



**ARCH EXPRESS MISCELLANEOUS PRO[®]
PACKAGE POLICY APPLICATION**

NOTICE: THE POLICY APPLIED FOR PROVIDES CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE PROVIDED, THE POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, AND REPORTED TO THE INSURER NO LATER THAN 60 DAYS AFTER THE END OF THE POLICY PERIOD. THE LIMIT OF LIABILITY SHALL BE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE COSTS PAYMENTS. IF THE LIMIT OF LIABILITY IS EXHAUSTED, THE INSURER SHALL HAVE NO FURTHER LIABILITY UNDER THIS POLICY, INCLUDING LIABILITY FOR DEFENSE COSTS. ALL LOSS PAYMENTS, INCLUDING DEFENSE COSTS PAYMENTS, ARE SUBJECT TO THE APPLICABLE DEDUCTIBLE.

NOTICE: A COPY OF THE POLICY APPLIED FOR IS AVAILABLE ONLINE.

NOTICE: A POLICY WILL NOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY COMPLETED, SIGNED AND DATED.

NOTICE: THIS APPLICATION, INCLUDING ANY INFORMATION AND MATERIALS SUBMITTED WITH THIS APPLICATION, SHALL BE HELD IN CONFIDENCE.

Instructions for Completing This Application

Please read this Application carefully, fully answer all questions, and submit all requested information. Attach additional pages if more space is required to answer a question or respond to any information request. As used herein, "Applicant" means the company specified in item 1 below.

GENERAL INFORMATION

1. Name of Applicant (Named Organization): _____
 dba (If applicable) : _____
 Primary Contact (If applicable): _____

2. Mailing Address:
 Street: _____
 City: _____ State: _____ Zip: _____
 Telephone: (if available) _____ Fax : (if available) _____
 Email: (if available) _____ Website: (if available) _____

3. Date of Business Formation: (MM/DD/YYYY) (i.e. 10/25/2013) _____

4. Form of Business / Legal Entity Type:

- Sole Proprietorship
- Limited Partnership
- Trust **(Please note – Trusts are not eligible for this program.)**
- Limited Liability Company
- Corporation
- Joint Venture
- Non-Profit Organization

a) Does the organization have tax exempt status by the I.R.S.? Yes No

If No, answer below Question.

b) Has the Applicant filed for tax exempt status with the I.R.S.? Yes No

Other: _____

5. Is your business a Franchise?

Yes No

6. Effective Date Requested (12:01 a.m.) (MM/DD/YYYY) (i.e. 10/25/2013) _____

UNDERWRITING QUESTIONS

7. a) Please select the professional service that best describes the primary business for which Insurance is being sought? (Check One)

Professional Services		
Accident Reconstruction Services*	Entomologist Services*	Notary Services*
Acoustic Consultant Services*	Event / Convention / Meeting / Wedding Planning Services [‡]	Opinion Polling Services*
Advertising Services / Media Services*	Expert Witness Services*	Paralegal Services*
Animal Training Services [‡]	Farm Manager Services [‡]	Personal Trainer Services [#]
Answering Service / Call Center Services / Paging Services*	Fashion Services [#]	Pet Services [‡]
Anthologist Services*	Field Inspection Services*	Photographer Services [#]
Anthropologist Services*	Film Editing Services*	Photographer Services / Videographer Services [#]
Antique Dealer [#]	Financial Planning Services*	Printing Services / Copying Services*
Appraisal Services (Non-Real Estate)*	Fitness Instructor Services [#]	Private Investigator Services [‡]
Appraisal Services (Non-Real Estate) / Auctioneering Services (Non-Real Estate)*	Florist Services [#]	Process Server Services*
Arbitrator Services / Mediator Services*	Forensic Analyst Services [‡]	Professional Organizer Services*
Arborist Services [‡]	Forensic Investigator Services [‡]	Proof Reading Services*
Archeological Consultant Services/ Historical Preservation Consultant Services [‡]	Forester Services [‡]	Property Manager Services [#]
Art Appraisers Services*	Fundraising Consultant Services*	Property Preservation Services [‡]
Association Management*	Gardener Services*	Public Relations Consultant Services*

