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PCA's Errors and Omissions/Professional Liability Application
(Claims Made Basis or Claims Made and Reported Basis)

If space is insufficient to answer any question fully, attach a separate sheet.

I. GENERAL INFORMATION

- 1. Applicant's Legal Name: List of Owners/Officers/members and Title (i.e. Owner, President, Secretary, Treasurer, Member)
2. Principal business premise address:
3. Mailing Address:
4. Web Site Address(es): Email Address:
5. Phone Number: Fax Number:
6. Number of employees including principals: Full-time Part-time Seasonal Total
7. Business is a: corporation partnership individual other
8. Date organized (MM/DD/YYYY):
9. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization?
10. During the last year has the Applicant been involved in, or are they presently considering or contemplating:
11. During the last year has the name of the Applicant been changed

II. ADDITIONAL INFORMATION

- 1. Please attach the following:
(a) If gross revenues are \$500,000 or greater please include latest annual financial statements
(b) Professional qualifications (i.e. resume) of each of the owners, partners, officers and key employees
(d) Professional societies and organizations to which the Applicant and its owners, partners, officers and key employees belong(s).

- (e) Advertisements, brochures, and descriptive literature on the Applicant's business.
- (f) Sample contract for services between the Applicant and its clients.**
- (g) A list of and description of affiliations with any organization owned by any owner, partner or officer of any Applicant.

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**III. PROFESSIONAL ACTIVITIES AND SPECIALTY**

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1. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Professional Services	Percent of Gross Revenues
	%
	%
	%

- 2. (a) Estimated annual gross revenues for the coming year: \$
- (b) Percentage of annual gross revenues for the coming year:
  - (i) Domestic:           %
  - (ii) Foreign:           %
- (c) Annual gross revenues for the last three years:
  - (i) last twelve months: Year:           \$
  - (ii) 1<sup>st</sup> prior year:       Year:           \$
  - (iii) 2<sup>nd</sup> prior year:     Year:           \$

3. Describe Applicant's five largest jobs in the last three years:

Client Name	Professional Services	Gross Revenues
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- 4. Is the Applicant engaged in any business or profession other than as described in Item 1 above? ..... Yes    No  
If Yes, explain.
- 5. Were more than 50% of the Applicant's gross revenues for any of the last three years derived from any one contract? ..... Yes    No  
If Yes, specify client, professional services and duration of contract.
- 6. Does the Applicant utilize the services of independent contractors or sub-consultants? ..... Yes    No  
If Yes, indicate percentage of billings and whether a certificate of professional liability insurance is required of each.
- 7. (a) Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture or fabricate anything? ..... Yes    No
- (b) Does the Applicant, any of its subsidiaries and/or affiliates sell any product other than computer software? ..... Yes    No  
If Yes, to either (a) or (b) describe.

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**IV. CLAIMS/HISTORY**

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1. During the last five years, have there been any professional liability claims against the Applicant, its predecessors, subsidiaries, affiliates, employees and/or against any other person or entity proposed for this insurance? ..... Yes    No  
If Yes, attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.

2. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, circumstance or situation which might afford grounds for any claim, such as would fall under the proposed insurance? ..... Yes No  
If Yes, provide details.
3. Has any insurer cancelled, rescinded, non-renewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, employees and/or for any other person or entity proposed for this insurance in the last five years? Yes No  
If Yes, attach a copy of such insurer's notice.
4. Has the Applicant and/or any of its directors, officers and/or employees its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance been involved in or have knowledge of any pending or completed governmental regulatory, investigative or administrative proceedings? ..... Yes No  
If Yes, attach a copy of the outcome of such proceedings.

5. Previous Professional Liability Insurance:

Policy Year	Insurance Company	Claims Made or Occurrence policy	Limits of Liability	Deductible	Premium	Retro Date

6. Does the Applicant carry General Liability Insurance? Yes No  
If yes: Insurer: Limits: Premium:  
Does coverage include Products/Completed Operations Hazards? ..... Yes No

**NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY**

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE "CLAIMS" THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, unless the extended reporting period option is exercised in accordance with the terms of the policy. The policy has specific provisions detailing claim reporting requirements.

**WARRANTY**

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Mergens Insurance Agency.

Must be signed within 60 days of the proposed effective date.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

**Notice to 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 the person to criminal and civil penalties.

## DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE AND ELECTION FORM

RE:  
Risk ID. No.:

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act ("Terrorism Coverage"): The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that Terrorism Coverage required to be offered by the Act for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this Terrorism Coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

### **SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**

**PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.**

**Florida, Georgia and Oklahoma Applicants:** Please be advised that in the event a policy is purchased, the policy premium will include a 1% surcharge for Terrorism Coverage unless you elect to decline Terrorism Coverage. You need to enter an "X" below if you wish to decline Terrorism Coverage.

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy premium will include a 3% surcharge for this coverage.
	I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy will be endorsed to exclude the Terrorism Coverage required to be offered under the Act.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.

## LOSS WARRANTY LETTER

During the last three (5) years, I/we warrant that with respect to the insurance being applied for:

1. I/We have not sustained a loss,
2. Have not had a claim made against us,
3. Have not been denied coverage or had coverage canceled by an insurance company,
4. Have no knowledge or a reason to anticipate a claims or loss.

If I/we have sustained any of the above they are listed below:

Incident Date:

Amount of Loss:

Description of Loss:

Steps taken to prevent recurrence:

I understand that this warranty will be incorporated into the insurance contract.

### **Warranty:**

**The purpose of this no loss letter is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.**

**This no loss letter shall be the basis of any insurance that may be issued and will be a part of such policy. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any. It is further understood that the applicant and or affiliated company is under a continuing obligation to immediately notify his/her underwriter through his/her broker of any material alteration of the information given.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner, President, Partner or Officer

\_\_\_\_\_  
Title