

**U.S. Professional Liability
Non-Medical Errors & Omissions**

Claims Made Notice: CLAIMS MADE WARNING FOR APPLICATION: This Proposal Form is for a Claims Made, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply. Defense costs are included in the aggregate limit of liability.

This Application, and any supporting documents, will be relied upon for the underwriting and evaluation of risk, and any Policy that may be issued will be in reliance of this Application and this Application and supporting documents will constitute part of such Policy.

PLEASE PROVIDE THE FOLLOWING IN ADDITION TO THIS SIGNED AND DATED APPLICATION:

- Risk Management or Quality Control procedures
- Sample Engagement Letters or Contracts
- Business Plan (if Applicant has less than two (2) years in business)
- Currently dated Loss Runs – up to 5 years if available

APPLICANT INFORMATION			
Name:		DBA:	
Address:		City:	
State:		Zip Code:	
Website:			
Please list additional locations:			
Address:		State:	Zip: Country:
Address:		State:	Zip: Country:
Address:		State:	Zip: Country:
Years in Business: <input type="checkbox"/> Start Up <input type="checkbox"/> Under 2 Years <input type="checkbox"/> 2-5 Years <input type="checkbox"/> Over 5 Years			
If Start Up, or Under 2 Years in business, do any principals have at least 1 year of Cannabis, CBD or Hemp industry experience?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Enterprise Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____			
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
SIC Code: _____			
Please describe each type of Professional Service performed by Applicant and any other entity seeking coverage			
Please list all Professional Associations, include any Licensed Bodies, that Applicant Entity is a member of in relation to the above Professional Service(s)			

Does the Applicant have any subsidiaries or ancillary businesses with ownership interest that Applicant is seeking coverage for under this Policy?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please list, including location and nature of business:</i>					
<u>Name</u>	<u>Business Type & Operations</u>	<u>Ownership %</u>	<u>Date Acquired/Created</u>	<u>State</u>	
Does Applicant operate in any state where Adult Use Marijuana is not legal?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please list all Current / Prior insurance coverage for Professional Liability for the past 3 years:</i>					
<u>E&O</u>	<u>Carrier</u>	<u>Policy Period</u>	<u>Retroactive Date</u>	<u>Limit of Liability</u>	
Does Applicant carry any of the following?					
<input type="checkbox"/> Management Liability <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Cyber <input type="checkbox"/> Products Liability <input type="checkbox"/> Auto					
Does Applicant:					
Have a full time General Counsel and/or Risk Manager?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Always use a written contract or agreement or engagement letter with all clients?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have caps on damages or limitations of liability expressed in contracts?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have procedures in place to ensure compliance with applicable State and Local statutes and laws?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have formal Risk Management or Quality Control procedures?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Applicant responded "no" to any of the above, please provide additional details in writing and submit with application</i>					
Use sub-contractors or independent contractors on any client work?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes' to above, do all subcontractors carry E&O insurance and have hold harmless agreements that benefit Applicant?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant have all state, county and local licenses to operate in good standing?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
ERRORS & OMISSIONS PROFESSIONAL LIABILITY					
Please provide the following:					
Total Revenue (Prior Year)	\$				
Total Revenue (Current Year)	\$				
Total Revenue (Expected Next Year)	\$				

Please provide Revenue by Service Area as a percentage of Total Revenue

<u>Service:</u>	<u>Percentage of Total Revenue</u>

Please provide the number of personnel in the following categories:

Principals, Partners, Directors, Officers and other Professional Employees		Non-Professional Employees including Clerical		Independent or Sub Contractors performing work on behalf of Applicant	
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Please list the Top Five (5) Clients by Annual Revenue:

<u>Client:</u>	<u>Nature of Work and Services Performed:</u>	<u>Percentage of Total Revenues:</u>

Does (or has) the Applicant:

Perform any work or services for Clients, whether for a fee or not, as an Attorney, Accountant, or Consultant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform any work or services for Clients, whether for a fee or not, as a Surveyor, Architect, Engineer or Design Professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform or provide any financial services and advice to clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counsel or advertise any medical or medicinal benefit, including dosage amounts, to clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have Information and Cyber Security procedures in place to protect client data and prevent unauthorized access, such as firewalls, two factor authentication, and encryption technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever experienced a virus or security breach of their network systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guarantee any result or outcome in its marketing and/or promotional materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initiate suit to collect outstanding fees from clients as a general practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No

KNOWLEDGE STATEMENT / CLAIMS HISTORY

Within the past 5 years, has the Applicant been notified of any claims or suits alleging professional liability wrongful acts, including litigation or threats or litigation, made by or against the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Applicant, and any persons proposed for coverage sought under this Policy, is not aware of any fact, circumstance, situation or combination of the above that reasonably could give rise to a future notification of claim or claim that would fall within the scope of these coverages which the Application is seeking.	<input type="checkbox"/> Confirm

The undersigned Officer of the Organization declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every Director and Officer proposed for this insurance to facilitate the proper and accurate completion of this Application. The undersigned further agrees that if any significant adverse change in the condition of the Applicant is discovered between the date of this Application and the effective date of the Policy, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately.

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. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA

APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Completion and/or signing of this application does not bind the Applicant to purchase, nor the **Insurer** to provide, any insurance policy; however, no policy can be issued unless the application is properly completed, signed and dated.

The signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective Insureds and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the Insurer of such and shall provide the Insurer with information that would complete, update or correct the application or materials submitted therewith. The Insurer may withdraw or modify any of the terms or conditions of coverage accordingly.

ALL WRITTEN STATEMENTS, SUPPLEMENTAL QUESTIONNAIRES AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART THEREOF AND DEEMED ATTACHED HERETO.

The signing of this Application does not bind the undersigned to purchase the insurance.

Applicant: _____ Date: _____

Signature: _____ Title: _____

This Application including any material submitted herewith shall be treated in strictest confidence.