Auctioneer Services (Non-Real Estate)*	Gem Dealer Services#	Real Estate Appraisal Services*
Background Check Services / Screening Services*	Grant Coordinator / Grant Writer Services*	Real-Time Captioning Services*
Barbering Services / Cosmetologist Services / Beautician Services#	Graphic Design Services*	Recording Studio Services ^Δ
Benefit Administrator Services*	Guidance Counselor Services*	Referral Services*
Benefit Plan Consultant Services*	Help Desk Services*	Registered Agent Services*
Billing Services (Non-Medical)*	Hotel Manager Services*	Relocation Services*
Bookbinder Services#	Human Resource Consultant Services*	Reserve Study Consultant Services*
Bookkeeping Services / Tax Preparation Services*	Independent Insurance Adjuster / Consultant Services*	Resume Writing Services*
Business Manager Services*	Insurance Risk Management Services*	Safety / Loss Control Consultant Services*
Career Coach Services*	Interior Designer Services / Interior Decorator Services*	Social Security Claims Representative Services / Worker Compensation Claims Representative Services*
Catering Services#	Land Surveyor Services [‡]	Speech Therapist Services*
Charm School Services [‡]	Landscape Architect / Landscape Design Services*	Staffing Recruiter Services*
Cleaning / Janitorial Services*	Lead Generation / Lead Referral Services*	Statistical Consultant Services*
Coding Services*	Librarian Services*	Subrogation Consultant Services*
Compliance Consultant Service*	Lighting Consultant Services*	Tailoring Services#
Contest Manager Services*	Lobbyist Services*	Talent Agent Services*
Corporate Training Services*	Lyricist Services*	Teacher / Tutor Services [‡]
Cost Containment Consultant Services*	Mailing Services*	Technical Writer Services*
Courier/Messenger Services#	Mailing Services / Printing Services*	Telecom Consultant Services [‡]
Court Reporter Services / Stenographer Services*	Management Consultant Services*	Telemarketing Services*
Dance Instructor Services*	Manicurist Services / Pedicurist Services#	Testing Services (Non-Medical)*
Document Management Services*	Marketing Consultant Services*	Ticket Broker Services*
Driving Instructor Services*	Martial Arts Instructor [‡]	Traffic / Parking Consultant Services*
Educational Consultant Services*	Medical Billing Services*	Transcriber Services (Non-Medical)*
Election Monitoring Services*	Medical Transcriptionist Services*	Translator Services / Interpreter Services*

Employment Agency Services*	Mortgage Field Inspection Services*	Travel Agent Services / Tour Operator Services [‡]
Energy Consultant Services*	Musical Instrument Repair Services*	Typing Services (Non-Medical)*
Other:		Videographer Services [#]

General Liability Rating Basis Legend:

* Indicates Payroll must be used as the General Liability premium rating basis in Question 26

Indicates Sales must be used as the General Liability premium rating basis in Question 26

Δ Indicates the Area of the Applicant's office must be used as the General Liability premium rating basis in Question 26

‡ Denotes the class is not eligible for the Package Product

b) Does the Applicant perform any additional Professional Services listed in Question 7a above?

Yes No

If Yes, please submit a detailed explanation to your Arch Underwriter.

8. Total number of employees:

- Less than 5
- 5 -10
- 11 - 15
- 16 - 20
- More than 20

9. Do professional services being rendered require licensing, certification or accreditation?

Yes No

If Yes, please answer the following question:

a) Are all licenses, certifications or accreditations current and valid as required by industry standards?

Yes No

10. Does Applicant have any subsidiaries (Any entity the proposed Insured owns greater than 50%)?

Yes No

If Yes, please answer the following questions:

a) Will coverage being sought apply to all subsidiaries?

Yes No

b) Are the Professional Services being performed by all subsidiaries the same as described in question 7?

Yes No

11. Is coverage being sought for any additional entities that do not qualify as subsidiaries?

Yes No

If Yes, please complete the following questions:

a) How many additional entities are being considered for coverage? _____

b) Are the Professional Services being performed by additional entities the same as described in question 7?

