

**INSTRUCTIONS:**

- 1. Please answer all questions, leave no blank spaces.
- 2. If space is insufficient to answer fully any questions, attach separate sheet.
- 3. Include a copy of each court appointment.

**PARENT COORDINATOR MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION**  
QUOTED INDIVIDUALLY BY THE UNDERWRITERS

THIS PROPOSAL FORM IS FOR A POLICY THAT IS LIMITED GENERALLY TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

- 1. Name of Applicant: \_\_\_\_\_
- 2. Address of the Head Office: \_\_\_\_\_  
\_\_\_\_\_
- 3. Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_
- 4. When was the firm established: \_\_\_\_\_
- 5. Application is:  corporation  partnership  individual If individual, is this a full time activity?  Yes  No
- 6. Please describe in detail the professional activity for which coverage is desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Is the firm now, or has it been in the past, controlled, owner or associated with any other firm, corporation or company other than stated above?  Yes  No  
If yes, please give full details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8. List the total gross revenues for the past year, current year and projection for the coming year derived from those activities described in Question 6:  
Past year \_\_\_\_\_ Current year \_\_\_\_\_ Projection for coming year \_\_\_\_\_

9. Please provide the following:

Name in full of all principal partners/  
key employees:

Professional  
Qualifications:

How long  
with firm:

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10. Total Staff:

Principals/Partners: \_\_\_\_\_ Key Employees: \_\_\_\_\_ Non-Professional Employees: \_\_\_\_\_

11. Does the applicant use a written contract with clients?  Yes  No  
Please attach a copy of your standard contract.

12. To what professional organizations does the Applicant belong?:

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13. Please include a list of your 5 largest clients during the past 3 years. Please include client/project name, the nature of the services performed and the revenue obtained from those services:

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14. What percentage of your business involves subcontracting work to others?: \_\_\_\_\_

15. Do you provide professional services to business entities in which you retain an ownership interest?  Yes  No  
If yes, please explain:

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16. Does any one client represent more than 10% of your income?  Yes  No  
If yes, give full details:

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17. Is similar insurance in force?  Yes  No  
If yes, please provide:

Policy Number	Carrier	Limits of Liability	Deductible	Premium
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<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Date uninterrupted coverage began: \_\_\_\_\_

18. Has any proposal for similar insurance made on behalf of the firm, any predecessors in business or present partners even been declined or has any similar insurance ever been cancelled or refused?  Yes  No  
If yes, please give full details

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19. Have any of the individuals listed in Question 9 ever been subject of disciplinary action by authorities as a result of their professional activities?  Yes  No  
If yes, please explain:

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20. Has any claim ever been made against the applicant or any entity named in Question 1 or against their predecessors in business or against any past or present principal, partner, director, officer or employee of any entity named in Question 1?  Yes  No

If yes, state briefly the cause and nature of the claim including the amount involved, the date when the claim was made, the date the act giving rise to the claim was committed and the final dispositions:

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21. Is the applicant aware of any circumstances that may result in a claim against him/her or against any entity named in Question 1, or against their predecessors in business, or against any past or present principal partner, director, officer or employee of any entity named in Question 1?  Yes  No  
If yes, please give full details:

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22. Please attach a copy of your resume and brochure or any promotional material used.

23. Coverage requested:

Limit of Liability: \$ \_\_\_\_\_

This limit shall include loss payments, if any, as well as adjustment, investigative and legal fees, costs, charges and expenses

Deductible: \$ \_\_\_\_\_

This deductible includes loss payments, and adjusting, investigative and legal fees, costs and expenses, whether or not loss payment is involved unless otherwise stated.

I/We (applicant) declare that the above statements and particulars are true and that no facts have been suppressed or mis-stated and agree that this proposal form shall be the basis of any policy of insurance which may be issued by underwriters and shall be deemed a part thereof. In addition, Proposer agrees and acknowledges that if Proposer, subsequent to the completion of this proposal, becomes aware of any changes in the statements and particulars contained herein, that Proposer shall immediately advise underwriters of such changes. It is further understood and agreed that upon receipt of such supplemental advices, underwriters may alter or withdraw any quotation previously offered, or amend the terms of or void any policy which has been issued based upon the statements and particulars contained herein.

Signature of Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

Title: \_\_\_\_\_

**It is agreed that the signature to the form does not bind the Underwriters nor the Proposer to complete this insurance.**

Please return completed and signed application to: Complete Equity Markets, Inc.  
1190 Flex Court  
Lake Zurich, IL 60047  
(800) 323-6234 Toll Free  
(847) 541-0900 In Illinois  
(847) 541-0444 FAX