

Westchester Miscellaneous Professional Liability Application

I. GENERAL APPLICANT INFORMATION:

Applicant's Name _____
 Primary Location Address _____ City _____ State _____ Zip _____
 Website _____ Mailing Address (if different than location) _____
 Officer Contact _____
 Phone Number _____

II. GENERAL UNDERWRITING INFORMATION:

1. Is the applicant involved in any of the following: Accountant (other than Tax Preparer or Bookkeeper), Architect or Engineer (including consultants), Doctor or other Medical Professional (including consultants), Environmental Consultant, Escrow Agent, Financial Institution, Funeral Directors, Health and Allied Services, Home Inspectors, Insurance Agent or Broker, Lawyer, Loan Servicing, Mortgage Banker/Broker, Security Broker/Dealer, Testing Labs, Title Agent/Abstractor, Consulting or Technology Services in the following classes: Oil & Gas, Healthcare, Diagnosis/Monitoring/Treatment System Design, 911/Emergency Response Systems, Music/Media Streaming or Downloading, Search Engines, Social Networking Sites, System Design for Aircraft/Weaponry Application?

Yes ☐ No ☐

2. Does the applicant have any Subsidiaries?

Yes ☐ No ☐

IF YES, Are the professional services performed by the subsidiary different than those indicated above?

Yes ☐ No ☐

Are the revenues from the subsidiary included in the revenues?

Yes ☐ No ☐

3. First Year in Business: _____

4. Gross Revenue:

Previous 12 Months	Next (Projected) 12 Months

5. Description of Operations _____

III. ADDITIONAL UNDERWRITING INFORMATION:

1. How many years of related professional experience does the principal or other key professional employee have? _____

2. Do you provide formalized in-house training for all professional employees?

Yes ☐ No ☐

3. How often do you use written contracts:

Always ☐ Sometimes ☐ Never ☐

IF YES, Do your contracts clearly describe/define the services that are being performed?

Yes ☐ No ☐

Do your contracts contain a hold harmless agreement?

Yes ☐ No ☐

Are your contracts reviewed by a qualified attorney?

Yes ☐ No ☐

4. Do you have any risk management procedures established and in use?

Yes ☐ No ☐

IV. OPTIONAL QUESTIONNAIRE FOR CYBER COVERAGES

Electronic Media (Optional):

1. Does the applicant support or provide adware, spyware, or other similar software used to push advertising or digital content or covertly obtain user information? Yes ☐ No ☐
2. Does the applicant have procedure in place for formal review of content/material for their web site(s) or internet service(s) to safeguard and enforce against infringing intellectual property rights of others? Yes ☐ No ☐

Network Security (Optional):

1. Is firewall technology used at all internet points of presence to prevent unauthorized access to internal networks? Yes ☐ No ☐
2. Are written policies and/or documented procedures in place which address Network Security, appropriate use of network resources/internet/email, and user and password management? Yes ☐ No ☐
3. Does the applicant use up to date antivirus software on all desktops, portable computers and mission critical servers? Yes ☐ No ☐

Privacy Liability (Optional):

1. Does the applicant's website, system, or network request and capture any credit card information? Yes ☐ No ☐
IF YES, Is Applicant currently compliant with regard to Payment Card Industry Data Security Standard (PCI DSS)? Yes ☐ No ☐
2. Does the applicant's website, system, or network request and capture Credit History and Rating, Bank Records, Investment Data or Financial Transactions? Yes ☐ No ☐
3. Does the applicant's website, system, or network request and capture Medical Records or Personal Health Information? Yes ☐ No ☐
IF YES, Is Applicant currently compliant with regard to Health Insurance Portability and Accountability Act of 1996? Yes ☐ No ☐

Data Breach (Optional):

1. Please provide the number of records that the applicant holds: _____
*Questions for **Network Security** and **Privacy Liability** must be answered to offer this coverage.*