Yes No

c) Is the additional entity a grantor of franchise?

Yes No

12. Gross Annual Revenues for all entities to be covered:

a) Most Recent Fiscal Year \$ _____
(Start-ups please provide best estimate of current fiscal year. \$0 or \$1 is not an acceptable value)

b) Estimated Revenues for Current Fiscal Year \$ _____

13. Does more than 20% of revenue come from any single client?

Yes No

14. During the past 3 years, has the Applicant filed for bankruptcy?

Yes No

15. During the past 3 years, has the firm or any of its principals, partners, officers or directors been the subject of any disciplinary action by any governmental body or professional association?

Yes No

If Yes, please submit a detailed explanation to your Arch Underwriter.

16. During the past 3 years, has the Applicant been involved in or been the subject of any demand, suit or proceeding regarding the performance of or failure to perform professional services?

Yes No

If Yes, please submit a detailed explanation to your Arch Underwriter.

IT IS AGREED THAT ANY CLAIM FOR, BASED UPON, ARISING FROM, OR IN ANY WAY RELATED TO ANY ACTUAL OR ALLEGED CLAIM, CIRCUMSTANCE, OR OTHER MATTER DESCRIBED IN QUESTIONS 15 & 16 ABOVE WILL BE EXCLUDED UNDER THE COVERAGE APPLIED FOR.

PRIOR INSURANCE

17. Does the Applicant currently have a Professional Liability or similar Claims Made Insurance Policy in-force where this policy may be the renewal and/or replacement policy?

Yes No

If Yes, please provide Miscellaneous Professional Liability carrier information for current in-force:

a) Current Limits in force:

LIMITS / AGGREGATE		
\$100,000/\$100,000	\$100,000/\$250,000	\$250,000/\$250,000
\$250,000/\$500,000	\$500,000/\$500,000	\$500,000/\$1,000,000
\$1,000,000/\$1,000,000	\$1,000,000/\$2,000,000	\$2,000,000/\$2,000,000
Other: _____		

b) Insurance Company:

c) Retroactive Date: (MM/DD/YYYY)

(i.e. 04/24/2014) _____

d) Inception Date: (MM/DD/YYYY)

(i.e. 04/24/2014) _____

e) Expiration Date: (MM/DD/YYYY)

(i.e. 04/24/2014) _____

18. Is retroactive coverage being requested for this policy?

Yes No

a) **If Yes, please propose date being requested for retroactive coverage:** MM/DD/YYYY (i.e. 04/24/2014) _____

19. During the past 3 years, have you had any Professional Liability coverage cancelled or non-renewed?

Yes No

If Yes, please submit a detailed explanation to your Arch Underwriter.

PROFESSIONAL
LIABILITY LIMITS /
DEDUCTIBLE

20. Limit of Liability/Aggregate Limit Requested:

LIMITS / AGGREGATE		
\$100,000/\$100,000	\$100,000/\$250,000	\$250,000/\$250,000
\$250,000/\$500,000	\$500,000/\$500,000	\$500,000/\$1,000,000
\$1,000,000/\$1,000,000	\$1,000,000/\$2,000,000	\$2,000,000/\$2,000,000

21. Deductible to be applied:

- \$0 (Only available for risks below \$1,000,000 in revenues)
- \$1,000
- \$2,500
- \$5,000

22. Does the Applicant use a written contract or letter of engagement with clients?

In all cases

Sometimes

Never

Select For General Liability

GENERAL LIABILITY INFORMATION

23. Location Address (If different from Mailing Address listed in Question 2)

Street: _____
 City: _____ State: _____ Zip: _____

24. Do you currently maintain an active General Liability policy? Yes No

25. Total claims either paid or reserved (including both indemnity and expense) exceeding \$35,000 and/or more than 3 claims in the past 3 years? Yes No

26. General Liability Premium Rating Basis (Please refer to the General Liability Rating Basis Legend, located beneath Question 7 above, as a guide for completing. The Legend is recapped below as a reference):

- A) Annual payroll: \$ _____
- B) Gross sales: \$ _____
- C) Total square footage used for your operations: _____

General Liability Rating Basis Legend:

