



State National Insurance Company, Inc.  
Administered by Hiscox Inc.

**HISCOX SPECIFIED PROFESSIONS ERRORS AND OMISSIONS PROGRAM**

**APPLICATION**

If coverage is issued, it will be on a claims-made basis.

**Notice: Unless the claim expenses outside the limit option is required to be included by the relevant state regulation or is selected by the applicant, this insurance coverage provides that the limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for claim expenses. Further note that amounts incurred for claim expenses shall be applied against the retention amount.**

1. Name of applicant:

Address:

2. a. Limit of liability desired: Base limits are \$100,000 per claim and aggregate.

Per claim: Base  \$250,000  \$500,000   
 \$1,000,000  Other: \_\_\_\_\_   
 Aggregate: Base  \$250,000  \$500,000   
 \$1,000,000  Other: \_\_\_\_\_

b. Is claim expenses outside the limit cover required? YES  NO

**Note:** Base rates contemplate claim expenses inside the limit. However, where the applicant elects for claim expenses outside the limit or in states where claim expenses outside the limit is a regulatory requirement, an additional premium will be applied. Where claim expenses outside the limit is included, the applicable limit for claim expenses outside the limit cover will be an additional limit of a similar magnitude to that selected for the E&O cover.

3. Retention desired: \$

Standard retention is determined by size of total gross receipts. A premium adjustment will be made for optional alternate retention.

Gross Receipts			
Retention	Less than \$1,000,000	\$1,000,001 to \$3,000,000	Greater than \$3,000,001
Zero	Optional	N/A	N/A
\$1,000	Standard	Optional	N/A
\$2,500	Optional	Standard	Optional
\$5,000	Optional	Optional	Standard
\$10,000	Optional	Optional	Optional
\$25,000	N/A	Optional	Optional

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



State National Insurance Company, Inc.  
Administered by **Hiscox Inc.**

**HISCOX SPECIFIED PROFESSIONS ERRORS AND OMISSIONS PROGRAM**

5. Is the applicant engaged in any business or profession other than as described in Question 4? YES  NO   
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.	\$

7. a. For the revenues listed in question 6.a., please give the approximate percentage derived from each of the activities listed in Question 4:

Activity	% of 6.a. receipts
	%
	%
	%
	%

b. What percentage of the applicant's gross revenues are earned from outside the USA?  %

8. Applicant is:  
Corporation  Partnership  Individual

9. Year Established:

10. Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company? YES  NO   
If YES, attach an explanation.

Are any activities listed in Question 4 provided to such business enterprise? YES  NO

11. a. Number of principals, partners, officers and professional employees directly engaged in providing services to clients:

b. Number of non-professional employees (clerks, secretaries, etc.):

12. Please provide the following:

Name in full of ALL Partners/ Principals/Key Employees	Professional Qualifications	Date Qualified	How long in Practice?	How Long as Partner/ Principal?



State National Insurance Company, Inc.  
Administered by Hiscox Inc.

**HISCOX SPECIFIED PROFESSIONS ERRORS AND OMISSIONS PROGRAM**

13. To what professional association(s) does the Applicant Firm belong?

[Empty text box for professional association(s)]

14. Please include a list of Applicant Firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

Project/Client Name	Nature of the Services	Revenue Obtained

15. a. Does the Applicant Firm use a written contract with client:

In all cases  Sometimes  Never

Please attach a copy of your standard contract(s).

b. Does the Applicant Firm have a loss control program?

YES  NO

If YES, please attach details.

16. What percentage of the Applicant Firm's business involves subcontracting of work to others?

%

Does the Applicant Firm provide professional services to business entities in which it retains an ownership interest?

YES  NO

If YES, please explain:

[Empty text box for explanation]

17. Has any similar insurance ever been declined or cancelled?

YES  NO

If YES, please attach explanation.

18. Is similar insurance currently in force?

YES  NO

If YES, please provide:

Description of services being covered:

[Empty text box for description of services]

Name of Insurer:

Expiration Date:

Prior Acts/Retro. Date:



State National Insurance Company, Inc.  
Administered by Hiscox Inc.

