

# MISCELLANEOUS PROFESSIONAL LIABILITY SHORT FORM APPLICATION - NEW HAMPSHIRE



We can show you more.®

NOTICE: THIS LIABILITY COVERAGE PART IS WRITTEN ON A CLAIMS MADE BASIS, AND AS SUCH, TO ALL PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

1. The Applicant to be named in item 1 of the Declarations (the named insured): \_\_\_\_\_

Street Address (No P.O. Box): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Website: \_\_\_\_\_

Prior Acts Coverage:

If you currently have Professional Liability or Errors & Omissions coverage in place, please give us the current Retro Date: \_\_\_\_\_

2. Proposed effective date of coverage being applied for: \_\_\_\_\_

Projected Annual Revenues: \$ \_\_\_\_\_

3. Our company uses a written contract or engagement letter when providing professional services.

Yes      No

4. Our senior management has at least three years experience within professional services.

Yes      No

5. Our company has no knowledge, information of any circumstance, any allegation or any incident that could give rise to a Professional Liability claim, nor have we had any Professional Liability claim(s) made against us within the past three years.

Yes      No

6. Our company has client complaint resolution policies and procedures in place.

Yes      No

7. Our company does not consult on or provide any services relating to bankruptcy, mergers and acquisitions, interim management, methods of financing, investment advice, insurance services, medical benefits, mortgage services, healthcare services or real estate services.

Yes      No

8. Our company does not provide professional services as an architect, engineer, construction manager, licensed contractor or any profession that requires government or regulatory licensure.

Yes      No

**PLEASE ANSWER THE ADDITIONAL QUESTIONS APPLICABLE TO YOUR SPECIFIC PROFESSION:**

**ADVERTISING AGENCIES:**

Do you obtain written releases from freelancers, photographers, models, writers, composers, artists, musicians or website developers?

Yes      No

Do you have procedures in place to alleviate the infringement of intellectual property rights?

Yes      No

Do you receive approval from the client prior to disseminating content on their behalf?

Yes      No

**ANSWERING SERVICES:**

Do you handle any 911 or emergency-related calls?

Yes      No

Do you perform regular maintenance and have backup and recovery procedures in place regarding your computer systems?

Yes      No

**AUDIO CONSULTANTS:**

Do you receive proper signoff by clients at the end of the projects?

Yes      No

**CLAIMS ADJUSTERS:**

Do you provide services as a public adjuster on behalf of policyholders?

Yes      No

Do you adjust any specialty lines claims?

Yes      No

Do you handle any catastrophic or major disaster work?

Yes      No

**CREDIT / DEBIT COUNSELING:**

Do you provide any debt restructuring services?

Yes      No

Do you provide any financing or loans?

Yes      No

Do you charge a flat fee for services rendered and not charge a percentage of debt saved for the client?

Yes      No

**DRESSMAKING / TAILORING:**

Do you work on any rare, antique or high-value garments?

Yes      No

**GRAPHIC DESIGNERS:**

Do you have procedures in place to alleviate the infringement of intellectual property rights?

Yes      No

Do you receive proper signoff by clients at the end of the project?

Yes      No

**MEDIA BUYERS:**

Do you receive approval from the client, prior to purchasing of media time / space?

Yes      No

**NOTARIES:**

Do you provide any legal services or act in the capacity as a Lawyer?

Yes      No

Do you have procedures in place to verify the parties that are applying for Notary Services?

Yes      No

**PUBLIC RELATIONS:**

Do you have procedures in place to ensure that all materials prepared for clients are factual, accurate, not misleading and proofread?

Yes      No

**STENOGRAPHY COURT REPORTING:**

Do you provide any legal services or act in the capacity as a Lawyer?

Yes      No

Do you have procedures in place to safeguard / protect confidential information?

Yes      No

**TAILOR MERCHANTS:**

Do you work on any rare, antique or high-value garments?

Yes      No

**TAX RETURN / PREPARATION SERVICES:**

Do you provide services as a Certified Public Account?

Yes      No

**TELEMARKETING AND RESEARCH SERVICES:**

Do you use auto dialers that disconnect within five seconds after the recipient hangs up?

Yes      No

Do you sell any mailing lists to third parties?

Yes      No

Do you monitor phone calls for quality assurance?

Yes      No

**TRAVEL AGENCY:**

Do you provide services as a retail travel agent?

Yes      No

Do you provide any tour operations or services as a tour operator?

Yes      No

**WEDDING CONSULTANTS:**

Do you have access to a customer's bank account or have discretionary authority or control of client funds?

Yes      No

Do you assume any liability in the event the wedding does not take place for any reason?

Yes      No

**APPLICANT REPRESENTATION (TO BE COMPLETED BY APPLICANT)**

Applicant hereby declares, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby, are true, accurate and complete to the best of my knowledge and belief, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the CNA Company to whom this Application is made ("the Company") as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and / or authorization or agreement to bind the insurance based upon such changes.

**FURTHER, APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT:**

1. Completion of this application and any supplemental applications or forms does not bind the Company to issue the policy;
2. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications and any other statements furnished to the Company in conjunction with this application;
3. All supplemental applications, statements and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part thereof; This application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
4. This application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
5. If a policy is issued, the limit of liability contained in the policy shall be reduced and may be completely exhausted by the payment of damages and claims expenses. In such event the Company shall not be liable for damages or claims expenses to the extent that such cost or amount exceeds the limit of liability of this policy;
6. If a policy is issued, claims expenses which are incurred shall be applied against the deductible or retention amount as provided in the policy;
7. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which the Applicant is aware of that may give rise to a claim before expiration of the current policy, may create a lack of coverage.

**FRAUD NOTICE — WHERE APPLICABLE UNDER THE LAW OF YOUR STATE**

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 may be subject to civil fines and criminal penalties (For DC residents only: 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 applicant.) (For FL residents only: 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.) (For LA residents only: 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 fines and confinement in prison.) (For ME residents only: 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.) (For NY residents only: 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.) (For PA residents only: 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.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

**The application must be signed by the chairman of the board, chief executive officer, chief financial officer, president or general counsel.**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Corporation: \_\_\_\_\_

Date: \_\_\_\_\_

**The signator acknowledges that he or she is aware that defense costs reduce and may exhaust the applicable Limits of Liability.  
The insurer is not liable for any loss (which includes defense costs) in excess of the applicable Limits of Liability.**