



**PROFESSIONAL LIABILITY PROPOSAL FORM**

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Internet Web site address: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Years in Operation: \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Number of business locations: \_\_\_\_\_

1. Total number of:  
 (a) full time employees: \_\_\_\_\_ (b) part time employees: \_\_\_\_\_ (c) leased/contract employees: \_\_\_\_\_

2. Does the Company make use of independent contractors? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If "Yes"**, what percent of revenues are derived from their use? \_\_\_\_\_

3. Total revenues for the most recent year-end: \_\_\_\_\_ Expected revenues for current year: \_\_\_\_\_

4. Are there any planned transactions or events that would significantly increase the number of employees  Yes  No  
 stated above?  
**If "Yes"**, provide details in an attachment to this Proposal Form.

5. In the past 3 years have there been any changes in ownership or company name?  Yes  No  
**If "Yes"**, provide details in an attachment to this Proposal Form.

6. List the firm's largest project during the last 2 years in terms of revenue generated.

Client/Project Name	Description of Services	Revenue to Company
_____	_____	_____

7. Is any professional in your Company a member of a professional association relevant to the services provided by the Company?  
**If "Yes"**, provide details in an attachment to this Proposal Form.

8. Please check the services provided by the company and the approximate gross revenue derived from each last year.

___ Occupational Safety _____ ___ Fire Protection Engineering _____ ___ Design Failure Testing _____ ___ Environmental / Pollution _____ ___ Phase I _____ ___ Phase II _____ ___ Phase III _____	___ Risk Management _____ ___ Industrial Hygiene _____ ___ Mechanical Design & Planning _____ ___ Other (explain) _____
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9. In the past 3 years has the Company been involved in any Superfund or other government agency work?  Yes  No  
**If "Yes"**, provide details in an attachment to this Proposal Form.

10. a. What percentage of services are performed pursuant to written contracts or agreements? \_\_\_\_\_  
Please provide a copy of such contract or agreement as an attachment to this Proposal Form.
- b. Does the Company make use of disclaimers in documents provided to customers or clients  Yes  No
11. a. Do you use a standard proposal letter? If “Yes”, please attach a copy.  Yes  No
- b. Do you ever deviate from your standard proposal letter or contract? If “Yes”, please provide a detailed explanation or copies of the deviations.  Yes  No
12. a. Do you accept assignments that require you (or your designee) to be on site for the duration of a project?  Yes  No
- b. Do you accept project safety management assignments?  Yes  No
- A “Yes” response to either number 11. or 12. will necessitate the completion of a supplemental application.

13. Please set forth the following information with respect to all owners, officers, practicing consultants and technical staff:

Name	Position / Title	Licenses	# of yrs licensed	# of yrs w/ Co.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Have there been during the last five years, or are there now pending, any allegations of errors and omissions in the performance of professional services contained in any civil, criminal, administrative or arbitration proceedings brought against:
- (a) the Company or its Subsidiaries?  Yes  No
- (b) any person proposed for this insurance in their capacity as an employee of the Company?  Yes  No
- If “Yes” to either of the above**, in an attachment to this Proposal Form, provide details including the nature of the allegations, the date the proceeding was initiated, the current status, and loss (including defense costs) incurred.

**IT IS AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING DESCRIBED IN 14. ABOVE IS EXCLUDED FROM THE PROPOSED COVERAGE.**

15. Is the undersigned or any other person proposed for this insurance aware of any fact, circumstance or situation involving the Company or its Subsidiaries or any employees of the Company or its Subsidiaries which he or she has reason to believe might result in any future Claim under the Policy to which this Proposal Form will be attached?  Yes  No
- If “Yes”, please provide details in an attachment to this Proposal Form.**

**IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.**

16. Current or prior Professional Liability Insurance (stand-alone or incorporated into some other coverage):

Insurer	Limit	Retention	Premium	Policy Period
_____	_____	_____	_____	_____

- (a) has any claim been made or has any notice been given to any insurer?  Not Applicable  Yes  No

**NOTE: MISSOURI RESIDENTS ARE NOT REQUIRED TO ANSWER THE FOLLOWING QUESTION.**

- (b) has any insurer cancelled or non-renewed the above coverage?  Not Applicable  Yes  No

**If “Yes” to any of the above**, provide details in an attachment to this Proposal Form.

The undersigned Officer of the Company declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

It is agreed by the Company and the Insured Persons that the particulars and statements contained in this Proposal Form and any information provided herewith (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further understood and agreed by the Company and the Insured Persons that the statements in this Proposal Form or any information provided herewith are their representations, they are material, and this Policy is issued in reliance upon the truth of such representations; provided, however, that except for material facts or circumstances known to the person who signed this Proposal Form, any misstatement or omission in this Proposal Form or information provided herewith in respect of a specific Wrongful Act by a particular Insured Person or his or her cognizance of any matter which he or she has reason to believe might afford grounds for a future Claim against him or her shall not be imputed to any other Insured for purposes of determining the validity of this Policy as to such other Insured.

**This Proposal Form must be signed by the Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer of the Company.**

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Signature	Title	Date
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Please include a copy of the Company's most recent annual report for the Company. This material will be considered part of the Proposal Form.

**NOTE:** This Proposal Form including any material submitted herewith shall be treated in strictest confidence.

Please submit this Proposal Form including appropriate documentation to:

Great American Insurance Companies, Executive Liability Division, P.O. Box 66943, Chicago, IL 60666