

**Business Risk Services of Ohio**

6195 Emerald Parkway

One South

Dublin, OH 43016

**Professional Liability Application**

**1. APPLICANT:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Locations Of Branch Offices: \_\_\_\_\_

**2. Firm Is:**

Partnership:  Corporation:  JV:  Individual:  LLC:  Other:

**3. History of Company:**

Date Established: \_\_\_\_\_

Have there been any acquisitions, consolidations, dissolution, mergers?  Yes  No

If yes, explain: \_\_\_\_\_

Does the Firm have: Subsidiaries  A parent company  Other related entities

If yes, explain: \_\_\_\_\_

Do you share employees?  Yes  No

If yes, explain: \_\_\_\_\_

**4. Total Personnel** (List each person only once by primary function):

Architects, Engineers, Geologists, Hydrogeologists \_\_\_\_\_

Industrial Hygienists, Toxicologists, CIHs or CPs: \_\_\_\_\_

Draftsmen, Technicians: \_\_\_\_\_

Supervisors/Foremen/Leadmen: \_\_\_\_\_

Laborers: \_\_\_\_\_

Licensed Remediation Workers \_\_\_\_\_

Other (specify): \_\_\_\_\_

Please attach all key person resumes, certifications and licenses.

**5. Total Company Gross Revenues:**

Current Year: \$ \_\_\_\_\_

Estimated Next Year: \$ \_\_\_\_\_

Past Three Years: \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**6. Major Changes In Company Operations In The Past Five (5) Years**

\_\_\_\_\_

7.

Services Provided	% of Gross Receipts	% of Subcontracted Receipts
	=	
	=	
	=	
	=	
	=	
	=	
	=	
	=	
	=	
	=	
Direct Reimbursables	=	

**8. SUBCONSULTANTS/SUCBCONTRACTORS:**

Does your firm collect certificates of insurance from your subs naming you as additional insured?

Yes       No

9. Do you use a standard indemnity contract with your clients and subs?  Yes       No

If no, please detail your contract procedures:

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10. Does the applicant provide laboratory or analytical services?  Yes       No

11. Does the applicant utilize written, in-house quality control procedures?  Yes       No

**12. Prior Liability Carrier Information:**

Coverage Form	Carrier	Receipts	Limit of Liability	Deductible	Type of Policy	Rate	Premium

Any policy or coverage declined, cancelled or non-renewed during the prior three years?  Yes       No

If yes, explain: \_\_\_\_\_

13. Are Certificates of Insurance from subcontractors reviewed?  Yes       No

14. Are Certificates of Insurance from subcontractors kept on file?  Yes       No

15. Are subcontractors hired under written subcontract?  Yes       No

**16. Describe Minimum Insurance Requirements For Subcontractors:**

General Liability: \_\_\_\_\_

Contractor' Pollution Legal Liability: \_\_\_\_\_

Professional Liability: \_\_\_\_\_

Workers Compensation: \_\_\_\_\_

17. Has any officer of the company ever been the subject of disciplinary action by authorities as an result of a professional or contracting activities?

Yes  No

If yes, please explain: \_\_\_\_\_

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18. Has any application for Professional Liability Insurance and/or Errors and Omissions and/or Pollution Insurance made on behalf of the applicant, and predecessors in business, present partners or officers ever been declined or has the Insurance ever been canceled or renewal refused?

Yes  No

If yes, please give full details (use additional sheet of paper, if necessary): \_\_\_\_\_

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19. Has any claim, suit of notice of incident been made against the applicant or any of the principals of the company?

Yes  No

If yes, please give full details stating (use additional sheet of paper, if necessary):

- a) Date when claim, suite or notice was made;
  - b) Date the act giving rise to the claim, suite or notice was committed;
  - c) Name of claimant;
  - d) Nature of the claim, suite or notice;
  - e) Demand amount
  - f) Amount involved including reserves; and
  - g) Final disposition,
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20. Is the applicant ware of any circumstances which any result in any claim, suite or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any persons names in response to questions 1 or 10?

Yes  No

If yes, please give full details on the same basis as Question 28 above (use additional sheet of paper, if necessary):

**FRAUD WARNING: APPLICABLE TO ALL STATES**

Any person who knowing 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.

**WARRANTY STATEMENT**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true,  
The undersigned authorized officer agrees that if the information supplied on the application changes  
between the dates of the application and effective date of the insurance, he/she (undersigned) will  
immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding  
quotations and/or authorization or agreement to bind the insurance, signing of this application does not  
bind the applicant or the insurer to compete the insurance.

Notice to applicants: Any person who knowingly and with intent to defraud any insurance company or other  
person files an application for insurance containing any false information, or conceals for the purpose of  
misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a  
crime.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_