



CLAIM PROFESSIONALS LIABILITY INSURANCE COMPANY  
A RISK RETENTION GROUP

**Short Form Application for Conditional Quote (for new accounts only)**

Firm Name \_\_\_\_\_ Contact name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Company Website Address: <http://> \_\_\_\_\_

**E&O Coverage Requested** \_\_ \$500,000\_\_ \$1,000,000 \_\_ \$2,000,000 \_\_ \$5,000,000 Deductible \_\_\_\_\_

Effective Date \_\_\_\_\_ Retroactive Date \_\_\_\_\_ (Up to 6 yrs) Current Limit \_\_\_\_\_

Current Deductible \_\_\_\_\_ Current Carrier \_\_\_\_\_ Current E&O Premium \_\_\_\_\_

We need the premium before quoting to determine the number of shares you will be required to purchase.

**Please attach a copy of your current Dec page (or) 5 yr work history resumè (if no prior E&O cov.)**

**General Liability** will be quoted for the same limits and deductibles as E&O, but is optional.

Revenue last 12 mo: \_\_\_\_\_ Revenue next 12 mo \_\_\_\_\_ If in more than one state, list by state \_\_\_\_\_

# Adjusters: Employees \_\_\_\_\_ Non-Employees \_\_\_\_\_ Date firm established \_\_\_\_\_ Yrs. of owner's experience \_\_\_\_\_

Member of the following professional organizations; \_\_\_\_\_

Does the named insured or any personnel provide any services other than claims services? If yes, describe \_\_\_\_\_

Indicate the percentage of total revenue for: Workers Comp \_\_\_\_\_ Property \_\_\_\_\_ Liability \_\_\_\_\_ Life, A&H \_\_\_\_\_

Professional Liability \_\_\_\_\_ Appraisal \_\_\_\_\_ Catastrophe claims \_\_\_\_\_ Other \_\_\_\_\_ (describe) \_\_\_\_\_

Approximately what percent of your revenue is TPA work? \_\_\_\_\_ What percent is Time & Expense? \_\_\_\_\_

Have you, any entity or employee	Yes	No
a) Received any notice of cancellation, non-renewal or declination of E&O or GL coverage?	_____	_____
b) Experienced any claims, lawsuits, or other actions made against them?	_____	_____
c) Have any knowledge of an error or omission which may result in a claim, lawsuit or other action?	_____	_____

**If the answer to any of the above questions is "Yes", please attach an explanation.**

Applicant is aware that this short form application is for provisional rating purposes only. The entire application, which is available at [www.cplc.net](http://www.cplc.net) will have to be completed, submitted and underwritten prior to any coverage being bound.

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_