



SPECIALTY E & O PLAN

RENEWAL APPLICATION FOR SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY

V. T. Eckert, inc.
INSURANCE BROKERS

Mailing address: P.O. Box 3231, Chicago, IL 60690-3231
(312) 621-2230

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Insurance Broker: V. T. Eckert, Inc.
P.O. Box 3231
Chicago, Illinois 60690-3231
TELEPHONE (312) 621-2230
FACSIMILE (312) 236-5488

WHAT YOU SHOULD KNOW ABOUT THIS APPLICATION:

— CLAIMS MADE POLICY

This application is for a CLAIMS MADE POLICY. CLAIMS MADE coverage applies only to those claims that are first made during the policy period and result from wrongful acts committed AFTER the RETROACTIVE DATE stated in the policy, if issued.

— DEFINITIONS

The words **We**, **Us** and **Our** whenever used in this application refer to the Insurance Company offering the claims made policy.

The words **You** and **Your** in this application refer individually and collectively to:

1. The corporation(s), partnership(s) and/or sole proprietorship(s) for which coverage is desired;
2. Each person who is an officer, director, owner, partner or employee of the firms listed in Item 1 above.

— DEDUCTIBLE

The coverage **You** are applying for includes a deductible applying to each wrongful act and applies to any combination of damages and claim expenses.

— CLAIM EXPENSES WITHIN LIMIT

The policy form for which **You** are applying contains a provision that reduces the total limit of insurance stated in the policy by the amount of claim expenses paid by **Us**.

— APPLICATION FORMS PART OF POLICY

Your submission of this application does not obligate **You** to buy insurance nor are **We** obligated to sell insurance. If coverage is effected, this application containing **Your** statements and answers will attach to and form a part of the policy. If coverage is offered or bound, any false or incorrect statements or answers which may have affected **Our** decision to offer or bind coverage could result in the offer being retracted or coverage being voided.

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INSTRUCTIONS:

The purpose of this application is not only to provide **Us** with underwriting and rating information, but more importantly, to help make certain **You** and **We** have a meeting of minds about what the renewal policy, if issued, will cover and what it will not. To assist **You** in providing updated information, a copy of **Your** original Specialty Errors and Omissions application and all subsequent renewal applications (if applicable) are attached. Thank **You** for taking the time to provide **Us** with accurate information.

- 1. Answer all questions. If any question does not apply, explain why not.
- 2. If space is insufficient, continue answers on **Your** letterhead.
- 3. The application must be signed and dated by a principal, partner, officer or director of the firm.

Expiring Policy # _____ Expiration Date _____

PROPOSED INSURED (APPLICANT):

- 1. Name, Address, Zip Code and Telephone number of **Your** firm:

Name

Street Address

City, State, Zip Code

Telephone Number

- 2. Is coverage desired for any subsidiary(ies), affiliates, branch offices or other related entities not already named on the policy? Yes No
If yes, provide the following information for each by attachment: Name, city, state, date established, description of operations and relationship to **You** including percentage of ownership, if applicable.

All remaining questions on this application apply to the persons or entity for which the applicant is requesting coverage.

- 3. A. Within the last year, have **You** acquired any business, or have **You** merged or consolidated with any entity?
Yes No

If yes, provide the following information:

Name of Entity	Date of Transaction	Type of Transaction (acquisition, merger or consolidation)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- B. In any of the transactions listed above, did **You** assume the liabilities (i.e, responsibility for prior acts) of the acquired, merged or consolidated entity? Yes No
If yes, provide details of the liability(ies) assumed.

OPERATIONS:

- 4. Have there been any changes in **Your** name, operations or standard contracts during the past year which have not been reported to **Us**? ___Yes ___No If yes, attach a statement giving details.
- 5. Are any changes in **Your** name, operations or standard contracts anticipated for the coming year? ___Yes ___No If yes, attach a statement giving details.
- 6. Provide the following information regarding **Your** income:

Domestic Operations	Past 12 Months	Current 12 Months	Estimate for Coming Year
Gross billings, sales, fees commissions (Circle the applicable basis)	\$ _____	\$ _____	\$ _____
Foreign Operations			
Gross billings, sales, fees, commissions (Circle the applicable basis)	\$ _____	\$ _____	\$ _____

GENERAL LIABILITY

- 7. Provide the following information for General Liability Coverage currently in force.

Company	Limit	Deductible	Policy Term
_____	\$ _____	\$ _____	_____

Does the policy shown above include coverage for Products/Completed Operations Hazards?
 ___Yes ___No

CHANGES IN TERMS AND CONDITIONS:

- 8. Do **You** propose any changes in the provisions of the policy for **Our** consideration?
 ___Yes ___No If yes, please describe.

9. Limit of Liability desired: _____ Deductible: _____

REPRESENTATIONS:

By signing this application, You agree that:

- A. The statements and answers given in this renewal application and any attachments to it are accurate and complete;
- B. The statements and answers **You** furnished to **Us** are representations **You** make to **Us** on behalf of all persons and entities proposed for coverage;
- C. Those representations are a material inducement to **Us** to provide a proposal for insurance;
- D. Any renewal policy **We** issue will be issued in reliance upon those representations;
- E. **You** will report to **us** immediately, in writing, any material change in **Your** operations, condition or answers provided in this renewal application that occur or are discovered between the date of this renewal application and the effective date of any renewal policy, if issued;
- F. Upon receipt of any such notice, **We** reserve the right to modify or withdraw any proposal for insurance **We** have offered; and
- G. Since this is an application for renewal of a policy issued by **Us**, **Your** representations include the representations made in **Your** original signed Specialty Errors and Omissions Liability Application, but only as of the inception date of the original policy issued by **Us**. The representations **You** made on the renewal application(s) apply as of the inception date of **Your** renewal policy(ies), if issued.

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND IN NEW YORK 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.

Date

Your Signature

Your Title

V. T. Eckert, inc.
INSURANCE BROKERS

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