

**AmGUARD INSURANCE COMPANY**  
**FLORIDA APPLICATION FOR A CLAIMS MADE AND REPORTED**  
**MISCELLANEOUS PROFESSIONAL LIABILITY POLICY**

**NOTICE:**

THE POLICY FOR WHICH APPLICATION IS MADE, SUBJECT TO ITS TERMS, IS ON A CLAIMS-MADE BASIS. COVERAGE APPLIES ONLY TO THOSE **CLAIMS** THAT ARE FIRST MADE DURING THE **POLICY PERIOD** AND ANY EXTENDED REPORTING PERIOD, IF APPLICABLE, AS THOSE TERMS ARE DESCRIBED IN THIS POLICY. COVERAGE DOES NOT APPLY TO ANY **WRONGFUL ACT** COMMITTED BEFORE THE **RETROACTIVE DATE** STATED IN THIS POLICY.

Wherever used in this Application, the term Applicant means all Corporation(s), Partnership(s), and Sole Proprietorship(s) and each person who is an officer, director, partner, or employee of the firm(s).

1. a. Name of Applicant: \_\_\_\_\_  
b. Principal Address: \_\_\_\_\_  
c. Website Address: \_\_\_\_\_  
d. List all subsidiaries, branches  
and entities and their locations  
for which coverage is desired: \_\_\_\_\_  
e. Telephone Number: \_\_\_\_\_  
f. Fax Number: \_\_\_\_\_
2. Applicant is: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Joint Venture  
☐ For Profit ☐ Not for Profit ☐ Other: \_\_\_\_\_
3. Date Established: \_\_\_\_\_
4. Is the firm owned, controlled, or affiliated with any other firm, corporation, or company? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Within the past five years, has the Applicant changed its name, acquired any business, or merged  
or Consolidated with any entity? ☐ Yes ☐ No  
If yes, please explain names, dates, and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe, in detail, the professional services for which coverage is desired and identify the percen-

tage of gross revenue derived from each service.

**Professional Services**

**% of Gross  
Revenue**


7. Does the Applicant provide any services over the Internet? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

8. Describe in detail all other services and activities of the Applicant for which coverage is **NOT DESIRED**: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List the following totals:  
Principals, Partners, Officers: \_\_\_\_\_  
Other Professional Staff: \_\_\_\_\_  
Clerical/Non-Professional Staff: \_\_\_\_\_

10. List the following information for all Principals, Partners, Officers, and key employees:  
Attach a separate sheet, if necessary.

Name	Title	Professional Designation	Number of Years Experience in Practice	Number of Years with the Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. List all professional associations to which the Applicant firm belongs: \_\_\_\_\_  
\_\_\_\_\_

12. Provide the total gross receipts for services listed in Question 6:

	Domestic	Foreign
Current fiscal year	\$ _____	\$ _____
Past fiscal year	\$ _____	\$ _____
Estimated receipts next fiscal year	\$ _____	\$ _____

13. Describe the Applicants five largest projects or jobs during the past three years:

Client Name	Services Rendered	Annual Revenue Derived from the Project or Job

14. a. Please indicate the percentage of time that written contracts are used: \_\_\_\_\_ %
- b. Does a law firm experienced in the Applicant's field review written contracts? ☐ Yes ☐ No
- c. Does the Applicant's firm have a written training and procedures manual? ☐ Yes ☐ No
- d. What does the Applicant see as its potential exposure to E&O claims? \_\_\_\_\_

15. Do the Applicant's contracts contain:
- Hold Harmless or Indemnity Agreements insuring to the benefit of the Applicant? ☐ Yes ☐ No
- Hold Harmless or Indemnity Agreements insuring to the benefit of the client? ☐ Yes ☐ No
- Guarantees or warranties? ☐ Yes ☐ No
- Specific description of the services to be provided by the Applicant? ☐ Yes ☐ No

16. What percentage of the Applicant's services are subcontracted to others? \_\_\_\_\_ %
- If subcontractors are used, does the Applicant require evidence of professional liability insurance? ☐ Yes ☐ No

17. Have any professional liability claims been made against the Applicant during the past five years? ☐ Yes ☐ No
- If yes, please provide details on a separate Claim Supplement attachment.

18. Is the Applicant aware of any circumstances, alleged errors or omissions, acts or situations, which may reasonably be expected to result in a claim being made under the proposed insurance? ☐ Yes ☐ No
- If yes, please provide details on a separate Claim Supplement attachment.

19. Has the Applicant or any of its principals, partners, officers, or directors been the subject of any disciplinary action or have been cited by any regulatory agency or professional association? ☐ Yes ☐ No
- If yes, please provide details on as separate Claim Supplement attachment.

**NOTE:** It is agreed that any professional liability claims made prior to the inception of the policy or any future professional liability claims resulting from any circumstances, alleged errors or omissions, acts, or situations which the applicant has knowledge or information prior to the inception of the policy, are excluded from the coverage sought by the Applicant from the company.

20. a. List all prior professional liability insurance coverage carried during the past five years.

Insurance Carrier	Limit	Deductible	Premium	Policy Period


b. Has any similar insurance made on behalf of the Applicant ever been canceled, declined, or non-renewed?  
☐ Yes ☐ No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

21. a. Limit of liability desired: \_\_\_\_\_  
b. Deductible desired: \_\_\_\_\_  
c. Effective date: \_\_\_\_\_  
d. Retroactive date: \_\_\_\_\_

**REQUIRED ATTACHMENTS**

- Completed Supplemental/Application if applicable for this industry.
- Copies of standard contracts and engagement/proposal letter used with clients.
- Biographical sketches/resumes of all Principals, Partners, and key employees.
- Brochures, advertisements, or other descriptive literature about the Applicant firm, its operations, and activities.
- Most current financial statement or annual report.

THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with the intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

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Signature of Owner/Partner

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Date

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Print Name

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Title

**PRODUCER INFORMATION**

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Submitted by (Agency Name)

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Date

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Agent's Name

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Agent's License #