



PROFESSIONAL INDEMNITY AGENCY, INC.  
 PROFESSIONAL INTERMEDIARIES ASSOCIATES, INC.  
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**APPLICATION FOR PROFESSIONAL LIABILITY ERRORS & OMISSIONS INSURANCE**

**IF COVERAGE IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS**

**NOTICE: THIS INSURANCE COVERAGE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

1. NAME OF APPLICANT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

2. LIMIT OF LIABILITY DESIRED:  
 \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_ \$2,000,000 \_\_\_\_\_ Other \_\_\_\_\_

3. DEDUCTIBLE:  
 \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$25,000 \_\_\_\_\_ Other \_\_\_\_\_

4. Please describe in detail the professional activities for which coverage is desired:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Is the applicant engaged in any business or profession other than as described in Item 4? \_\_\_\_\_  
 If yes, please attach an explanation and estimated revenues.

6. List the total gross revenues for the past two years derived from those activities in Question 4. In addition, please list projected revenues for the current year.

YEAR	AMOUNT
a) Current Projected	\$ _____
b) _____	\$ _____
c) _____	\$ _____