- * Professional Liability class selected indicates Payroll must be used as the General Liability premium rating basis
- # Professional Liability class selected indicates Sales must be used as the General Liability premium rating basis
- Δ Professional Liability class selected indicates the Area of the Applicant's office must be used as the General Liability premium rating basis
- ≠ Professional Liability class selected is not eligible for the Package Product

27. Limit of Liability/Aggregate Limit Requested:

GENERAL LIABILITY LIMITS		
\$100,000/\$100,000	\$100,000/\$200,000	\$300,000/\$300,000
\$300,000/\$600,000	\$500,000/\$500,000	\$500,000/\$1,000,000
\$1,000,000/\$1,000,000	\$1,000,000/\$2,000,000	

28. **Hired and Non-Owned Auto Liability**, select yes if coverage is desired

Yes No

If yes, answer a through d.

- | | Prohibited | Eligible |
|---|------------|----------|
| a. Does the organization have a business (or commercial) automobile insurance policy in force? | Yes | No |
| b. Does the organization own or lease automobiles on a long-term basis (greater than 30 days)? | Yes | No |
| c. Do more than 5 employees use their personal automobiles for business purposes (i.e. Going to client's office)? | Yes | No |
| d. Do any of these employees visit more than one client per day? | Yes | No |

Select for Business Personal Property PROPERTY INFORMATION

29. Business Personal Property Limit \$ _____

30. Construction:

CONSTRUCTION TYPE		
Frame	Masonry Non-Combustible	Mod. Fire-resistive Sprinklered
Frame Sprinklered	Masonry Non-Combustible Sprinklered	Fire-resistive
Joisted Masonry	Mod. Fire-resistive	Fire-resistive Sprinklered
Joisted Masonry Sprinklered	Non-Combustible	Non-Combustible Sprinklered

31. Protection class: _____ (1-9)

32. Year Built: _____

33. # of Stories: _____

34. Total Building Area (Square Feet): _____

35. Have there been any Property claims in the past 3 years? Yes No

****If, "NO" is selected, agent MUST provide 3 years hard copy loss runs with the underwriting file. ****

a. Have there been more than 3 combined Property and/or General Liability claims paid or reserved (including both indemnity and expense) in the past 3 years? Yes No

36. Total combined Property and/or GL claims paid or reserved exceed \$35,000 (including both indemnity and expense)? Yes No

37. Does building have any commercial cooking exposure? Yes No

a. Regardless if tenant or an insured operator, is each commercial cooking protected by UL approved fire suppression system? (ONLY APPLIES TO COMMERCIAL OCCUPANCIES) Yes No

38. Does risk location have any painting / spray painting operations? Yes No

a. Are all flammables stored in UL approved cabinets or containers? Yes No

39. Does risk location have any woodworking operations? Yes No

a. Is there a UL approved dust collection system? Yes No

40. Does premises have a working central station alarm? Yes No

41. Does premises have 24 hr. watchman & / or manned front desk? Yes No

42. Coastal Distance (In Miles) (Only for Including Wind (Non-Cat)

(Map is required to confirm coastal distance selection.)

COASTAL DISTANCE		
0 to less than 2	15 to less than 25	40 to less than 50
2 to less than 5	25 to less than 30	50 to less than 60
5 to less than 10	30 to less than 40	60 and greater
10 to less than 15		

The Applicant declares that the information in this Application and in the materials submitted herewith is true, accurate and complete.

Signing this Application does not bind the Applicant to purchase insurance, but it is agreed that this Application shall be the basis of any insurance policy issued.

The information requested in this Application does not constitute notice under any insurance policy of a claim or potential claim. All claims notices must be submitted pursuant to the terms of the policy under which coverage is sought.

If there is any change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Insurer in writing. In such case, any outstanding quotation may be modified or withdrawn.

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, MARYLAND AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance

policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

This Application must be signed by any one of the following officials of the Applicant: Chief Executive Officer; President; Chief Financial Officer; or General Counsel.

Date: _____

Signature: _____

Title: _____
(CEO, President or Principal)

S&H Underwriters, Inc.

Send To:
FAX 802-229-5669
Quotes@sh-underwriters.com