

First Specialty Insurance Corporation

APPLICATION FOR EXCESS PROFESSIONAL LIABILITY COVERAGE Professional Liability and Errors and Omissions Liability

A. GENERAL INFORMATION

1. a. Name of Applicant:

b. Mailing Address:

c. Street Address (if different):

d. City, State, Zip:

e. Contact Person / Title:

f. Phone:

Fax:

B. COVERAGE DESIRED:

1. Policy period: _____ to _____

2. Limits of Liability:

3. Excess Policy Retroactive Date – Excess:

ATTACHMENTS

The following must be attached to this application:

1. All Underlying Policies and Endorsements thereto.
2. All signed applications including attachments and other materials submitted therewith or incorporated therein, which submitted in order to obtain any Underlying Policy or any direct or indirect renewal or replacement thereof.
3. All documents provided by you to any Underlying Insurer(s) in connection with the underwriting or issuance of All Underlying Policies.

ACKNOWLEDGEMENT OF INFORMATION

This is to acknowledge that other than claims or potential claims already reported in the applications for the Underlying Insurer(s), we are not aware of any claim and/or circumstances, act, errors, or omissions that could result in a professional liability claim.

This will also certify that the information given on the applications listed and dated as shown below is unchanged since completed and signed, including supplemental information provided.

UNDERLYING POLICIES	POLICY PERIOD	LIMITS	DEDUCTIBLE	RETROACTIVE DATE	DATE APPLICATION WAS COMPLETED

PLEASE READ AND SIGN

The Applicant represents that the statements, facts, and documentation submitted with this application are true, and that no material facts have been suppressed or misstated and agrees that this application shall become the basis of any coverage of any policy that may be issued by First Specialty Insurance Corporation.

The Applicant agrees to notify the First Specialty Insurance Corporation in the future if there is any material change in any information supplied in this application.

Completion of this application does not obligate First Specialty Insurance Corporation to bind coverage.

I hereby authorize the release of claim information from any other underlying insurer to First Specialty Insurance Corporation.

For your protection, the following Fraud Warning is required to appear on this application:

Any person who knowingly 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 also punishable by criminal and/or civil penalties in certain jurisdictions.

THIS APPLICATION MUST BE SIGNED BY A PARTNER, OFFICER and/or OWNER

Please print name of partner, officer and/or owner signing application:

Signed: _____

Date: _____

Partner, Officer and/or Owner: _____

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in this application that occur after the date of the application and before policy inception.