

O Rickey Harris Insurance
806 Hwy 78 West
Jasper, AL 35501
205-221-5466
205-221-5570 Fax

APPLICATION FOR SERVICE &
TECHNICAL PROFESSIONAL
LIABILITY INSURANCE

(CLAIMS MADE AND REPORTED BASIS)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Full Name of Applicant: _____
- b. Principal Office Address: _____
- c. Number of Employees: Full time _____ Part time _____ Seasonal _____ Total _____
- d. Corporation Partnership Individual Other: _____
- e. Are you interested in General Liability Coverage (additional premium is charged)? Yes No
- f. Limits requested: _____ Each Claim/Aggregate (500,000 or 1,000,000)
Deductible: 2,500 5,000 10,000
- g. Current Carrier: _____ Retro Date: _____ Expiration Date: _____

2. APPLICANT OPERATIONS

- a. Description of Professional Services (feel free to attach a brochure or other descriptive literature): _____
- b. Do you engage in professional activities not listed above? Yes No
- c. Gross receipts for current year: \$ _____
Estimated gross receipts
For subsequent year: \$ _____
- d. Are there any other entities that you own?
 Yes No
- e. Do you operate without a written contract?
 Yes No
- f. Do you hold your customers harmless?
 Yes No
- g. Is your liability limited by contract?
 Yes No
- h. Is your firm involved in construction, fabrication, or production activity?
 Yes No
- i. Does your profession involve financial advising or asset management? Yes No
- j. Do you or any of your employees hold professional licenses or certification?
 Yes No
- k. Do your computer system store a four-digit year?
 Yes No
If No, please attach a description of corrective measures taken and anticipated resolution date.
Are you, in the course of your business, working to solve the "year 2000" problem as a consultant/ advisor as part of your employment?
 Yes No
If Yes, what percentage of your work is involved? _____%

3. APPLICANT HISTORY / CLAIMS

- a. Number of years in business under present name: _____
(if less than 2 years, please attach a resume for yourself, partners and key employees.)
- b. Have any liability claims been made in the past 5 years arising out of the conduct of your business?
 Yes No
- c. Do you know of any circumstance in the past 5 years that may lead to a claim against your business?
 Yes No