**HISCOX SPECIFIED PROFESSIONS ERRORS AND OMISSIONS PROGRAM**

Limit: \$ [ ] Retention: \$ [ ] Premium: \$ [ ]

Length of time coverage has been in force: [ ]

- 19. Attach most recent audited financial statements (or recent tax returns) and descriptive or promotional materials.
  - a. Estimated Gross receipts for current fiscal period: \$ [ ]
  - b. Estimated Cost of Goods Sold for current fiscal period: \$ [ ]

- 20. Have any of the individuals listed in question No.12 ever been the subject of disciplinary action by authorities as a result of their professional activities? YES  NO

If YES, please explain:

- 21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her? YES  NO   
If YES, please complete a Supplemental Claim Information form for each.

- 22. After inquiry have any claims been made against any proposed Insured(s) during the past five (5) years? YES  NO   
If YES, please complete a supplemental Claims Information form for each claim.  
How many claims have been made in the last five (5) years? [ ]

It is understood and agreed that with respect to questions 20, 21 and 22, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

**NOTICE TO ALASKA RESIDENT APPLICANTS:** A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

**NOTICE TO ARKANSAS RESIDENT APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA RESIDENT APPLICANTS:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NOTICE TO COLORADO RESIDENT APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.



State National Insurance Company, Inc.  
Administered by **Hiscox Inc.**

## **HISCOX SPECIFIED PROFESSIONS ERRORS AND OMISSIONS PROGRAM**

**NOTICE TO DELAWARE RESIDENT APPLICANTS:** Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO DISTRICT OF COLUMBIA RESIDENT APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA RESIDENT APPLICANTS:** Any person who knowingly, and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII RESIDENT APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines, imprisonment or both.

**NOTICE TO IDAHO RESIDENT APPLICANTS:** Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO INDIANA RESIDENT APPLICANTS:** A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

**NOTICE TO KENTUCKY RESIDENT APPLICANTS:** Any person who knowingly and with the intent to defraud an 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.

**NOTICE TO LOUISIANA, MAINE AND TENNESSEE RESIDENT APPLICANTS:** Any person who knowingly and with the intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.

**NOTICE TO MINNESOTA RESIDENT APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEBRASKA RESIDENT APPLICANTS:** Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEVADA RESIDENT APPLICANTS:** Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**NOTICE TO NEW HAMPSHIRE RESIDENT APPLICANTS:** Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NOTICE TO NEW JERSEY RESIDENT APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO RESIDENT APPLICANTS:** Any person who knowingly presents a false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK RESIDENT APPLICANTS:** Any persons who knowingly and with the 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.



State National Insurance Company, Inc.  
Administered by Hiscox Inc.

**HISCOX SPECIFIED PROFESSIONS ERRORS AND OMISSIONS PROGRAM**

**NOTICE TO OHIO RESIDENT APPLICANTS:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA RESIDENT APPLICANTS:** WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of a n insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA RESIDENT APPLICANTS:** Any person who knowingly and with the 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 thereto commits a fraudulent insurance act , which is a crime and subjects such a person to criminal and civil penalties.

**NOTICE TO UTAH RESIDENT APPLICANTS:** For your protection, Utah law requires the following to be included in this application: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VIRGINIA RESIDENT 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA RESIDENT APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The Applicant hereby acknowledges that he/she/it is aware that, unless the claim expenses outside the limit is required to be included by the relevant state regulation or is selected by the applicant, the limit of liability available to pay judgements or settlements shall be reduced, and may be completely exhausted, by claim expenses and, in such event, the **company** shall not be liable for claim expenses or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that claim expenses that are incurred shall be applied against the retention amount.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Company.

[Signature box]

[Date box]

Signature of person authorized to execute on behalf of the applicant:

Date:

This Application Form duly completed, together with any supplementary information, must be signed in ink by the person indicated.

Signing of this form does not bind the Applicant or the Company to complete the insurance.

**A copy of this application should be retained for your records.**