



Claim Professionals Liability Insurance Company, A Risk Retention Group
Application for Claims Made and Reported Errors and Omissions and General Liability Policy

NOTICE: This application will be the basis of the policy, if issued. Each and every statement of fact is material to the Company's decision to either insure or not insure the person or entity seeking insurance. A false answer to any question, whether intentional or not, will cause any policy issued to be void from inception.

Important – Coverage provided by CPLIC may vary significantly from coverage with similar names provided by other insurers or policies. Please review the coverage, terms, conditions and exclusions carefully to ensure that you are obtaining the correct type and amount of coverage for your business. Our policy may be reviewed at our web site, www.cplc.net.

The policy you are applying for 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.

You warrant the truthfulness of all answers to the questions in this application. You understand that the statements of fact in this application is the basis of the Company's decision to insure. All questions and answers are material to the decision of the Company to insure. The application will be attached to and form a part of the policy.

Section One – Named Insured (Please print or type)

1. Named Insured (including DBA): _____
Address: _____ City: _____ St: _____ Zip: _____
E-Mail: _____ Phone: _____ Fax: _____
Primary contact: _____ Web Site address: <http://> _____
Named Insured is a: ☐ Corporation ☐ Partnership ☐ LLC ☐ LLP ☐ Sole Proprietorship
Date Established: _____ Date Coming Under Current Ownership: _____
Number of years of experience of the owner (principal) in their professional service: _____

If coverage is desired for other operating names, business entities or branch offices, provide a list of all operating names, business entities, branch offices and their corresponding addresses on a separate sheet.

If an operating name, business entity or branch office is not listed on the policy, there will be no coverage provided by the CPLIC policy in the event of a claim arising out of that operating name, business entity or branch office.

Section Two - Coverage

2. **CPLIC Coverage Applied for:** (Optional General Liability coverage will be quoted along with E&O)

Effective Date: ____/____/____ Limit of Liability: _____ Deductible: _____ Retro Date: _____

3. **Current Insurance: (If no current insurance, please attach a resume of experience.)**

Current E&O Insurance Co: _____ Expiration Date: _____

Limit of Liability: _____ Deductible: _____ Premium: _____ Retro Date: _____

Current General Liability Insurance Co: _____ Expiration Date: _____

Limit of Liability: _____ Deductible: _____ Premium: _____ Retro Date: _____

Please attach your most recent E&O policy declaration page showing premium, limits, and deductibles and retro date. We must have this copy of your policy to determine share requirements in our Risk Retention Group.

Section III – Professional Services

4. What was your gross revenue for the 12 months prior to the effective date requested above? \$ _____

5. What is your projected gross revenue for the 12 months after the effective date requested above? \$ _____

If revenue is from more than one state, provide revenue by state. ____% _____ [State] ____% _____ [State]
____% _____ [State] ____% _____ [State] ____% _____ [State] ____% _____ [State]

6. Do you provide Third Party Administration services? ____ No ____ Yes. If 'Yes', what % of your revenue is TPA? ____%

7. Did your business plan change in the last 12 months? ____ No ____ Yes. If 'Yes', please attach explanation.

8. List the number of personnel for the Named Insured in each category:

____ Employees ____ Non-employees ____ Clerical ____ Owners/Principals ____ Management

9. If you have listed a number for non-employees above (i.e. independent contractors), what is the approximate percentage of gross revenue attributed in whole or in part to the non-employee personnel? ____% Describe your supervision policies for work performed by non-employee personnel:

10. List the Professional Organizations where you or your employees are members:

11. Please list the 3 largest clients (based on gross annual revenue) of the Named Insured and the associated detail below:

Client Name	Services Provided	Contract (Y or N)	Gross Annual Revenue
1). _____	_____	_____	\$ _____.
2). _____	_____	_____	\$ _____.
3). _____	_____	_____	\$ _____.

Total Annual Revenue for 3 Largest Clients: \$ _____.

12. Does the Named Insured or any personnel provide professional services other than claims services, including but not limited to agency or brokerage services? ____ No ____ Yes, If 'Yes', please describe in detail below:

CPLIC does NOT provide coverage for professional services other than claims services or agency/brokerage services necessary to support the Named Insured's professional claims service operations and clients.

