



RFIB Group Limited

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MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

This is an Application Form for a Claims Made Policy

INSTRUCTIONS:

1. Complete this application in duplicate (please type).
2. Please answer all questions, leave no blank spaces.
3. If space is insufficient to answer fully any questions attach separate sheet.
4. Both applications must be signed and dated by owner, partner or officer.

1) Name of Applicant: _____

2) Address of Head Office:

3) Telephone number: _____

4) When was the Firm established?: _____

5) Applicant is: () Corporation () Partnership () Individual
If Individual, is this a full time activity? () Yes () No

6) Please describe in detail the professional activities for which coverage is desired:

7) Is the firm now, or has it been in the past, controlled, owned or associated with any other firm, corporation or company other than as stated above: () Yes () No
If "Yes", please give full details:

- 8) List the total gross revenues for the past year, current and projection for the coming year derived from those activities described in Question 6:

Past year \$ _____ Current year \$ _____ Next year projection \$ _____

- 9) Please provide the following:
- | Name in full of all Principals,
Partners/ Key Employees: | Professional
Qualifications: | How long with
the Firm ? |
|---|---------------------------------|-----------------------------|
|---|---------------------------------|-----------------------------|

- 10) Total Staff:
Principals/Partners; _____
Key Employees: _____
Non-professional Staff: _____

- 11) Does the Applicant use a written contract with clients ? () Yes () No
Please attach a copy of your standard contract.

- 12) To what professional organisations does the Applicant belong ?:

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

- 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:

16) Does any one client represent more than 50% of your annual work?: () Yes () No
If "Yes", please explain:

17) Is similar insurance in force?: () Yes () No
If "Yes", please provide:

Policy Number	Carrier	Limit of Liability	Deductible
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Premium

Date uninterrupted coverage began: _____

18) Has any application for similar insurance made on behalf of the Firm, any predecessors in business or present partners ever been declined or has any similar insurance ever been cancelled or refused?: () Yes () No

If "Yes", please give full details:

19) Have any of the individuals listed in Question 9 ever been the subject of disciplinary action by authorities as a result of their professional activities?: () Yes () No

If "Yes", please explain:

- 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:

- 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 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:

- 22) Please attach a copy of your Resume and Brochure, or any Promotional Material used, as well as a copy of your Standard Contract, as per Question 11, above.

- 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 payment, and adjusting, investigative and legal fees, costs and expenses, whether or not loss payment is involved unless otherwise stated.

I/We hereby declare that the above statements and particulars are true and that I/We have not suppressed or misstated any material facts. I/We agree that this application shall be the basis of any policy of insurance which may be issued by Underwriters, and shall be deemed a part thereof. In addition I/we agree and acknowledge that if I/we, subsequent to the completion of this application, become aware of any changes in the statements and particulars contained herein, that I/we 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.

*Signatures of Applicant _____

Date _____

Title: _____

***SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.**