

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? 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."

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)

PI-PLSP-OCESUPP NC (11/11)

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