

Please fax completed application to OREP. Fax: 708-570-5786. Ph: 888-347-5273

OREP 6760 University Ave. #250 San Diego, CA 92115

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PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION FOR CLAIMS-MADE INSURANCE

NOTICE: This is an application for **CLAIMS-MADE INSURANCE**. Such insurance applies only to claims that are first made against you and reported to the Company in writing during the policy period, any subsequent renewal of the policy or any extended reporting period and may additionally limit coverage applicable to acts, errors, omissions or offenses made prior to the inception of the policy period. The limits of liability may be reduced by amounts paid for legal defense and such payments for legal defense may also be applied against the deductible amount.

Please answer **ALL** the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to such evaluation. If a question is not applicable, state "not applicable" not "N/A." If more space is required to answer a question, continue on applicant's letterhead. The application and any supplement(s) must be signed and dated by a principal, partner, or officer of the prospective insured's organization.

1. Applicant's Name: _____

2. Home office address: _____
_____ TEL# _____
_____ ZIP _____ FAX# _____

3. Date established: _____

4. Is the applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company? ___Yes ___No
If Yes, please attach an explanation.

5. Please list addresses of all branch offices and/or subsidiaries. Include a brief description of their operations and indicate if coverage is desired for these offices.

6. During the past 5 years has the name of the firm been changed or has any other business been acquired, merged into or consolidated with the applicant firm? If Yes, attach a complete explanation detailing any liabilities assumed. ___Yes___No

7. Describe your firm's nature of business.

8. Staffing - Provide a breakdown of your staff into the following categories:

a) principals, partners or officers _____	c) support staff (including part-time) _____
b) professionals (not included in A) _____	d) part-time professionals (less than 20 hours/week) _____
TOTAL _____	

9. Are any staff members considered "Licensed Professionals" or do any staff members hold any Professional Designations or belong to any Professional Societies/associations? ___Yes___No

If Yes, provide individual's name and designation/affiliation below:

Note: Questions 10 through 14 refer to total gross revenue for a 12 month period, whether or not collected. Such revenue figures should include sub-contracted revenue.

10. Dates of applicant firm's current fiscal period: From: _____, 19___ To: _____, 19___

	<u>Past Fiscal</u>	<u>Current Fiscal</u>	<u>Estimate for Next</u>
Total Gross Revenue:	\$ _____	\$ _____	\$ _____
Less Direct Recovery Expenses (travel, per diem, copies, etc.):	(-) \$ _____	(-) \$ _____	(-) \$ _____
TOTAL NET BILLINGS	\$ _____	\$ _____	\$ _____

12. Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Federal government.	_____ %
State, county or local government and agency thereof.	_____ %
Institutional (schools, hospitals, etc.)	_____ %
Lending institutions	_____ %
Manufacturing	_____ %
Other _____	_____ %
_____	_____ %
TOTAL	100%

13. Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client? ___Yes___No
 If Yes, Please provide a) Client Name, b) Applicant's Relationship with client, and c) approximate annual revenue generated from Client.

14. Were more than 50% of your total gross billings for any one year derived from a single client or contract? ___Yes___No
 If Yes, please specify **a)** client, **b)** services rendered, and **c)** how long you expect this relationship to continue.

15. Describe your firm's five (5) largest jobs or projects during the past three (3) years.

Client Name	Services Provided	Total Gross Billings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. **a)** Do you utilize the services of independent contractors or sub-consultants? ___Yes___No
b) Approximate percentage of billings attributable to sub-contractors/consultants? _____ %

17. Do you ever enter into contracts where your fees for services provided are contingent upon the client achieving cost reductions or improved operating results? If Yes, attach a detailed description of such arrangements. ___ Yes ___ No

18. a) Does your firm secure a written contract or agreement for every project? (Please attach a sample copy) ___ Yes ___ No

b) Provide the percentage of your revenue where a written contract is secured. _____ %

c) Do your contracts contain any of the following: **(check all that apply)**

- ___ Hold harmless or indemnification clauses in your favor?
- ___ Hold harmless or indemnification clauses in your client's favor?
- ___ Guarantees or warranties?
- ___ A specific description of the services you will provide?
- ___ Payment terms?

