

**APPLICATION
 TELEPHONE ANSWERING ERRORS AND OMISSIONS INSURANCE
 CLAIMS MADE POLICY**

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE IS ANY QUESTION, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

QUESTIONS	ANSWERS															
1. Full name and address of Applicant.	1.															
2. Address(es) of Branch Office(s).	2.															
3. Date Established.	3. _____															
4. The Applicant is:	4. <input type="checkbox"/> Individual; <input type="checkbox"/> Partnership; <input type="checkbox"/> Corporation; <input type="checkbox"/> _____.															
5. Furnish the number of Partners and Staff: a) Principals/Partners; b) Supervisors; c) Dispatchers; d) Other Employees (Secretaries, Clerks, etc.).	5. <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Full Time</td> <td style="text-align: center;">Part Time</td> </tr> <tr> <td>a)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>d)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Full Time	Part Time	a)	_____	_____	b)	_____	_____	c)	_____	_____	d)	_____	_____
	Full Time	Part Time														
a)	_____	_____														
b)	_____	_____														
c)	_____	_____														
d)	_____	_____														
6. a) Furnish the following information on all principals and key employees:	6. a)															
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;"><u>Full Name</u></td> <td style="width: 15%;"><u>No. Years Experience</u></td> <td style="width: 25%;"><u>Professional Qualifications</u></td> <td style="width: 25%;"><u>How Long a Principal</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	<u>Full Name</u>	<u>No. Years Experience</u>	<u>Professional Qualifications</u>	<u>How Long a Principal</u>												
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b) If the business is not more than TWO years old, attach resumes of the principals and key employees.	b)															
7. a) Furnish estimated gross receipts for the NEXT fiscal year;	7. a) \$ _____															
b) Furnish gross receipts for the current year and the past TWO years.	b) 19__ \$ _____ 19__ \$ _____ 19__ \$ _____															

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<p>8. Furnish details on the number of each of the following types of calls received and the percentage of those calls that are of an emergency nature:</p> <p>a) Ambulance;</p> <p>b) Police;</p> <p>c) Fire;</p> <p>d) Doctors and Dentists;</p> <p>e) Hospital;</p> <p>f) Other _____ _____</p>	<p>8.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 50%;"></th> <th style="text-align: center;"><u>Number</u></th> <th style="text-align: center;"><u>% Emergency</u></th> </tr> </thead> <tbody> <tr> <td>a) _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b) _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c) _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>d) _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>e) _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>f) _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Total _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		<u>Number</u>	<u>% Emergency</u>	a) _____	_____	_____	b) _____	_____	_____	c) _____	_____	_____	d) _____	_____	_____	e) _____	_____	_____	f) _____	_____	_____	Total _____	_____	_____
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f) _____	_____	_____																							
Total _____	_____	_____																							
<p>9. Furnish the names of the THREE largest clients and their percentage of the Applicant's total income.</p>	<p>9.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 50%;"></th> <th style="text-align: center;"><u>Client Name</u></th> <th style="text-align: center;"><u>% of Total Income</u></th> </tr> </thead> <tbody> <tr> <td>1) _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>2) _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>3) _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		<u>Client Name</u>	<u>% of Total Income</u>	1) _____	_____	_____	2) _____	_____	_____	3) _____	_____	_____												
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1) _____	_____	_____																							
2) _____	_____	_____																							
3) _____	_____	_____																							
<p>10. Furnish the details of the professional services rendered by the Applicant.</p>	<p>10.</p>																								
<p>11. a) Does the Applicant maintain a log of all incoming emergency calls?</p> <p>b) If "Yes," furnish full details.</p>	<p>11. a) YES/NO</p> <p>b)</p>																								
<p>12. Does the Applicant do the actual dispatching of emergency vehicles to the identified location?</p>	<p>12. YES/NO</p>																								

