



- 1. Company Name (Applicant): \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Web Address: \_\_\_\_\_
  
- 2. Projected revenues next 12 months: \_\_\_\_\_  
Revenues for the last fiscal year: \_\_\_\_\_
  
- 3. Number of employees: \_\_\_\_\_
  
- 4. How many of these employees provide professional services directly to clients? \_\_\_\_\_
  
- 5. During the last 12 months has the Applicant created or acquired any additional entities?  Yes  No  
If yes, please provide the date of acquisition and a description of the services provided:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 6. During the last 12 months has the Applicant changed the scope of their professional services?  Yes  No  
If yes, please describe in detail the nature of these changes and the revenue projected for each new service:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 7. Does any proposed Insured have knowledge of any act, error or omission which might reasonably give rise to a claim against any **Insured**?  Yes  No  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE TO APPLICANT: PLEASE READ CAREFULLY**

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**Warranty:** The Applicant 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 size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the Applicant.

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.

**THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.**

Applicant Signature: \_\_\_\_\_ Date (Mo-Day-Yr): \_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_