



ERRORS AND OMISSIONS LIABILITY Application

WESTERN WORLD INSURANCE COMPANY TUDOR INSURANCE COMPANY STRATFORD INSURANCE COMPANY

NOTICE: This Application is for a CLAIMS-MADE AND REPORTED COVERAGE FORM. The Coverage Form you are applying for is limited to liability for only those "claims" that are first made against you and reported to us during the policy period.

- 1. Name of Firm: Address: City: State: Zip:
2. Website: Date Established:
3. How long have you been engaged in current occupation or business? Years
4. Is the firm owned by, associated with or controlled by any other business...
5. Are you seeking insurance coverage for any other business?
6. Describe in detail the nature of the professional or business activities for which insurance is desired.
7. Gross Revenue: Indicate year in spaces provided. Current Year: Prior Year: Next Year:
8. If Yes, how many and what percent of your total receipts are subcontracted?
9. What percentage of the Applicant's services are provided under written agreement? %
10. Are Applicant's contracts reviewed by an outside law firm that you hire?
11. Does the Applicant maintain and adhere to formalized corporate governance procedures...
12. Does the Applicant have a process in place to handle and resolve client complaints?
13. Does the Applicant require continuing education for all professional employees?
14. Does the Applicant provide formalized in-house training for all professional employees?
15. Does the Applicant have any risk management procedures established and in use?

16. Provide details of General Liability insurance in force.

Company	Limit	Deductible	Policy Term

17. Please provide details of Errors and Omissions insurance carried during the last three (3) years.

Company	Limit	Deductible	Premium	Policy Term

Is your expiring Policy/Coverage Form a **CLAIMS-MADE AND REPORTED COVERAGE FORM**?  Yes  No

If Yes, give Retroactive Date. \_\_\_\_\_

**CLAIMS QUESTIONS**

**NOTE THAT ITEMS 18. THROUGH 22. MUST BE COMPLETED FOR ALL E&O AND CYBER-LIABILITY COVERAGE APPLICANTS.**

18. Has any Application for Errors and Omissions or similar insurance been made on your behalf, your firm or present partners, owners, officers or employees, or has any insurance ever been cancelled or refused renewal?  Yes  No

If Yes, give details below or attach an information sheet.

\_\_\_\_\_

19. Have any claims, suits or proceedings been made during the past five (5) years against you, your firm, your predecessors in business or against any present partners, owners, officers or employees?  Yes  No

If Yes, give details below or attach an information sheet.

\_\_\_\_\_

20. Are you aware of any alleged act, circumstance, situation or error or omission which may result in a "claim" being made against you or any of the persons or firm described on this application?  Yes  No

If Yes, give details below or attach an information sheet.

\_\_\_\_\_

21. During the past five years, has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a disciplinary action as a result of professional activities?  Yes  No

If Yes, give details below or attach an information sheet.

\_\_\_\_\_

22. During the last three years, has anyone alleged that their personal information was compromised, or have you notified customers that their information was or may have been compromised, as a result of your activities?  Yes  No

If Yes, give details below or attach an information sheet.

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**FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)**

**YOU HEREBY DECLARE** that the above statements and particulars are true and that you have not suppressed or misstated any material facts and you agree that this Application will be the sole basis of any subsequent contract or insurance with us. Signature on the Application does not bind you or us to complete the insurance.

Application must be signed and dated by principal, partner, officer or director of the firm.

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**Date**

**Signature of Applicant**

**Title**

**PLEASE NOTE:** COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE COVERAGE FORM. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.