



Consultants Professional Liability Insurance Application

**NEW BUSINESS APPLICATION**

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| Notices: | | | | |
| Completion of this application will in no way be considered a binder of coverage, and Hiscox does not guarantee that a policy will actually be issued upon receipt of a completed application. Whoever fills out this application must be a principal, partner, director, officer, senior manager (or equivalent positions) authorized to do so and should make all the proper inquiries to answer the questions. The application should be completed for the applicant inclusive of every subsidiary or other affiliated company seeking coverage under the policy. | | | | |
| IF A POLICY IS ISSUED, IT WILL CONTAIN CLAIMS-MADE LIABILITY COVERAGE. CLAIMS-MADE COVERAGE APPLIES ONLY TO CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF PURCHASED, AND REPORTED IN ACCORDANCE WITH THE TERMS OF THE POLICY.  THIS APPLICATION IS FOR INSURANCE IN WHICH THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES WILL BE REDUCED AND MAY BE EXHAUSTED BY CLAIMS EXPENSES. FURTHERMORE, CLAIMS EXPENSES WILL BE APPLIED AGAINST THE RETENTION.  IF A POLICY IS ISSUED, READ THE POLICY AND THIS APPLICATION CAREFULLY AND CONSULT YOUR INSURANCE ADVISOR WITH ANY QUESTIONS. | | | | |
| You must read, complete, sign (or e-sign), and date the entire application form. If you are unable to fully complete, sign (or e-sign), and date, please submit additional details so that you may still be considered for coverage. | | | | |
| Please note:For purposes of this application, “you/your” includes the applicant and any other persons or entities seeking coverage under this insurance on whose behalf the Applicant is authorized to submit the following information. Loss and Claim have the meanings as defined in the policy form. If you do not have a copy of the policy form, please obtain from one your insurance advisor. | | | | |
| General Information: | | | | |
| Name of Applicant (include names of all subsidiaries or affiliated companies to be insured; attach a separate sheet, if necessary): | | | | |
| Headquarters Address: | | | | |
| Corporate Website Address: | | | | |
| Industry Group: | | | | |
| Industry : | | | | |
| Does your business or any of your clients’ business activities involve cannabis, gambling activities, or adult content? | | | Yes | No |
| Revenue (Prior Year End): | | | | |
| Insurance History: | | | | |
| We will match your existing professional liability policy’s retroactive date. Please input here: | | |  | |
|  | | | If you currently have full prior acts, please indicate here: | Full prior acts | |
|  | | | If no current coverage, please indicate here. Your retroactive date will be the inception date of this policy. | No current coverage | |
| Consulting Activities: | | | | |
| What kind of consulting work do you perform? Please select each applicable type of work that best describes your activities: | | | | |

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| Business | Construction | Education |
| Employee benefit plan/pension | Energy efficiency | Environmental |
| Financial | Franchise | Government affairs/public policy |
| Healthcare | Human resources | Intellectual property |
| Leadership | Lifestyle | Logistics |
| Management | Manufacturing | Media/branding |
| Mergers and acquisitions | Mining | Oil and gas |
| Other | Real estate | Regulatory/compliance |
| Relocation | Risk management/insurance | Safety |
| Scientific/technical | Valuations | Vocational |