V. OPTIONAL BOP QUESTIONNAIRE FOR GENERAL LIABILITY AND PROPERTY COVERAGE:

1. Business Personal Property Limit (Select One): \$25,000 _____ \$50,000 _____ \$100,000 _____
2. Square footage of office space _____
3. Does the applicant's location have functioning and operational smoke detectors? Yes ☐ No ☐
4. Does the applicant's location have fully serviced fire extinguishers? Yes ☐ No ☐
5. Does the organization have an automobile policy in place? Yes ☐ No ☐
6. Does the organization own any autos or lease any autos on a long term basis? Yes ☐ No ☐
7. Does the organization regularly deliver goods or products or require its employees or volunteers to transport clients? Yes ☐ No ☐
8. Does the organization have any international operations or exposures? Yes ☐ No ☐
9. Does the organization need to add coverage for an additional insured (other than Manager/ Lessor of Premises)? Yes ☐ No ☐
IF YES, please provide information regarding additional insured: _____
10. Have there been any General Liability or Property claims in the last 5 years? Yes ☐ No ☐
11. Would the applicant like to purchase the Property + enhancement endorsement? Yes ☐ No ☐

VI. PRIOR INSURANCE INFORMATION:

Describe any current insurance maintained.

Coverage	Yes	No	Limit	Continuity Date	Expiring	Carrier
Errors and Omissions	<input type="checkbox"/>	<input type="checkbox"/>				
Electronic Media	<input type="checkbox"/>	<input type="checkbox"/>				
Network Security	<input type="checkbox"/>	<input type="checkbox"/>				
Privacy Liability	<input type="checkbox"/>	<input type="checkbox"/>				
Data Breach	<input type="checkbox"/>	<input type="checkbox"/>				
Network Extortion Threat	<input type="checkbox"/>	<input type="checkbox"/>				

VII. CLAIMS INFORMATION:

- Does the applicant or any principals, directors, officers, partners, professional employees, or independent contractors of the applicant have knowledge or information of any actual or alleged acts, errors, omissions, offenses, or circumstances which might reasonably be expected to give rise to a claim against the applicant or any proposed insured entity? Yes ☐ No ☐
- Has the applicant, or any of its predecessors in business, subsidiaries, or affiliates, or any of the principals, directors, officers, partners, professional employees, or independent contractors ever been the subject of a disciplinary action as a result of professional activities within the past five years? Yes ☐ No ☐
- Have any claims or suits been made against the applicant, any predecessors in business, subsidiaries, affiliates, or any principal, director, officer, or professional employee within the past five years? Yes ☐ No ☐

FRAUD WARNING STATEMENTS

NOTICE TO ARKANSAS, LOUISIANA 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 (or any supplemental application, questionnaire or similar document) containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment or loss or benefit is a crime punishable by fines or imprisonment, or both.

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 a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 MEXICO 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 CIVIL FINES AND CRIMINAL 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 any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

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 ALL APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

BY SIGNING THIS APPLICATION, THE APPLICANT, ON BEHALF OF ALL PROPOSED INSURED, REPRESENTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT, ITS SUBSIDIARIES, AND THEIR OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED, OMITTED, SUPPRESSED, CONCEALED, OR MISREPRESENTED IN THIS APPLICATION OR ITS ATTACHMENTS. THE APPLICANT UNDERSTANDS AND AGREES THAT IF, AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION AND ATTACHMENTS, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE APPLICANT SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE INSURANCE MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT UNDERSTANDS AND AGREES THAT THE COMPANY, IN PROPOSING TO PROVIDE INSURANCE, HAS RELIED ON THIS APPLICATION AND ALL ATTACHMENTS, AND

THAT THIS APPLICATION AND ALL ATTACHMENTS, ARE (1) MATERIAL AND THE BASIS OF THE CONTRACT WITH THE COMPANY, AND (2) DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

THE UNDERSIGNED OFFICER OF THE APPLICANT CERTIFIES AND REPRESENTS THAT HE/SHE IS DULY AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF THE APPLICANT AND ITS SUBSIDIARIES.

Applicant's Signature:

(Must be signed by an Officer or Executive Director of the Applicant)

**Print Name and
Title**

**Date
(Mo./Day/Yr.)
Day/Yr.)**