



**SHAND MORAHAN
& COMPANY, INC.**

Shand Morahan Plaza, Evanston, Illinois 60201
(847) 868-2600 Fax (847) 868-0966
Underwriting Manager - A Market Company

**APPLICATION FOR SERVICE AND
TECHNICAL PROFESSIONAL
LIABILITY INSURANCE**

**(CLAIMS MADE AND REPORTED
BASIS)**

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ THE STATEMENTS AT THE END OF THIS APPLICATION CAREFULLY
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION	
a. Full name of applicant: _____	
b. Principal office address: _____	
c. Number of Employees: Full time _____ Part time _____ Seasonal _____ Total _____	
d. <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
e. Are you interested in General Liability Coverage (additional premium is charged)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
f. Limits requested: _____ Each Claim/Aggregate (500,000 or 1,000,000) Deductible: <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000	
g. Current Carrier: _____ Retro Date: _____ Expiration Date: _____	
2. APPLICANT OPERATIONS	i. Does your profession involve financial advising or asset management? <input type="checkbox"/> Yes <input type="checkbox"/> No
a. Description of Professional Services (feel free to attach a brochure or other descriptive literature): _____	j. Do you or any of your employees hold professional licenses or certification? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you engage in professional activities not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	k. Do your computer systems store a four-digit year? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please attach a description of corrective measures taken and anticipated resolution date. Are you, in the course of your business, working to solve the "year 2,000" problem as a consultant/advisor/as part of your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what percentage of your work is involved? _____ %
c. Gross receipts for current year \$ _____ Estimated gross receipts for subsequent year \$ _____	3. APPLICANT HISTORY / CLAIMS
d. Are there any other entities that you own? <input type="checkbox"/> Yes <input type="checkbox"/> No	a. Number of years in business under present name: _____ (If less than 2 years, please attach a resume for yourself, partners and key employees.)
e. Do you operate without a written contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Have any liability claims been made in the past 5 years arising out of the conduct of your business? <input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you hold your customers harmless? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Do you know of any circumstance in the past 5 years that may lead to a claim against your business? <input type="checkbox"/> Yes <input type="checkbox"/> No
g. Is your liability limited by contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
h. Is your firm involved in construction, fabrication, or production activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	