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General Information

- Company Name (Applicant) _____
 Street _____
 City _____ State _____ Zip _____
 Telephone: _____ Fax _____
 Email Address _____
 Website: _____
 Year established _____

- Please list the professional services that the Applicant provides (or is planning to provide) and the percentage of revenue generated by each service.

Description of Professional Service	# of Years Providing Services	% of Current Year Annual Revenue	% of Previous Year Annual Revenue

- List All Entities where Coverage is Required:

Name	% owned	Year Established	Operations	Entity Type (Publicly Traded, LLC, LP, NFP, GP, Other)
1.				
2.				
3.				
4.				

Please attach a separate page or add the organization chart if more space is needed.

- Is the Applicant controlled or owned by, or associated or affiliated with or does it own any other firm or business enterprise?

Yes No

If Yes, please explain.

- Please attach CVs/Resumes for the Applicant's Management Team



Business Information

6. Please provide the following annualized financial information for both the Applicant and any subsidiaries performing professional services sought to be covered under this policy.

	Revenues (\$)	Net Income (\$)	Total Assets (\$)	Total Liabilities (\$)
Next Year (Projection)				
Current Year				
Prior Year				

Applicant can leave "Current Year" and "Prior Year" blank if providing detailed financial statements

7. Please indicate the Applicant's method of financial statement preparation and review:

CPA Review CPA Audit Internal None

8. If the Applicant has used external auditors for it financial review:

a) Finding of Material Weakness or Significant Deficiency in internal controls in any of the past 3 audits?

Yes No

b) Has the Applicant been classified as a "Going Concern" in any of the past 3 audits?

Yes No

If the applicant answers yes to 8.a. or 8.b. please provide management's response to auditors and information regarding remediating measures taken.

9. Please indicate the Applicant's total employees _____

10. Please provide the following information regarding the Applicant's top 3 clients/customers by revenue.

Applicant does not have to disclose clients name.

Client	Total Revenues	Number of Years Doing Business	Type of Service Provided	Client Type (Institution or Individual)
Client #1	\$			
Client #2	\$			
Client #3	\$			

11. Does the Applicant have a contract in place with Clients?

All of the time Most of the time Some of the time Never

If Never, please provide reasons for not doing so: _____

12. Does Applicant's contracts contain indemnification / hold-harmless clauses running in its favor?

All of the time Most of the time Some of the time Never

If Never, please provide reasons for not doing so: _____



13. Does the Applicant do business through independent contractors?

All of the time Most of the time Some of the time Never

14. Does the Applicant contractually require independent contractors to maintain E&O insurance?

All of the time Most of the time Some of the time Never

15. Does the Applicant maintain an in-house legal / compliance department? If not, does the applicant outsource this function? Please describe the compliance procedures at the firm and any third-parties involved: _____

Lending Services (only complete if Applicant provides Lending Services)

16. Provide Loan Activity for last 12 Months:

Loan Type	Number of Loans	Total Dollar Amount	Largest Loan Value
Mortgage: Residential			
Mortgage: Commercial			
Mortgage: Construction			
Commercial Lending			
Auto Loan			
Auto Dealer Floor Planning			
Payday			
Equipment Backed			
Asset Backed			
Other: _____			

17. What Percentage of Loans are?

Originated	%
Underwritten	%
Serviced	%

18. What % of Loans are Subprime? _____

a) If Subprime Loans are included in the Applicant's lending services, what is the average FICO score: _____

19. Does the Applicant offer no-document or low-documentation loans?

a) If so please provide any underwriting guidelines or additional information about the loan approval process:



20. Does the Applicant have:

	Procedures	Violations
Truth in Lending/TRID	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
RESPA	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Equal Credit Opportunity	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Good Faith	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

21. Please describe any other measures the Applicant takes to mitigate risks in its lending services:

Claims/Litigation/Regulatory History

22. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activities?

Yes No

If Yes, please explain.

23. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees?

Yes No

If you answered, Yes, please describe including name of claimant, type of service provided and allegation made, date claim was made, demand amount and final disposition including indemnity and expense amounts.

24. Does the Applicant or do the Applicant's owners, principals, directors, officers or employees, have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business?

Yes No

If you answered, Yes, please describe.



It is understood and agreed that if the answer to the previous three queries is Yes, any such claim or potential claim is specifically excluded from this proposed coverage.

25. List any industry associations / memberships with which the Applicant is affiliated.

26. Indicate desired coverage terms.

Limit: \$ _____
Retention: \$ _____
Retro Date: _____
If no retroactive date is selected, the coverage will begin on the policy effective date

27. Please attach any special coverage requests.

28. In order to best meet your coverage needs, please provide the following information about the Applicant's current policy

Carrier: _____
Limit: \$ _____
Retention: \$ _____
Premium: \$ _____
Retro Date: _____
Expiration Date: _____

Notice to Applicant: PLEASE READ CAREFULLY

Warranty: The undersigned warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the Applicant's business including, but not limited to the size of the firm, the area of business engaged in by the firm and the information contained on each Supplemental application submitted by the Applicant.

Any person who knowingly and with intent to defraud any insurance company or any 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.

SIGNATURE: _____
TITLE: _____
DATE: _____