



One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

COVER-PROSM APPLICATION ORGANIC CERTIFYING ENTITIES SUPPLEMENT

NOTICE: This professional liability coverage is provided on a claims-made basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

SUBMISSION REQUIREMENTS

- Applicant Firm's **statement of qualifications** including resumes of all key (technical) personnel along with any available marketing material or company brochures
- A copy of the Applicant Firm's formalized **standard client contract**
- A copy of the outline from the Applicant Firm's **Quality Assurance / Quality Control (QA/QC) manual**

GENERAL INFORMATION

1. Name of the Applicant Firm:
2. Applicant principal location
Address:
City: State: Zip Code:
Website: E-mail address:
3. Date established: Telephone:
4. Describe the Applicant's nature of business:
5. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company? **If yes, please provide an explanation:** Yes No
6. Please list the address(es) of all branch offices and/or subsidiaries. Include a brief description of their operations and indicate if coverage is desired for these offices.
Branch Office(s):

Subsidiary(ies):

7. During the past five (5) years has the name of the Firm been changed or has (have) any other business(es) been acquired, merged into or consolidated with the Applicant Firm? **If yes, provide a complete explanation detailing any liabilities assumed.** Yes No

8. Staffing – Provide a breakdown of the Applicant’s staff into the following categories:
 a. Principals, Partners or Officers:
 b. Professionals (not included in a.):
 c. Support staff (including part-time):
 d. Part-time professionals (less than 20 hr/wk):
 e. Inspectors:
 f. Part-time inspectors (less than 20 hr/wk):
 TOTAL:

9. Which of the following inspections does the Applicant perform:
 Farm Crop Wild Crop Livestock and Dairy Processing

10. How many inspections does the Applicant average per year:
 Farm and Ranch: Processing:

11. Is the Applicant a member of the International Organic Inspector’s Association (IOIA)? Yes No

12. Has the Applicant, or any staff members, earned the IOIA accreditation (currently accredited)? Yes No

13. What inspector training and education has the Applicant and/or any of its staff members completed in the past three (3) years.

Course	Training Sponsor	Date

14. List the degrees earned by inspectors employed by the Applicant (excluding independent contractors):

Degree	School	Major	Year

15. Dates of the Applicant’s current fiscal period: From: To:

	PAST FISCAL YEAR	CURRENT FISCAL YEAR	ESTIMATE – NEXT YEAR
Total Gross Annual Revenue:	\$	\$	\$

16. Provide the percentage of the Applicant's gross annual revenue from the last fiscal period attributable to the following:
- Federal government: %
 - State, county or local government and agency thereof: %
 - Institutional (schools, hospitals, etc.): %
 - Lending Institutions: %
 - Manufacturing: %
 - Other (specify): %

17. Does the Applicant provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than three percent (3%) shareholder of said client? Yes No
- If yes, please provide the following:
- a. Client name:
 - b. Applicant's relationship with the client:
 - c. Approximate annual gross revenue generated from this client: \$

18. Were more than fifty percent (50%) of the Applicant's total gross annual billings for any one year derived from a single client or contract? Yes No
- If yes, provide the following:
- a. Client name:
 - b. Services rendered:
 - c. How long do you expect this relationship to continue:

19. Describe the Applicant's three (3) largest jobs or projects during the past three (3) years:

Client name: Services Rendered: Total gross billings: \$

Client name: Services Rendered: Total gross billings: \$

Client name: Services Rendered: Total gross billings: \$

21. Does the Applicant secure a written contract or agreement for every project? Yes No
 (Please attach a sample copy.)
- If no, provide the percentage of your gross annual revenue where a written contract is secured: %
- a. Does the Applicant's contract contain any of the following? (check all that apply)

Hold harmless or indemnification clauses in your favor	Guarantees or warranties
Hold harmless or indemnification clauses in your client's favor	Payment terms
A specific description of the services you will provide	

22. Describe steps taken to minimize/manage business risks:

23. Has any policy or application for similar insurance on your behalf or on the behalf of any of your principals, partners, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused? (Not applicable for Applicants in Missouri) If yes, provide details: Yes No

24. Does the Applicant currently carry Commercial General Liability insurance? Yes No

25. Please provide the following information on your professional liability (E&O) insurance for the past three (3) years:

Name of Insurer:		Limit of Liability: \$	
Deductible: \$	Premium: \$	Policy Period:	to
Name of Insurer:		Limit of Liability: \$	
Deductible: \$	Premium: \$	Policy Period:	to
Name of Insurer:		Limit of Liability: \$	
Deductible: \$	Premium: \$	Policy Period:	to
a.	Retroactive date on current policy:		

26. Have any claims, suits, or demands for arbitration been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? Yes No
If yes, complete a Claim Supplement form for each incident.

27. Having inquired all principals, partners and officers, are you aware of any act, error, omission, unresolved job dispute or any other circumstance that is or could be a basis for a claim under the proposed insurance? Yes No
If yes, complete a Claim Supplement form for each incident.

28. Please indicate the number of claim supplemental forms attached to this application:

With regard to questions 26. and 27., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

Coverage requested:

LIMIT OF LIABILITY:
 \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

Name (Please Print/Type)

Title
(MUST BE SIGNED BY A PRINCIPAL, PARTNER OR OFFICER)

Signature

Date

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date