



# EAZYPRO APPLICATION FORM FOR MISC E&O COVERAGE

This application form is for a "Claims Made" Insurance Policy.

Website Address: \_\_\_\_\_

Name of Applicant organisation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: **U.S.A.**

Structure of Organisation: (Select from Drop down list) \_\_\_\_\_

How many Employees: (Max 100) \_\_\_\_\_

Nature of Organisation: (Select from Drop down list) \_\_\_\_\_

Focus of Business: \_\_\_\_\_

Gross Fees for last year: \_\_\_\_\_

Gross Fees estimated for current year: (Max \$5MM) \_\_\_\_\_

When was the business established: (MM/YYYY) \_\_\_\_\_

Are any significant changes in the nature or size of the Applicant's business anticipated over the next 12 months and/or have there been any such changes in the past 12 months?:

YES \_\_\_\_ NO \_\_\_\_

In the past 24 months has the Applicant or any of its principals engaged in any business or profession other than what is an anticipated change in the nature of services and/or such a change in the last 12 months?:

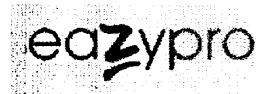
YES \_\_\_\_ NO \_\_\_\_

Does the Applicant have any contracts valued at USD 1,000,000 or above?:

YES \_\_\_\_ NO \_\_\_\_

Does the Applicant maintain and use written contracts with all of their clients?:

YES \_\_\_\_ NO \_\_\_\_



Describe any current insurance maintained. The Retroactive Date means the policy inception date for which the most recent main form application was attached.

Coverage Currently Maintained Limit \_\_\_\_\_

Retroactive Date (DD/MM/YYYY) \_\_\_\_\_

Does the Applicant organisation currently maintain a policy, covernote or certificate with any Underwriter at Lloyd's of London in respect of the above coverages (not including an EazyPro renewal)?

YES \_\_\_\_ NO \_\_\_\_

Has the Applicant organisation ever been the subject of, or involved in, any disciplinary or regulatory proceeding by any professional body or association or any regulatory or governmental agency?

YES \_\_\_\_ NO \_\_\_\_

Does any director, officer, employee or partner of the Applicant organisation have knowledge or information of any act, error, or situation which might reasonably be expected to give rise to a claim?

YES \_\_\_\_ NO \_\_\_\_

Has the Applicant organisation been party to any lawsuit or other legal proceeding within the past five years?

YES \_\_\_\_ NO \_\_\_\_

Has any claim or allegation of a nature for which coverage is now being sought been made against the Applicant organisation or any of its directors, officers, partners or employees in the last five years, whether covered under any preceding policy or not?

YES \_\_\_\_ NO \_\_\_\_

Has any errors and omissions or professional liability insurance ever been declined or cancelled?

YES \_\_\_\_ NO \_\_\_\_

I Agree to the Application Disclaimer

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE, THE INSURANCE, BUT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE APPLICANT FURTHER DECLARED THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORISATION OR AGREEMENT TO BIND THE INSURANCE.

NOTICE: IN CERTAIN STATES, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE



PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL  
THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I HAVE READ THE FOREGOING APPLICATION OF INSURANCE AND WARRANT THAT  
THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND  
CORRECT

SIGNATURE:

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SIGNED BY: (Please print name in full)

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DATE: \_\_\_\_\_