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| Do you perform any of the following services? | | | | Yes | | | No | |
| a. | | Services as a depository institution (savings bank, commercial bank, savings and loan, credit union, or similar); investment bank, registered investment advisor (‘RIA’), securities underwriter, securities broker-dealer, or similar. | |  | | | | |
| b. | | Real estate consulting, development, sales, property management, auctioneering, or appraisal service. | |  | | | | |
| c. | | Franchise/area development or any similar franchising related consulting. | |  | | | | |
| d. | | Architect, engineer, or any related design services; Services as a general contractor, cost estimator, or construction manager. | |  | | | | |
| e. | | Medical or mental health services, or medical equipment/device consulting. | |  | | | | |
| f. | | Intellectual property, licensing, copyright/trademark, or patent consulting. | |  | | | | |
| g. | | Employee benefit plan/pension consulting, actuarial consulting, or similar. | |  | | | | |
| h. | | Mergers and acquisitions consulting, interim management, lending/financing consulting, bankruptcy consulting, or debt management services. | |  | | | | |
| i. | | Aerospace or automotive consulting. | |  | | | | |
| j. | | Firearms/weapons/security training or consulting; Security guard services. | |  | | | | |
| k. | | Manufacturing consulting or sales representative services. | |  | | | | |
| l. | | Execution of environmental remediation plans, or any similar services. | |  | | | | |
| m. | | Services for any long term care facilities, including assisted living facilities, nursing homes, or hospice care. | |  | | | | |
| n. | | Safety/OSHA consulting, insurance or risk management consulting. | |  | | | | |
| Safety Consulting Activities: | | | | | | | | |
| *Section should only be completed if you perform safety consulting services.* | | | | | | | | |
| Please indicate if you or any of your clients work in any of the following areas or industries: | | | Yes | | | No | | |
| a. | | Aerospace or aviation; | |  | | | | |
| b. | | Amusement tides, pools, or playgrounds; | |  | | | | |
| c. | | Bridges, dams, harbors, mines, piers, or tunnels; | |  | | | | |
| d. | | Oil, gas, petroleum, or mining; | |  | | | | |
| e. | | Railroads; or | |  | | | | |
| f. | | Underground storage tanks, utilities, or confined spaces. | |  | | | | |
| Please indicate if you or any of your clients work in any of the following areas or industries: | | | Yes | | | No | | |
| a. | | Construction sites; | |  | | | | |
| b. | | Food or drug processing; | |  | | | | |
| c. | | Foundation, sheeting, or retaining walls; or | |  | | | | |
| d. | | Hazardous wastes. | |  | | | | |
| Do you perform safety consulting work for an affiliated entity? | | | Yes | | | No | | |
| Do you perform any of the following services? | | | | Yes | | | No | |
| a. | | Services as a depository institution (savings bank, commercial bank, savings and loan, credit union, or similar); investment bank, registered investment advisor (‘RIA’), securities underwriter, securities broker-dealer, or similar. | |  | | | | |
| b. | | Real estate consulting, development, sales, property management, auctioneering, or appraisal service. | |  | | | | |
| c. | | Franchise/area development or any similar franchising related consulting; | |  | | | | |
| d. | | Architect, engineer, or any related design services; Services as a general contractor, cost estimator, or construction manager. | |  | | | | |
| e. | | Medical or mental health services, or medical equipment/device consulting. | |  | | | | |
| f. | | Intellectual property, licensing, copyright/trademark, or patent consulting. | |  | | | | |
| g. | | Employee benefit plan/pension consulting, actuarial consulting, or similar. | |  | | | | |
| h. | | Mergers and acquisitions consulting, interim management, lending/financing consulting, bankruptcy consulting, or debt management services. | |  | | | | |
| i. | | Aerospace or automotive consulting. | |  | | | | |
| j. | | Firearms/weapons/security training or consulting; Security guard services. | |  | | | | |
| k. | | Manufacturing consulting or sales representative services. | |  | | | | |
| l. | | Execution of environmental remediation plans, or any similar services. | |  | | | | |
| m. | | Services for any long term care facilities, including assisted living facilities, nursing homes, or hospice care. | |  | | | | |
| Claims Details: | | | | | | | | |
| In the past five years, have any claims or regulatory or legal actions been brought against you related to an actual or alleged error or omission in your consulting services, including but not limited to negligence, misrepresentation, bodily injury, or property damage? | | | | Yes | | | No | |
|  | | If Yes, do you have any open claims or have you had any claims exceed $25,000? | | Yes | | No | | |
| After the appropriate investigations, are you aware of any fact, circumstance, allegation, or incident that could reasonably give rise to a claim or legal or regulatory action against you? | | | | Yes | | | No | |
| **APPLICATION DISCLOSURES**:  If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing. In such case, we have the right to cancel, withdraw, or modify any outstanding quote for insurance coverage or any policy that may have been issued.  Your submission of this Application does not obligate us to issue, or require you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.  All written statements and materials provided to us in conjunction with this Application are incorporated into this Application and made a part of it.  The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this Application are true, accurate, and complete. The undersigned agrees that we will rely on this Application in issuing any insurance policy providing the requested coverage, and that this Application will form the basis of any such insurance policy.  **You may choose to sign this form electronically by selecting the application agreement check box** **. If you elect to do so, you hereby consent and agree that such action constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.. If you choose to otherwise sign the form by hand, please print the completed form and then sign and forward the document to your broker by email or mail.**  **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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.  **NOTICE TO NEW YORK 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. | | | | | | | | | |

**Applicant Information**:

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| Applicant Name: |  |
|  |  |
| By (Authorized Signature): |  |
|  |  |
| Name/Title: |  |
|  |  |
| Date: |  |
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**Producer Information**:

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| Producer Name: |  | | |
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| Date: |  | | |
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| Address of Producer: | Street: | | |
|  | City: | State: | Zip: |
|  | E-Mail Address: | | |
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