13. Indicate percentage of total revenue for: ____% Property ____% Liability ____% Catastrophe ____% Flood
____% W. Comp ____% Appraisal ____% Professional Liability ____% Life A&H
____% Other Please Describe _____

14. Are all employee or non-employee professionals and management personnel licensed by the state(s) in which they provide claim services, if licenses are required? ____ No ____ Yes ____ Not required
15. Does the Named Insured or its personnel provide professional services as a public insurance adjuster? ____ No ____ Yes
16. Has the Named Insured or any of its owners/principals, executives, or employees had a license revoked by any organization responsible for the licensing of insurance claim adjusters, examiners, supervisors or management? ____ No ____ Yes
- a Does the Named Insured maintain its files electronically (paperless) ____ No ____ Yes
- b If "yes" where are the electronic files stored? _____
- c If "yes" are back up files stored off site and if so, where? _____
17. Does the Named Insured retain paper copies of closed claim files? ____ No ____ Yes
- a If "yes" state the length of time retained: _____ years.
- b If "yes" where are closed files stored? _____
- c If "yes" how are they protected? _____

Section Four – Prior Activities and Claims History

For the period of **five (5) years prior** to the proposed effective date of CPLIC coverage, has the Named Insured, any of its operating locations, including businesses acquired, or any personnel:

18. Had any license denied, suspended or revoked?..... ____ No ____ Yes
19. Been investigated, disciplined, sued or fined by any regulatory agency?..... ____ No ____ Yes
20. Had a policy or application for Professional or General Liability non-renewed, declined, or cancelled? ____ No ____ Yes
21. Had any claims, lawsuits or other actions made against them?..... ____ No ____ Yes
22. Is the Named Insured or any of its employee or non-employee personnel aware of any actual or alleged facts, circumstances, situation, action, error or omission which may be reasonably expected to result in a claim, lawsuit or other action to be taken against the Named Insured, any of its operating locations or employee or non-employee personnel?..... ____ No ____ Yes

If you responded 'Yes' to any of the above 5 questions, please attach explanatory documentation.

Section Five – Polling of Personnel

I have on this date taken a polling of all my past or present employees, adjusters, claims representative, supervisors, and managers, and I am not aware of any verbal or written demands for money or services; or facts or circumstances that could generate a demand for money or services against any of our current or adjusters, claims representative, supervisors, and managers or any of our clients related to our provision of professional services..... ____ No ____ Yes

The CPLIC policy to which this application relates may not provide coverage for prior acts that you or any employee or non-employee personnel of the Named Insured at any of the Named Insured's listed branch offices have knowledge of on or prior to the date of this application.

Section Six – General Liability - UAV Endorsement

(If not applying for UAV general liability coverage, skip to next section)

UAV coverage cannot be quoted or bound without an in-force General Liability policy with CPLIC, RRG.

- 1) Will the Unmanned Aerial Vehicle ("UAV") be operated within all applicable regulations at all times? ____No ____Yes
- 2) Estimated Total Annual Flight hours for Named Insured: _____
- 3) Manufacturer and model of each drone that will be used in your business:

1) _____ 2) _____

(if more than 2, attach additional documentation as may be necessary)

***CPLIC, RRG does not provide coverage for fixed wing UAVs**

- 4) Names of operators who will be operating an unmanned aerial vehicle on behalf of named insured and UAV flight hours completed to date (if more than 2, attach additional document as may be necessary):

Name: _____ Date Remote Pilot Cert. Obtained _____; 50 Flight Hours Accrued: ____No ____ Yes

Name: _____ Date Remote Pilot Cert. Obtained _____; 50 Flight Hours Accrued: ____No ____ Yes

- 5) Within the last 3 years, have any operators listed above:

a. been cited for violation of FAA regulations: ____No ____Yes

b. had any claims, lawsuits or other actions made against them involving UAV operations: ____No ____Yes

If 'Yes' to either 'a' or 'b' above, please attach explanatory documentation

Attach copy of remote pilot certificate for each operator listed and a copy of the current FAA registration for each drone listed

Read the following closely, date and sign the application.

I, the undersigned, being fully authorized and permitted by the Named Insured to execute this application for coverage, understand that the coverage applied for applies only on a Claims Made basis and only for claims which are first made against the Named Insured and reported to CPLIC during the policy period. I understand that coverage ceases upon termination of the policy, subject to modification by availability and payment of premium for extended reporting period coverage.

