



CONSULTANTS AND SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY SUPPLEMENTAL PACKAGE APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY THE CHAIRPERSON OR PRESIDENT OF APPLICANT.

If you **DO NOT** currently carry General Liability and/or Property Insurance with United States Liability Insurance Group and would like a quotation, please complete the following questions:

Applicant Name: _____

Section I: General Liability Insurance

- 1. (a) Does the Applicant use Independent Contractors? Yes No If Yes, please answer (b) and (c)
- (b) Is General Liability coverage to include Independent Contractors? Yes No
- (c) Number of Independent Contractors used: _____
- (d) Number of employed consultants/persons rendering professional services: _____
- 2. General Liability claims Paid or Pending during the last 5 years (by year): _____
- 3. Additional Insureds to be included (List name, address and relationship to Applicant): _____

Section II: Personal Property Insurance

- 4. (a) Personal Property Limit (at 80% Coinsurance/Replacement Cost): _____
- (b) EDP Equipment Limit \$ _____
- (c) Burglar Alarm Yes No Central Station Yes No
- Sprinklers Yes No Central Station Yes No
- Functional Fire/Smoke Alarms Yes No Central Station Yes No
- 5. Property Protection Class (1-10): _____
- 6. If located in first tier coastal county, distance from water (ocean, bay or inlet): _____
- 7. Property Claims Paid or Pending during last 5 years (by year): _____
- 8. Building Construction (please check one):
 - Frame - Bldg. is made from a wood frame (2x4's/veneers).
 - Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.
 - Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel.
 - Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls.

FRAUD STATEMENT: Any person who knowingly and with intent to defraud any Insurance Company or other person, 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

NOTICE TO APPLICANT

The undersigned declares that to the best of his/her knowledge and belief that the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. It is agreed that this Application shall be material to the contract should a policy be issued and it will be attached to and become a part of the policy.

Signature of Applicant: _____ Date: _____

Must be signed by a Principal, Partner or Officer of the Firm