



Coverage:

(i-bind)[®] 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



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Segment:	Specified Professions Professional Liability

Please indicate if any of the following are applicable.

Does the applicant:

Yes No Have a Parent Entity?

The quoted options offered by Darwin presume a NO answer to all of the questions on this page. If the answer to any question contained on this page is YES, please check the box and provide additional information in the space below.

Yes No Was a revenue other than Total Gross Revenues entered as exposures?

Does the Applicant:

Yes No Require coverage for additional insureds?

Yes No Have employees in locations outside of the United States?

Is the Applicant:

Yes No A public company or have an ultimate parent that is a public company?

Yes No With regard to the coverages for which the Applicant is applying, have any claims been made against any party proposed for coverage within the last 5 years?

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

Yes No During the past five years, has the Applicant'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?

In the past 18 months or anticipated any in the next 12 months, has the Applicant been involved in:

Yes No An actual or attempted merger, acquisition or divestiture?

Additional information _____

Acceptance of Proposal:

If you wish to bind coverage, Darwin will need the following:

Surplus Lines Information: Surplus lines broker name, contact name, address, and license number.

Physical Address (no P.O. Box)

The name of the Insured's Designated Executive Officer