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AXIS PRO® MPL SOLUTIONS APPLICATION

WHAT THE APPLICANT SHOULD KNOW ABOUT THIS APPLICATION:

CLAIMS MADE POLICY –
This application is for a CLAIMS MADE POLICY. Claims made coverage applies only to those claims that are first made during the policy period and result from wrongful acts committed after the Retroactive Date stated in the policy, if issued.

DEFINITIONS –
The words "the **Company**", whenever used in this application, refer to the Insurance Company offering the claims made policy.

The words "the **Applicant**", in this application, refer individually and collectively to:

1. The corporation(s), partnership(s) and/or sole proprietorship(s) for which coverage is desired;
2. Each person who is an officer, director, owner, partner or employee of the firms listed in Item 1. above.

RETENTION –
The coverage the **Applicant** is applying for includes a retention applying to each wrongful act and applies to any combination of damages and claim expenses.

CLAIM EXPENSES WITHIN LIMIT -
The policy form for which the **Applicant** is applying contains a provision that reduces the total limit of insurance stated in the policy by the amount of claim expenses paid by the **Company**.

APPLICATION FORMS PART OF POLICY –
The **Applicant's** submission of this application does not obligate the **Applicant** to buy insurance nor is the **Company** obligated to sell insurance or to offer insurance upon any specific terms requested. If coverage is effected, this application containing the **Applicant's** statements and answers will attach to and form a part of the policy. If coverage is offered or bound, any false or incorrect statements or answers, which may have affected the **Company's** decision to offer or bind coverage, could result in the offer being retracted or coverage being voided.

INSTRUCTIONS:
The purpose of this application is not only to provide the **Company** with underwriting and rating information, but more importantly, to help make certain the **Applicant** and the **Company** have a common understanding about what the policy, if issued, will cover and what it will not. Thank you for taking the time to provide us with accurate information.

1. Answer all questions. If any question does not apply, explain why not.
2. If space is insufficient, continue answers on the **Applicant's** letterhead.
3. The application must be signed and dated by a principal, partner, officer or director of the firm.
4. Attach:
   - A recent brochure or similar materials describing activities or services;
   - The **Applicant's** most recent financial statement or annual report;
   - Copies of standard contracts the **Applicant** enters into with clients; and
   - Any other forms or materials, which will provide the underwriter with information about the services the **Applicant** performs.

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PROPOSED INSURED (APPLICANT):

1. Name of the **Applicant's** firm: _____
   Street Address: _____
   City, State, Zip Code: _____ Telephone No.: _____
   Website address(es): _____

2. A. Provide the date the **Applicant's** firm was established: _____
   B. Geographic area in which the **Applicant** provides service(s):
   ☐ Local ☐ Regional (Multi-State) ☐ National ☐ International

3. Is the **Applicant** owned by, or affiliated with other companies, or does the **Applicant** have any subsidiaries? ☐ Yes ☐ No
   A. If yes, advise who they are: _____
   B. For which of these does the **Applicant** wish to extend coverage? _____

4. A. Within the past five years, has the **Applicant** changed its name, acquired any business, or has the **Applicant** merged or consolidated with any entity? ☐ Yes ☐ No
   If yes, provide the following information:

NAME OF ENTITY	*DATE OF TRANSACTION*	*TYPE OF TRANSACTION (ACQUISITION, MERGER OR CONSOLIDATION)*

   B. In any of the transactions listed in 4.A. above, did the **Applicant** assume the liabilities (i.e. responsibility for prior acts) of the acquired, merged or consolidated entity? ☐ Yes ☐ No
   If yes, provide details of the liability(ies) assumed: _____

5. A. Provide the number of the **Applicant's**:
   principals, partners or officers: _____
   technical personnel: _____
   clerical personnel: _____
   B. List the qualifications of key personnel or attach experience résumés of each: _____
   C. List professional societies and trade associations relating to the services to be insured in which the **Applicant** or any of the **Applicant's** officers are a member: _____
   D. Does the **Applicant** have any certified or licensed professionals on staff (i.e. architect, engineer, medical practitioner, attorney, CPA, actuary or insurance agent or broker, etc.)? ☐ Yes ☐ No
   If yes, what services are they providing? _____

OPERATIONS:

6. A. Describe the services the **Applicant** provides that the **Applicant** wishes to insure (Attach company brochures, advertising materials, etc. that describe these services.) _____
   B. Does the **Applicant** use independent contractors or subcontractors for the services described in A. above? ☐ Yes ☐ No
   If yes, describe the services they provide and the estimated percentage of time used: _____

7. Briefly describe the **Applicant's** five largest jobs or projects during the past five years:

	CLIENT	REVENUE	SERVICE(S) PERFORMED
1.		$	
2.		$	
3.		$	
4.		$	
5.		$	

8. A. What does the **Applicant** see as its potential exposure to E&O claims? _____
   B. What safeguards or procedures does the **Applicant** employ to avoid these claims or reduce these exposures? _____

9. A. Does the **Applicant** use a written contract or agreement describing the services it will provide? ☐ Yes ☐ No
   If yes, attach representative contracts, work orders, license agreements or letters of agreement the **Applicant** uses with its clients. If no, explain how the **Applicant** reaches agreement with its clients regarding the services to be insured: _____
   B. Percentage of time agreements in 9.A. above are used: _____%

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C. Do the **Applicant's** contracts contain the following:

hold harmless or indemnity agreement inuring to the **Applicant's** benefit?	☐ Yes ☐ No
hold harmless or indemnity agreement inuring to the **Applicant's** client's benefit?	☐ Yes ☐ No
guarantees or warranties?	☐ Yes ☐ No
disclaimer inuring to the **Applicant's** benefit?	☐ Yes ☐ No

D. Has a law firm experienced in the **Applicant's** field reviewed its:

contracts? ☐ Yes ☐ No
procedures? ☐ Yes ☐ No

10. Provide the following information regarding the **Applicant's** income:

	Past 12 Months	Current 12 Months	Estimate for Coming Year
Domestic Operations Gross billings, sales, fees, commissions (circle the applicable basis)	$_____	$_____	$_____
Foreign Operations Gross billings, sales, fees, commissions (circle the applicable basis)	$_____	$_____	$_____

CLAIM EXPERIENCE:

11. A. Have any claims, suits or proceedings been made during the past five years against the **Applicant** or any of the **Applicant's** predecessors in business, subsidiaries or affiliates or against any of their past or present partners, owners, officers, sales persons or employees? ☐ Yes ☐ No If yes, complete a Supplemental Claim Information form for each.

The policy for which the Applicant is applying, if issued, will not insure any claims, suits or proceedings made against the Applicant before the inception date of the policy or any subsequent claims, suits or proceedings arising therefrom.

B. Is the **Applicant** aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against the **Applicant** or any of the persons or entities described in 11.A. above? ☐ Yes ☐ No If yes, please explain: _____

The policy for which the Applicant is applying, if issued, will not insure any claims that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission known to the Applicant before the inception date of the policy.

12. Has the **Applicant** or any of the **Applicant's** predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of your or their activities? ☐ Yes ☐ No If yes, please explain: _____

PRIOR OR CURRENT COVERAGE:

13. A. Provide the following information for similar insurance, if any, carried during the last five years:

COMPANY	LIMIT	DEDUCTIBLE	PREMIUM	POLICY TERM

B. Advise current retroactive date (if claims made): _____

14. Provide the following information for **General Liability** coverage currently in force:

COMPANY	LIMIT	DEDUCTIBLE	POLICY TERM

Does the policy above include coverage for Products/Completed Operations Hazards? ☐ Yes ☐ No

15. Limit of Liability desired: $_____
Retention: $_____

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REPRESENTATIONS:

By signing this application, the Applicant agrees that:

1. The statements and answers given in this application and any attachments to it are accurate and complete;
2. The statements and answers the **Applicant** furnishes to the **Company** are representations the **Applicant** makes to the **Company** on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the **Company** to provide a proposal for insurance;
4. Any policy the **Company** issues will be issued in reliance upon those representations;
5. The **Applicant** will report to the **Company** immediately, in writing, any material change in the **Applicant's** operations, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
6. The **Company** reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the **Company** has offered.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

***NAME** (type or print)* ***NAME** (signature of Authorized Representative)*

TITLE ***DATE***

TO BE COMPLETED BY PRODUCER(S) ONLY:

RETAIL PRODUCER:		***WHOLESALE PRODUCER:***	
Producer Name:	_____	***Producer Name:***	_____
City, State:	_____	***City, State:***	_____
Telephone No.:	_____	***Telephone No.:***	_____

BROKER/AGENT SIGNATURE (NEW HAMPSHIRE): _____

NOTICE TO ALABAMA APPLICANTS:
ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:
ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENT FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO 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 POLICYHOLDER 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:
WARNING: 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, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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NOTICE TO FLORIDA APPLICANTS:
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS:
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF, AN INSURANCE POLICY OR STATEMENT OF CLAIM OR ANY WRITTEN STATEMENT 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 SUBJECTS THE PERSON TO CRIMINAL PENALTIES.

NOTICE TO KENTUCKY APPLICANTS:
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS:
ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY 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 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 CIVIL FINES AND CRIMINAL 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.

NOTICE TO OHIO APPLICANTS:
ANY PERSON WHO, WITH 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 APPLICANTS:
WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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NOTICE TO OREGON APPLICANTS:
ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

IN ORDER FOR US TO DENY A CLAIM ON THE BASIS OF MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART, WE MUST SHOW THAT:

A. THE MISINFORMATION IS MATERIAL TO THE CONTENT OF THE POLICY;
B. WE RELIED UPON THE MISINFORMATION; AND
C. THE INFORMATION WAS EITHER:
    1. MATERIAL TO THE RISK ASSUMED BY US; OR
    2. PROVIDED FRAUDULENTLY.

FOR REMEDIES OTHER THAN THE DENIAL OF A CLAIM, MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART MUST EITHER BE FRAUDULENT OR MATERIAL TO OUR INTERESTS.

WITH REGARD TO FIRE INSURANCE, IN ORDER TO TRIGGER THE RIGHT TO REMEDY, MATERIAL MISREPRESENTATIONS MUST BE WILLFUL OR INTENTIONAL.

MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART ARE NOT FRAUDULENT UNLESS THEY ARE MADE WITH THE INTENT TO KNOWINGLY DEFRAUD.

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PUERTO RICO APPLICANTS:
ANY PERSON WHO KNOWINGLY AND WITH THE INTENTION OF DEFRAUDING PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND DOLLARS ($5,000) AND NOT MORE THAN TEN THOUSAND DOLLARS ($10,000), OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. SHOULD AGGRAVATING CIRCUMSTANCES BE PRESENT, THE PENALTY THUS ESTABLISHED MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS, IF EXTENUATING CIRCUMSTANCES ARE PRESENT, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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.

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