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<p>13. a) Does the Applicant provide service for the <u>monitoring</u> of alarm or protective services?</p> <p>b) If "Yes," furnish the number of alarms monitored and full details including the type of alarms monitored (i.e., burglary, fire, water pressure, etc.)</p>	<p>13. a) YES/NO</p> <p>b)</p>								
<p>14. a) Does the Applicant <u>install</u> or repair monitoring alarm or protective systems?</p> <p>b) If "Yes," furnish the gross receipts from this activity.</p>	<p>14. a) YES/NO</p> <p>b) \$_____</p>								
<p>15. a) Furnish the following information about the general liability insurance carried by the Applicant:</p> <p>b) Does the general liability insurance include personal injury coverage?</p> <p>c) Does the general liability insurance include products/completed operations coverage?</p>	<table border="0"> <tr> <td>15. a)</td> <td><u>Insurance Co.</u></td> <td><u>Policy Limit</u></td> <td><u>Expiration Date</u></td> </tr> <tr> <td></td> <td>_____</td> <td>\$_____</td> <td>_____</td> </tr> </table> <p>b) YES/NO</p> <p>c) YES/NO</p>	15. a)	<u>Insurance Co.</u>	<u>Policy Limit</u>	<u>Expiration Date</u>		_____	\$_____	_____
15. a)	<u>Insurance Co.</u>	<u>Policy Limit</u>	<u>Expiration Date</u>						
	_____	\$_____	_____						
<p>16. a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?</p> <p>b) If "Yes," furnish full details.</p>	<p>16. a) YES/NO</p> <p>b)</p>								
<p>17. a) During the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant?</p> <p>b) If "Yes," furnish full details.</p>	<p>17. a) YES/NO</p> <p>b)</p>								
<p>18. a) Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business?</p>	<p>18. a) YES/NO</p>								

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<p>18. b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.</p> <table border="1" data-bbox="186 304 1388 451"> <thead> <tr> <th data-bbox="186 304 495 367"><u>Insurer</u></th> <th data-bbox="495 304 706 367"><u>Policy No.</u></th> <th data-bbox="706 304 885 367"><u>Limits of Liability</u></th> <th data-bbox="885 304 1063 367"><u>Deductible</u></th> <th data-bbox="1063 304 1226 367"><u>Premium</u></th> <th data-bbox="1226 304 1388 367"><u>Expiration Mo./Day/Yr.</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="186 367 495 399">_____</td> <td data-bbox="495 367 706 399">_____</td> <td data-bbox="706 367 885 399">\$ _____</td> <td data-bbox="885 367 1063 399">\$ _____</td> <td data-bbox="1063 367 1226 399">\$ _____</td> <td data-bbox="1226 367 1388 399">_____</td> </tr> <tr> <td data-bbox="186 399 495 430">_____</td> <td data-bbox="495 399 706 430">_____</td> <td data-bbox="706 399 885 430">_____</td> <td data-bbox="885 399 1063 430">_____</td> <td data-bbox="1063 399 1226 430">_____</td> <td data-bbox="1226 399 1388 430">_____</td> </tr> <tr> <td data-bbox="186 430 495 462">_____</td> <td data-bbox="495 430 706 462">_____</td> <td data-bbox="706 430 885 462">_____</td> <td data-bbox="885 430 1063 462">_____</td> <td data-bbox="1063 430 1226 462">_____</td> <td data-bbox="1226 430 1388 462">_____</td> </tr> </tbody> </table> <p>c) Is the Applicant's expiring policy a CLAIMS MADE policy?</p> <p>d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy.</p>	<u>Insurer</u>	<u>Policy No.</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Mo./Day/Yr.</u>	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>18. b)</p> <p>c) YES/NO</p> <p>d) _____</p>
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_____	_____	_____	_____	_____	_____																				
_____	_____	_____	_____	_____	_____																				
<p>19. a) Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Claim was made; 2) Name of the Claimant; 3) Value of the Claim; 4) If the Claim is settled or outstanding; 5) Amount of the settlement; 6) Brief description. 	<p>19. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____ 																								
<p>20. a) Has any Claim been made during the last FIVE years against the Applicant, any of their past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Claim was made; 2) Name of the Claimant; 3) Value of the Claim; 4) If the Claim is settled or outstanding; 5) Amount of the settlement; 6) Brief description. 	<p>20. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____ 																								

