



**Miscellaneous PROtect<sup>SM</sup>  
Professional Liability Insurance  
Renewal Application**

**IMPORTANT NOTICE**

THIS IS AN APPLICATION FOR A POLICY THAT IS WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. THE LIMITS OF LIABILITY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY, COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

**APPLICANT'S INFORMATION**

Legal Name Of Applicant:

Business Address:

City:  State:

Zip Code:

Business Phone:  Web Address:

Date Established:  Policy Effective Date:

Risk Management Contact:

Sole Proprietor     Partnership     Corporation     Professional Corporation     Franchise     LLC

Other (describe):

Please list all branch offices:

**REVENUE INFORMATION**

1.		Previous Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
	U.S. Total Gross Revenues	\$	\$	\$
	# of Employees			

2. Does the company use independent contractors and/or subcontractors? Yes No

If "Yes", please answer the questions below:

a. Please check which of these provisions are contained in your contracts with independent or sub-contractors:

Indemnification/hold harmless for their work product

Ownership of Intellectual Property rights

b. Does the company require independent contractors to carry professional liability insurance? Yes No

c. What percentage of revenue is derived from subcontractors?  %

**PROFESSIONAL SERVICES COVERAGE**

- 3. Please identify any changes in your products or services made in the last twelve (12) months or anticipated in the next twelve (12) months.

**CLIENT RELATIONSHIP**

- 4. Please describe any changes in your client base, contracts, risk management or quality control practices in the last twelve (12) months.

**CONFLICT MANAGEMENT**

- 5. In the last twelve (12) months, has the Firm provided professional services to clients in which Firm, any Firm member or any related individual served as an officer, director, trustee or partner or owned an equity or financial interest?

If "Yes", provide the following information:

Client	Type of Business	Annual Fees	Positions Held	Services Rendered	Equity Percentage
		\$			%
		\$			%
		\$			%

**RISK MANAGEMENT**

- 6. In the last twelve (12) months or the next twelve (12) months, has the Applicant or does the Applicant expect to make any significant changes in nature or size of Applicant's Firm? Yes No

If "Yes", please provide full details.

- 7. In the last twelve (12) months, has the Applicant made any change in the policies and procedures related to quality control, contracts, continuous education program? Yes No

If "Yes", please provide full details.

- 8. Has the Firm provided Professional services within the past twelve (12) months to clients who subsequent entered into bankruptcy or receivership? Yes No

If "Yes", please provide full details.

**CYBER AND NETWORK SECURITY**

9. a. How many records do you store?

PII	
PHI	

- b. In the last twelve (12) months, has there been any change in following:  
Practice of distribution of corporate security policies? Yes No  
Training of employees for use of computer systems, password policies or defense against social engineering & phishing attempts? Yes No
- c. In the last twelve (12) months, have you made any change in policies for performing backups and re-imaging processes? Yes No
- d. In the last twelve (12) months, have you made any changes in following systems for technological defense:  
Encryption for all records and confidential data? Yes No  
Firewalls? Yes No  
Anti-virus? Yes No  
Intrusion detection? Yes No  
Data loss prevention? Yes No

If "Yes" for any of above questions (a,b,c,d.), please provide full details.

**CLAIMS HISTORY**

10. In the last twelve (12) months, does the Firm, predecessors in business or any other person for whom coverage is requested, have knowledge of any actual or alleged act, error, omission or circumstance which may result in a claim or First Party Event, or inquiry or investigation, being made against them?  
If "Yes", please provide full details.

**NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 10 IS EXCLUDED FROM THE PROPOSED INSURANCE.**

**FRAUD STATEMENT/SIGNATURES**

**THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.**

**FRAUD STATEMENT**

**(Not applicable in the states mentioned below where a specific warning applies.)**

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**Alabama**

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, fines, or confinement in prison, or any combination thereof.

**Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia**

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.

**Colorado**

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida**

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 of the third degree.

**Kansas**

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.

**Kentucky**

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.

**Maine**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Maryland**

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.

**New Jersey, New Mexico**

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 civil fines and criminal penalties.

**Ohio**

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.

**Oklahoma**

**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.

**Oregon**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Pennsylvania**

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 subjects such person to criminal and civil penalties.

**Pennsylvania (Auto)**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**Tennessee, Virginia, Washington**

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.

**New York**

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.

**New York (Auto)**

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

<b>SIGNATURES</b>
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**DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).**

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE

**Agent/Broker:**

Are you personally familiar with this Applicant's operations?

Yes     No

Did your office control this risk in the past year?

Yes     No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE