

Section One – Applicant Information

Name of Applicant: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Web Site: _____

1. Please select the services for which coverage is desired: _____

For additional services, please see pages 2-4.

Coverage is not available of any of the following business classifications: Business Brokers, Franchisors or Franchisees, Railroad Operators, Religious Entities, Political Organizations, Sports Agents, Talent Agents, Lobbyists.

2. Please give a description of professional services: _____

3. Revenue:

Total Expected Revenue for the upcoming policy period: _____

For following questions, if the answer is "YES", coverage cannot be bound as per the terms and conditions of this program.

4. Have you ever been the subject of investigative or disciplinary proceedings or reprimanded by a governmental agency, hospital or professional association? Yes No

5. After inquiry with all principals, partners and officers, is the Applicant aware of any dispute, error, omission, act, or circumstance that is, or could reasonably be expected to become a claim under the policy for which this application is submitted to the Underwriters? Yes No

Section Two – Notice to the Applicant

- A. The Applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
- B. The Applicant agrees that after receipt of the completed application form, underwriters have two working days to either confirm or deny coverage. It is also agreed this Application shall be the basis of insurance and will be attached to and made part of the policy should a policy be issued.
- C. The Applicant further represents that if the information supplied on this Application changes between the date of the application and the inception date of the policy period, the Applicant will immediately notify the underwriter of such a change, and the underwriter may modify or deny coverage

Signed: _____ Date: _____

Authorized signature of a Principal or Officer

Print Name: _____ Title: _____

(Must be signed and dated no more than 45 days prior to binding)

Additional Services (**Total percentage must equal 100%**):

Primary Service: _____	_____ %
Acoustic Consultant	_____ %
Administrative/Office Support	_____ %
Advertising Agency	_____ %
Aesthetic Consultant	_____ %
Agricultural Consultant - advisory services only (in guidelines)	_____ %
Air quality consultant	_____ %
Answering Services	_____ %
Appraisers	_____ %
Arbitrators/Mediators	_____ %
Arborist	_____ %
Archaeological/Historical Preservation Consultant	_____ %
Associations/Trade Associations	_____ %
Auctioneers	_____ %
Audio, Video, Lighting Design	_____ %
Audio/visual Consultant	_____ %
Back Office Services	_____ %
Business/Personal Mentor	_____ %
Career Coach	_____ %
Caterer	_____ %
Cleaning Service	_____ %
Closed Captioner	_____ %
Communications Consultant	_____ %
Communications Consultant	_____ %
Compliance Consultants	_____ %
Concierge	_____ %
Conference Planning	_____ %
Construction Management - Admin Services	_____ %
Corporate Trainer	_____ %
Courier/messenger	_____ %
Court Reporting/Stenography	_____ %
Data Processing Consultant	_____ %
Document Destruction Service	_____ %
Document Management	_____ %
Emergency Disaster Planning	_____ %
Emergency Training Consultant	_____ %
Emergency/Disaster Preparedness	_____ %
Employee Leasing	_____ %
Employment Agency	_____ %
Employment Coach	_____ %
Employment Consultant	_____ %
Employment counseling	_____ %
Employment Recruiter	_____ %

Energy Conservation Consultant	_____	%
Energy Cost Containment Services	_____	%
Environmental Consultant	_____	%
Ergonomic Consultant	_____	%
Event Planning	_____	%
Executive Coach	_____	%
Executive Search	_____	%
Exhibit Designer	_____	%
Expert Witness	_____	%
Flood Zone Determination	_____	%
Florist	_____	%
Forensic Investigation	_____	%
Forestry Consultant	_____	%
Fraternities/Sororities	_____	%
Fulfillment Services	_____	%
Fundraising Service	_____	%
Government Consultant	_____	%
Grant Writing Service	_____	%
Graphic Design	_____	%
Health & Nutrition Consultant	_____	%
Help Desk	_____	%
Help Desk Services	_____	%
Hotel Management Services	_____	%
Human Resource Consultant	_____	%
Human Resource Outsourcing	_____	%
Human Resource Services	_____	%
Hydrologists	_____	%
Insurance Claims Adjustor	_____	%
Insurance Inspection and Auditing-	_____	%
Interior Decorator	_____	%
Interior Design	_____	%
Interpreter	_____	%
Landscape Design	_____	%
Lead Generation Services	_____	%
Lighting Design Consultant	_____	%
Litigation Support Services	_____	%
Mailing Service	_____	%
Management Consultant	_____	%
Management Services Organizations	_____	%
Management Training	_____	%
Market Research	_____	%
Marketing Consultant	_____	%
Medical Transcription	_____	%
Meeting Planning	_____	%
Meteorologist	_____	%

Notary Services	_____	%
Outplacement services	_____	%
Paralegal	_____	%
Payroll Services	_____	%
Personal Assistant	_____	%
Pet groomer/sitter/walker	_____	%
Photographer	_____	%
Premium Finance Services	_____	%
Printer	_____	%
Private Investigator	_____	%
Process Server	_____	%
Process Servers	_____	%
Professional Employment Organization	_____	%
Professional Organizer	_____	%
Public Relations Consultant	_____	%
Public Relations Services	_____	%
Records/Document Services	_____	%
Research Assistant	_____	%
Resume Service	_____	%
Safety Certification	_____	%
Safety/OSHA Inspector	_____	%
Seminar Conductor	_____	%
Staffing	_____	%
Stenographer	_____	%
Tax Preparation/Bookkeeping	_____	%
Technical Help Centers (in guidelines) - Customer Service Outsource Centers-7378A	_____	%
Technical Writer (in guidelines)	_____	%
Telemarketing	_____	%
Testing Services	_____	%
Traffic/Parking Consultant	_____	%
Training and Certification Services	_____	%
Training Consultant	_____	%
Translation Services	_____	%
Travel Agents/Tour Operators	_____	%
Utilities Review Services	_____	%
Vehicle, RV and Mobile Home Dealers	_____	%
Wedding Planning	_____	%
Other (please specify): _____	_____	%
		100 %