



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

Important – Coverage provided by CPLIC may vary significantly from coverage with similar names provided by other companies. 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.

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.

Section One – Named Insured (Please print or type)

- 1. Named Insured: _____
 Address: _____ City: _____ St: _____ Zip: _____
 E-Mail: _____ Phone: _____ Fax: _____
 Primary contact: _____ Web Site address: <http://> _____
 Company is a: Corporation Partnership LLC LLP Sole Proprietorship Fictitious Name (dba)
 Date Company Established: _____ Date Company Came Under Current Ownership: _____
 Number of years owner's (principal's) experience as a claims adjuster: _____

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

If a name, entity or 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 name, entity or office.

Section Two - Coverage

- 2. **CPLIC Coverage Applied for:** (General Liability coverage will be quoted along with E&O, but the GL is optional.)

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

Please attach your most recent E&O 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 our coverage effective date? \$ _____
- 5. What is your projected gross revenue for the 12 months after our coverage effective date? \$ _____
 If revenue is from more than one state, provide revenue by state. _____

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6. Do you do Third Party Administration? No Yes. If 'Yes', what % of your revenue is from TPA work? _____
7. Did your business plan change in the last 12 months? Yes No. If 'Yes', please attach explanation.
8. Number of Employee adjusters _____ Non-employee adjusters _____ Clerical _____ Executives _____
9. If you have listed a number for Non-Employee claims adjusters above, what is the approximate percentage of gross revenue attributed in whole or in part to Non-Employee or Independent Contractor personnel? _____

Describe your supervision policies for work performed by Non-Employee adjusters: _____

10. List the Professional Organizations where you or your employees are members: _____
11. Please list the 3 largest clients of the Named Insured and the associated detail below:

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

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

12. Do 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 % of total revenue for: Property _____ Liability _____ Catastrophe _____ W. Comp _____ Appraisal _____
Professional Liability _____ Life A&H _____ Other _____

14. Are all employee or non-employee adjusters and management personnel licensed by the state(s) in which they provide claim services, if licenses are required? No Yes

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 company personnel:

15. Had any license denied, suspended or revoked? No Yes, If 'Yes', please attach explanatory documentation.
16. Been investigated, disciplined, sued or fined by any regulatory agency? No Yes, If 'Yes', attach explanatory documentation.
17. Had a policy or application for Professional or General Liability non-renewed, declined, or cancelled? No Yes, If 'Yes', please describe in detail below or attach explanatory documentation: _____

18. Had any claims, lawsuits or other actions made against them? No Yes, If 'Yes', please attach explanatory documentation.
19. 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

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other action to be taken against the Named Insured, any of its operating locations or employee or non-employee personnel? ___ No ___ Yes, If 'Yes', please attach explanatory documentation.

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 operating locations have knowledge of on or prior to the date of this application.

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 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.

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 us, we may release that he is insured with us to such organizations or prospects as we deem appropriate.

Signature of Applicant

Name of Applicant (Print):

Title

Date application completed

Does your firm carry Employment Practices Liability Insurance? ___ Yes ___ No

**Please send to: CPLIC Member Services, LLC
17742 Irvine Blvd., Ste 102
Tustin, CA 92780**

**Any questions, please call: 877-572-7542 Fax: 714-731-4605
E-mail: memberservices@cplc.net**