19. Describe steps taken to minimize/ manage business risks:

20. Has any policy of or application for similar insurance on your behalf or on the behalf of any of your principals, partners, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused? ___ Yes ___ No

21. Do you currently carry Commercial General Liability insurance?
___ Yes ___ No

22. Please provide the following information on your professional liability (E&O) insurance for the past three (3) years:

Name of Insurer	Limits of Liability	Deductible	Policy Period	Premium
_____	_____	_____/_____/_____	_____/_____/_____	_____
_____	_____	_____/_____/_____	_____/_____/_____	_____
_____	_____	_____/_____/_____	_____/_____/_____	_____

Retroactive Date of current policy (if any): _____/_____/_____

LOSS EXPERIENCE

23. Have any claims, suits, or demands for arbitration been made against the firm, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? ___ Yes ___ No

If Yes, provide details on a separate sheet, including:

- a) name of claimant;
- b) type of service provided and allegations made;
- c) date claim made;
- d) demand amount; and
- e) final disposition including indemnity and expense amounts.

24. Having inquired all principals, partners and officers, are you aware of any act, error, omission, unresolved job dispute or any other circumstance that is or could be a basis for a claim under the proposed insurance? ___ Yes ___ No

If Yes, provide details on a separate sheet for each situation, including a) name of potential claimant, b) nature of situation, c) dates and d) amount of potential damages.

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 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 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 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: WARNING: 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 MATERIALLY FALSE OR DECEPTIVE STATEMENT, MAY BE GUILTY OF INSURANCE FRAUD.

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."

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 TENNESSEE 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."

SIGNATURES AND ACKNOWLEDGEMENTS

I / we hereby declare that the above statements and particulars are true and that I / we have not suppressed or misstated any material facts and I / we agree that this application and its supplement(s) shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application and its supplement(s) does not bind the company to sell nor the applicant to purchase the insurance.

NAME

SIGNATURE

TITLE

DATE

Organization of Real Estate Professionals

6760 University Ave #250

Phone 888-347-5273 Fax: 708-570-5786

PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS CLAIMS ADJUSTER SUPPLEMENT

Instructions:

- A. Please answer ALL the questions. If more space is required to answer a question, continue on applicant's letterhead.
- B. This supplement must be signed and dated by a principal, partner, or officer of the prospective insured's organization and will be attached to the policy, should one be issued.

1. Give approximate percentage of revenues derived from the following lines of business:

Insurance Claims Adjustment			
Life Insurance	_____ %	Health Insurance	_____ %
Personal Property & Casualty			
Personal Auto Insurance	_____ %	Homeowner's Insurance	_____ %
Other: _____	_____ %		
Commercial Property & Casualty			
Commercial Auto	_____ %	Workers Compensation	_____ %
Inland Marine	_____ %	Commercial Multi-Peril	_____ %
Wet Marine	_____ %	Products Liability	_____ %
Professional Liability	_____ %	Other Commercial Property	_____ %
Aviation	_____ %	Other: _____	_____ %
Providing Cost/Risk Management Service			_____ %
Providing Cost/Risk Management Consulting Services			_____ %
Claims Auditing			_____ %
Other: (use attachment if necessary) _____			_____ %
			_____ %
TOTAL			100%

2. What is the average length of claims examining experience in years per claims examiner? _____

3. If your operation contains controls to guard against the following, please indicate:

_____ Overpayments	_____ Underpayments	_____ Late payments
_____ Payments from incorrect plan	_____ Payments to ineligible	_____ Unfair/Unjust enrichment
_____ Improper refusal of benefits	_____ Failure to follow payment guidelines or procedures	

4. Does your computer system print checks? _____ Yes _____ No

5. What is the average claims turnaround time in working days during the last twelve months? _____

6. What number of files are handled per adjuster per week? _____

7. What percentage of claims are processed within fifteen calendar days? _____
 What percentage of denials were appealed in the past twelve months? _____

8. Does the Applicant utilize Structured Settlement Plans? _____ Yes _____ No
 If yes, what percentage of settlements are Structured Settlement Plans? _____ %

THIS CLAIMS ADJUSTERS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION. THIS SUPPLEMENT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.

Name: _____ Title: _____
 (Please Print)

Date: _____ Signature: _____