



PAPERLESS INSURANCE SERVICES
 5000A GEARY BLVD
 SAN FRANCISCO, CA 94118
 TEL 650-353-5868
 www.paperless-insurance.com

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE BASIS.

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. Name of **Applicant**: _____
 Address: _____

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 Partnership Corporation
 Non-profit Privately Held Publicly Traded

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

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

7. Is the **Applicant** engaged in any business or profession other than as described in Question 6? Yes No
 If "Yes," please attach an explanation and estimated revenues.

8. 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	\$ _____
b)	_____	\$ _____
c)	_____	\$ _____
d)	_____	\$ _____

9. For the revenue listed in Question 8a, please indicate the approximate percentage derived from each of the services listed in Question 6:

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

10. 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.

11. During the past three 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.

12. 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.

13. Please indicate the number of:
 a) Principals, partners, officers and professional employees directly engaged in providing services to clients:

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

14. Please list professional associations to which the **Applicant** belongs:

15. Please provide the following:

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

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

17. 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.

18. 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.

19. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. 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.

IF THE STATEMENTS IN THIS APPLICATION OR IN ANY ATTACHMENT CHANGE MATERIALLY BEFORE THE EFFECTIVE DATE OF ANY PROPOSED POLICY, THE APPLICANT MUST NOTIFY THE COMPANY, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY QUOTATION.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (A) THE POLICY FOR WHICH APPLICATION IS MADE WILL APPLY ONLY TO CLAIMS FIRST MADE OR DEEMED MADE DURING THE PERIOD IN WHICH THE POLICY IS IN EFFECT; AND
- (B) THE LIMITS OF LIABILITY CONTAINED IN THE POLICY WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE PAYMENT OF DEFENSE EXPENSES AND, IN SUCH EVENT, THE COMPANY WILL NOT BE RESPONSIBLE FOR THE CONTINUED DEFENSE OF ANY CLAIM OR BE LIABLE FOR THE DEFENSE EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY; AND
- (C) DEFENSE EXPENSES WILL BE APPLIED AGAINST ANY APPLICABLE DEDUCTIBLE.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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, WHICH IS A CRIME.

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 POLICY HOLDER 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.

NOTICE TO DISTRICT OF COLUMBIA, MAINE AND VIRGINIA 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 FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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 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 AND 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 MARYLAND APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

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 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 OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

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.

APPLICANT		
BY (<i>Principal, Partner, or Shareholder</i>)	TITLE	DATE

NOTE: This Application is signed by the undersigned authorized agent of the **Applicant** on behalf of the **Applicant** and all of its partners, owners, shareholders, officers, and employees.

REQUIRED INFORMATION

PRODUCED BY (<i>Insurance Agent</i>) Please print and sign name _____ PAPERLESS INSURANCE SERVICES _____	
INSURANCE AGENCY	
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO. 5000A GEARY BLVD, SAN FRANCISCO, CA 94118	AGENT LICENSE NO. for licensing info visit paperless-insurance.com
ADDRESS (<i>No., Street, City, State, and ZIP</i>) info @ paperlessgroup.com	
EMAIL ADDRESS	

SUBMITTED BY (<i>Insurance Agency</i>) PAPERLESS INSURANCE SERVICES	INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS (<i>No., Street, City, State, and ZIP</i>) 5000A Geary Blvd, San Francisco, CA 94118		