By signing this application for coverage, I, on behalf of the Named Insured and all of its operating locations, subsidiaries, and employee and non-employee personnel, represent and warrant that this application and all attachments, amendments and documentation are complete, accurate, representative of the full scope and depth of my knowledge and that the representations made herein are made with my full knowledge and consent that I have conducted sufficient internal investigation to have a reasonable belief that all answers and representations are full, complete and accurate. I agree that, after completion of this application, I will send written notice of any changes, modifications or other material instances which occur or come to my attention prior to the issuance of the CPLIC policy should the application be accepted by CPLIC. CPLIC reserves the right to modify or withdraw from any offers of coverage based upon information provided by the Named Insured or discovered through any other source in its underwriting review of this application or any time thereafter.

As a condition precedent to the issuance of this policy and the applicability of Coverage provided for herein, the applicant agrees that there shall be no cause of action against the Company. The applicant has the authority to and hereby knowingly and intentionally waive any and all right to sue the Company. The applicant has the authority to and hereby knowingly and intentionally waives any and all right to assign actual or potential Coverage available under this policy to any other person or organization.

I further warrant that I have reported in writing all claims, notices, or demands to the current insurer. Any demands for money or services, facts or circumstances that we are aware of have already been reported in writing to Claim Professionals Liability Insurance Company during the application process. I understand the policy will not provide any coverage for these claims or events under any circumstances.

By accepting the policy applied for the applicant agrees to submit any claim of dispute, controversy or disagreement over the Coverage available under this policy, any claim for actual or alleged breach of duty arising out of this policy, or any other dispute or claim of any kind between the Company and any Insured to binding arbitration in accordance with the policy. In the event of such a dispute, both the Company and the applicant agree that if a policy is issued, binding arbitration is the sole and exclusive remedy to resolve any dispute between the Company and the applicant.

Signing this application and declaration does not bind the applicant to purchase the insurance. It is agreed that this application and declaration shall constitute a warranty should a policy be issued. By signing this application the applicant acknowledges that he/she/it is aware that if at any time it is discovered that any of the statements of fact contained in the application are false the policy may be declared void from its inception at the sole option of the Company.

I have read all of the above application for a CPLIC policy and agree that to the best of my knowledge and belief it represents a true and complete statement. The policy wording for the CPLIC policy has been made available to me prior to signing this application and which I understand contains different terms, conditions and limitations than previous editions of the CPLIC policy, or similar policies issued by other insurers. This application is submitted to the CPLIC with the knowledge that it will be used as the factual basis for the decision of the CPLIC to insure or not insure the applicant for whom I am authorized to sign.

Coverage provided by CPLIC is conditioned upon underwriting review and acceptability of the Named Insured as a member of Claim Professionals Liability Insurance Company, Risk Retention Group, and is subject to the RRG membership and capital requirements. This application will be part of your policy if issued.

Applicant agrees to provide risk management information, if requested, at a later date which the Board determines is good for the group.

Applicant agrees that if insured with CPLIC, CPLIC may release that he is insured with CPLIC to such organizations or prospects as CPLIC deems appropriate.

I read and understand the English language and understand every statement made in this application. If I cannot read the application I, and the person who signs beside my name has read the application to me and attests that the statements made in the application were read to me in a language in which I am fluent and that I sign this application knowingly and in good faith.

_____ Name of Applicant (Print): _____

_____ Signature of Applicant

_____ Title

_____ Date application completed

Does the Named Insured carry Employment Practices Liability Insurance? ☐ No ☐ Yes

How did you hear about us? ☐ Convention ☐ Internet Search ☐ Social Media ☐ Mail ☐ Email
☐ Current or Past Member ☐ Other _____ (Please specify)

_____ Name

CYBER LIABILITY

Cyber Liability is now offered through CPLIC Member Services, LLC and is underwritten and backed by AmTrust Financial. If interested, please check the box below.

YES! I'm interested in Cyber Coverage: ☐

Please Note: This program is offered through CPLIC Member Services, LLC and is underwritten and backed by Axis Insurance. CPLIC, RRG is not involved in the underwriting or claims management as it relates to cyber liability. Payment is to be made to CPLIC Member Services, LLC.

Please send to: CPLIC Member Services, LLC , P.O. Box 789, Apex, NC 27502
Any questions, please call: 877-572-7542 / Fax: 714-731-4605 / E-mail: memberservices@cplic.net