



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

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? If yes, provide the following: Yes No
- 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? If yes, provide the following: Yes No
- 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? 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 STATEMENT

RESIDENTS OF MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

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