

This application is for a CLAIMS MADE insurance policy. If a policy is issued, this application will attach to and become part of the policy. If additional space is required, please provide complete details on Applicant's letterhead.

CONTACT INFORMATION

Applicant name:			
Business address:			
City:		State:	
Zip code:		Website:	
Contact person:			
Phone number:		Fax number:	
E-mail:			

GENERAL INFORMATION

1. Legal Structure:	Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other (explain) <input type="checkbox"/>		
2. Date established:		3. Fed. Tax ID:	
4. Number of Staff – Partners or Officers: ____ Professional/Technical: ____ Support: ____ Total: ____			
5. List memberships in professional societies and organizations.			
6. Describe in detail the nature of the professional or business services for which insurance is desired.			
7. Describe all professional or business services performed for others and indicate the percentage of gross revenues derived from each activity:			
<i>Professional/Business Services</i>			<i>Percent of Gross Revenues</i>
			%
			%
			%
			%
			%
8. Proportion of actuarial gross revenues: P&C ____% Life ____% Health ____% Pension ____% Other ____%			
9. Estimated annual gross revenues for the coming year:			
10. Percentage annual gross revenues for the coming year – Domestic: ____% Foreign: ____%			
11. Annual gross revenues for the last three years			
Last twelve months (date from:		to:): \$
First prior year (date from:		to:): \$
Second prior year (date from:		to:): \$

CB MALAGA INSURANCE SERVICES LLC

21. Does the Applicant, any of its subsidiaries and/or affiliates sell any product other than computer software? <i>If yes, explain:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Does the Applicant use a written contract or agreement describing the services to be provided? <i>If yes, for what percentage of engagements:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Have the Applicant's contracts and procedures been reviewed by a law firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Does the Applicant assume liability for others under contracts utilized?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

POLICY / CLAIM INFORMATION

Limit of liability requested:		Deductible requested:	
Effective date requested:		Retro date requested:	

Previous Professional Liability Insurance (if no previous coverage, state 'none')

Policy Period	Insurer	Claims Made or Occurr.?	Limit of Liability	Deductible	Retro Date	Premium

25. Does the Applicant carry general liability insurance? <i>If yes, provide the following:</i> <i>Insurer:</i> <i>Policy limit:</i> <i>Policy period:</i> <i>Does coverage include products/completed operations hazard? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Has any insurer canceled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, employees and/or for any other person or entity proposed for this insurance in the last five years? <i>If yes, attached a copy of such insurer's notice. [Missouri Applicants Need Not Respond]</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Has the Applicant and/or any of its directors, officers, employees, and/or its predecessors, and/or any person or entity proposed for this insurance been subject of any pending or completed regulatory, investigative, or administrative proceedings? <i>If yes, attach a copy containing details, including outcome of such proceedings.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. During the last five years, have there been any professional liability claims against the Applicant, its predecessors, subsidiaries, affiliates, employees and/or against any other person or entity proposed for this insurance? <i>If yes, attach complete details, including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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29. Is the Applicant aware of any alleged act, circumstance, situation, error or omission which may result in a claim being made against the Applicant which might fall under the proposed insurance? <i>If yes, provide details.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. What type of claim might possibly result from the Applicant providing its professional or business services?		
31. Describe any procedures, precautions, or protections the Applicant uses to avoid such claim.		

Attach the following documents

- **List of owners, partners, and officers and percentage of ownership in Applicant.**
- **List of all branch offices including a breakdown of staff at each location.**
- **Resumes, including professional qualifications, of each of the owners, partners, officers, and key employees of Applicant.**
- **Current brochure or similar item describing activities or services.**
- **Most recent financial statement or annual report.**
- **Copies of standard contracts for professional or business activities.**
- **Copy of Declarations page from current professional liability insurance policy (if applicable).**

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or submits a 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.

Completion of this application does not bind coverage nor does it obligate any insurance company to issue a policy or insure any services. CB Malaga Insurance Services LLC may not be able to obtain quotation from any insurance company on behalf of Applicant. The limit of liability in the policy, if issued, may be reduced or completely exhausted by claim costs and/or legal defense, and, in such event, the insurance company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The undersigned Applicant further declares that he or she has read and understands the entire application including the applicable fraud warning and that the statements set forth in this application are true and complete and that if the information supplied on this application or attachments changes between the date of this application and the inception date of the policy, the Applicant will immediately notify CB Malaga Insurance Services LLC of such changes.

Applicant's Name	Signature
Title	Date

Application must be signed by an owner, officer, partner or principal of Applicant.

Please complete and sign this application and return to us:

By email (scan of application) at **info@cbspecialty.com** or by fax at **(310) 796-9054**

ACTUARIAL SUPPLEMENTAL QUESTIONNAIRE:

1. # OF EMPLOYED STAFF WITH THE FOLLOWING DESIGNATIONS:

A.C.A.S. _____ C.F.A. _____ M.A.A. A. _____ F.S.A. _____

F.C.A.S. _____ F.I.A. _____ EA _____

C.P.A. _____

Other: _____

2. CLIENTS:

Insurance Carrier _____% Reinsurance Carrier _____% Union _____%

Risk Retention Groups/Captives/Pool _____% Self Insured Plans _____%

Managed Care Organizations _____% Healthcare _____% Insurance Departments _____%

Government _____% Securities _____% Non-Profit _____%

Other/%: _____

3. SERVICES RELATED TO:

Valuation _____% Funding /Contributions _____% Plan Changes _____%

State Reports & Filings _____% Annual Reports _____% Rate Development/Analysis _____%

Expert Witness _____% Reimbursement _____% Market Analysis: _____%

Other: _____

4. AREAS OF EXPERTISE:

P&C _____% Life _____% Variable Annuities _____% Stop Loss _____%

Health _____% METS/MEWAS _____% Long Term Care _____%

Pension _____% 401K Plans _____% Taft Hartley _____%

Other: _____