

CID Insurance Programs Inc. DBA CID Insurance Services

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

APPLICATION FOR MISCELLANEOUS PROFESSIONAL LIABILITY

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE EXPENSES, AND THAT DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Applicant Firm Name: _____ Telephone #: _____
Contact Person Mr./Ms. _____ Fax#: _____
Principal business address: _____
City: _____ State: _____ Zip Code: _____
Email address: _____ Website: _____

2. Limits of Liability desired:
\$ _____ each Claim or Related Claims
\$ _____ aggregate for all claims

3. Deductible desired:
 \$2,500 \$5,000 \$10,000 \$25,000 Other

4. Applicant is: Individual Corporation Partnership LLC

Year established: _____ If less than five years, please attach resumes of all principals.

Please describe in detail the professional services for which coverage is desired:

Is the Applicant engaged in any business or profession other than as described above?

Yes No

If "Yes", please attach an explanation and estimated revenues.

5. Please indicate the total annual gross revenues derived from the services described in Question 6 for the past three years and the projected revenues for the current year:

	YEAR	REVENUE
a)	Current	\$ _____ (estimated)
b)	_____	\$ _____
c)	_____	\$ _____
d)	_____	\$ _____

6. For the revenue listed in Question 5a, please indicate the approximate percentage derived from each of the services listed in Question 6:

SERVICE	PERCENTAGE OF REVENUE
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

7. Is the Applicant controlled or owned by or associated or affiliated with, or does it own, any other firm or business enterprise? Yes No

If "Yes", please attach an explanation and indicate if any services described in Question 6 are provided to such firm or business enterprise.

8. During the past five years, has the Applicant's name been changed, or has the Applicant purchased, merged or consolidated with any other business or has the Applicant been purchased? Yes No

If "Yes", please attach an explanation.

9. Are any changes in the nature or size of the Applicant's business anticipated over the next 24 months? Yes No

If "Yes", please attach an explanation. Changes in size of less than 25% need not be explained.

10. Please indicate the number of:

a) Principals, partners, officers and professional employees directly engaged in providing services to clients: _____

b) All other (non-professional/clerkal) employees: _____

11. Please list professional associations to which the Applicant belongs:

12. Please provide the following:

NAMES OF ALL PARTNERS, PRINCIPALS AND KEY APPLICANT EMPLOYEES	PROFESSIONAL QUALIFICATIONS or DESIGNATIONS	# OF YEARS IN PRACTICE

13. Has the Applicant provided services to any governmental entities? Yes No
 If "Yes", please attach an explanation.

14. Has the Applicant provided services to any employee benefit plans, including any pension plans, or does it plan to do so? Yes No
 If "Yes", please attach an explanation.

15. Has the Applicant provided services to any bank, savings and loan or other financial institution, or does it plan to do so? Yes No
 If "Yes", please attach an explanation.

16. Please indicate the Applicant's five largest jobs/projects during the past three years, showing client's name, services provided and gross revenues for each:

CLIENT	SERVICE	REVENUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Does any director, officer, employee, or partner of the Applicant serve on the board of directors of any client of the Applicant? Yes No
 If "Yes", please attach an explanation.

18. Does the Applicant use a written contract with the clients? In all cases Sometimes Never
 Please attach samples copies of all types.

19. Does the Applicant subcontract work to others? Yes No
 If "Yes", please attach an explanation.

20. Does the Applicant have a written procedural manual for employees to follow? Yes No

21. Does the Applicant have a formalized training program for newly hired employees? Yes No

22. Please attach the Applicant's most recent annual report/financial statement.

23. Has any errors and omissions or professional liability insurance ever been declined or cancelled? Yes No
 If "Yes", please attach an explanation.

24. Is any errors and omissions or professional liability insurance currently in force? Yes No
 If "Yes", please indicate: _____

From	To	Insurance Company	Limits of Liability	Deductible	Premium
	to				
	to				
	to				
	to				
	to				

- a. Retroactive date of current policy: _____
- b. Has the firm ever purchased an extended reporting period endorsement ("tail coverage")? Yes No
 If "Yes", please advise effective date and expiration date: _____

25. Does any director, officer, employee or partner of the Applicant have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim?

Yes No

If "Yes", please attach an explanation.

26. Has the Applicant or any director, officer, employee or partner of the Applicant ever been the subject of disciplinary action as a result of professional activities?

Yes No

If "Yes", please attach an explanation.

27. Please attach a list and status of all errors and omission claims made during the past five years against the Applicant or any director, officer, employee or partner of the Applicant.

If none, please check here: None

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. The policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to any insurance company. Such acts can result in fines, penalties, imprisonment and loss of insurance coverage.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant's Name:	Signature
Title:	Date: