

Errors & Omissions Certificate of Insurance Renewal Application

THIS RENEWAL APPLICATION IS FOR A CLAIMS MADE AND REPORTED CERTIFICATE OF INSURANCE. THE CERTIFICATE APPLIES TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD. CLAIM EXPENSES ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY.

1. Name of Applicant: _____
 Address: _____
 City: _____ County: _____
 State: _____ Zip: _____

2. Since the completion of last year's Errors and Omissions application, has there been any material change to the Applicant's operations or to their services provided? Yes _____ No _____
 (If yes, please describe) _____

3. Has there been an ownership change since the last application?
 Yes _____ No _____ (If yes, please explain): _____

4. Are there any significant changes in the size of the Applicant's business anticipated over the next 12 months? Yes _____ No _____ If yes, please explain): _____

- 5a. Please provide the number of principals, partners, director, officers and professional employees directly engaged in providing professional services to clients: _____
 b. Please provide the number of all other non-professional and/or clerical employees: _____

6. Financial Information:
 Fiscal year end date: _____/_____/_____
 ➤ Projected gross revenues for next year: _____
 ➤ Gross revenues for current year: _____
 ➤ Gross revenues for last year: _____

7. Please indicate the Applicant's five largest jobs/projects during the past fiscal year:

Client	Services provided	Revenues from service	% of Applicant's total revenue
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Underwriters as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the certificate, and acknowledges that the Underwriters shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a certificate is issued, the Underwriters will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Underwriters in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof
2. This application will be the basis of the contract and will be incorporated by references into and made part of such certificate; and
3. The Applicant's failure to report to the Underwriters any claim made against it during the current certificate term, or act, omission or circumstances which the Applicant is aware of which may give rise to a claim before the expiration of the current certificate may create a lack of coverage for each Applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.
4. The certificate applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the Applicant and reported in writing to the Underwriters during the certificate of insurance period. Claims expenses are within and reduce the limit of liability.

NOTICE: IN CERTAIN STATES, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____