Date: _____

Signature & Date: _____ Date: _____