



Coverage:

(i-bind)<sup>®</sup> E&O  
Specified Professions  
Professional Liability

**Data Collection Tool:**

This is not an application for coverage. This optional tool helps you gather the information that you will need during the actual account submission process.

Proposed Named Insured: \_\_\_\_\_

DBA (if any): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Retro date (if applicable): \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_

Annual gross revenues: \_\_\_\_\_

Professional Classes: \_\_\_\_\_

Percentage of total revenues per class: \_\_\_\_\_

Does any single contract contribute more than 50% of total gross revenues?  Yes  No

Does the applicant work with technology that supports financial transactions or medical issues?  Yes  No

Does the organization have any clients with annual gross revenues exceeding \$100 million?  Yes  No

Does the Applicant have a Parent Entity?  Yes  No

If yes, please provide the following:

Parent Entity Name \_\_\_\_\_

Does the proposed insured require coverage for additional insureds?  Yes  No

Does the proposed insured have employees in California?  Yes  No

If yes, what is the number of full and part time employees in California? \_\_\_\_\_

Number of involuntary terminations: \_\_\_\_\_

Does the applicant distribute a written handbook?  Yes  No

Does the proposed insured lack written procedures for handling employment complaints of discrimination, harassment, or other improper conduct or grievances?  Yes  No

Does the proposed insured have employees in locations outside of the United States? Yes No

Is the applicant a public company or have an ultimate parent that is a public company? Yes No

With regard to the coverage for which the proposed insured is applying, have any claims been made against any party proposed for coverage within the last five years? Yes No

If "Yes", please provide the following information (use additional sheet if necessary):

	Claim #1
Date claim made:	
Was coverage in force:	
Claimant:	
Defense expenses paid:	
Claim status:	
Description:	
Total claim amount:	
Indemnity paid \$:	

Is any party proposed for coverage aware of any fact, circumstance or event which could give rise to a claim? Yes No

If "Yes", please provide the following information (use additional sheet if necessary):

	Circumstance #1
Date of Event	
Coverage Type	
Description	
Potential claimant	
Potential Amount	
Party Involved	
Was a Carrier Notified	
Carrier	

During the past five years, has the proposed insured's professional liability coverage been cancelled or non-renewed for a reason other than the insurer withdrawing from a state or no longer providing coverage? Yes No

If Yes, explain:

In the past eighteen months or anticipated in the next twelve months, has the proposed insured been involved in an actual or attempted merger, acquisition or divestiture? Yes No

In the past eighteen months or anticipated in the next twelve months, has the proposed insured been involved in a down sizing action? Yes No