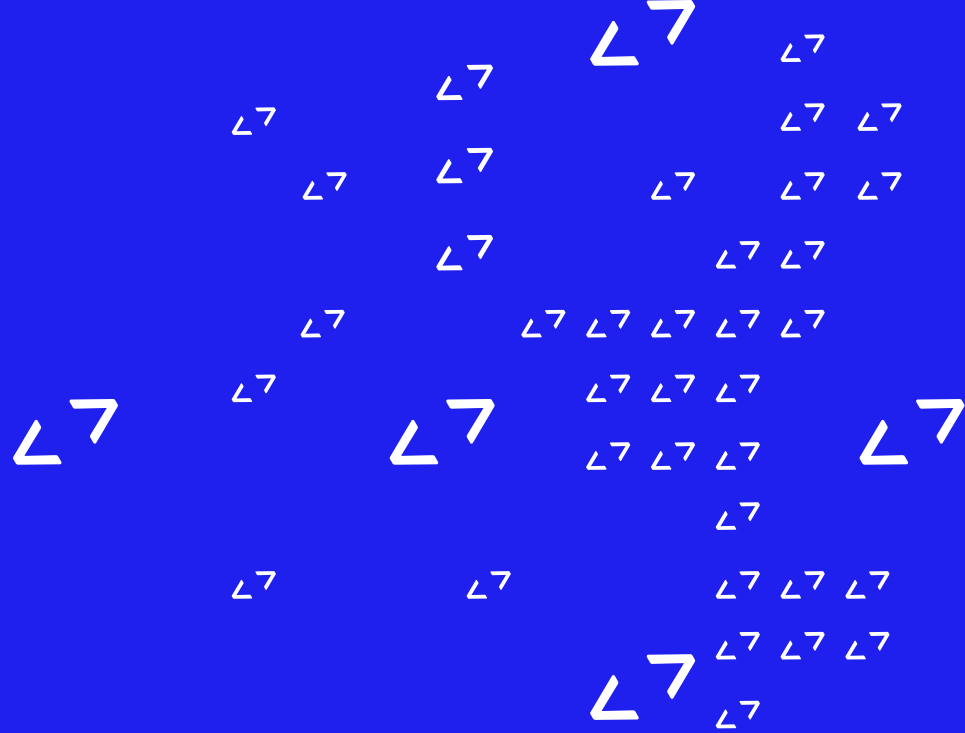




MPL



Miscellaneous Professional Liability Renewal Insurance Application

Notice

By completing this **Application**, the **Applicant** is applying for a Policy which contains one or more Insuring Agreements, some of which provide liability for **Claims** first made against any **Insured** during the **Policy Period**, or any applicable Extended Reporting Period, and reported to us pursuant to the terms of this Policy. **Damages** and **Claim Expenses** shall reduce the applicable Aggregate Limit of Liability and Each Claim Limit of Liability and are subject to the applicable Retention.

Please read the entire **Application** and Policy carefully before signing.

Whenever used in this **Application**, the term "**Applicant**" shall mean the Named Insured and all **Subsidiaries**, unless otherwise stated. All other terms which appear in bold type herein are used in this **Application** with the same respective meanings as set forth in the Professional Liability Insurance Policy (ABS-USP MPL A0003 CW 10 23).



General Information

01. Please complete Applicant details.

| |
|---|
| Name of Applicant |
| Applicant's address |
| Applicant's annual revenue (previous fiscal year-end revenue or if unavailable, annual projection) \$ |
| <i>Optional</i> Applicant's website |

02. Has the **Applicant** been in business for at least three years?

Yes

No

03. Does the **Applicant** or its principals have three or more years of experience in the services for which they are seeking coverage?

Yes

No

04. Does any client represent more than 50% of the **Applicant's** total revenue?

Yes

No

05. Does the **Applicant** use written contracts or agreements with customers for the provision of services?

Yes

No

General Information *Continued*

06. Select the services for which the **Applicant** is seeking coverage. (add one or more)

If any category you select is marked with an asterisk (*), please follow this link to download the supplemental application that matches the name of the class(es) you select below: <https://www.at-bay.com/mpl-supplemental-documents/>
Please attach all relevant documentation upon submission.

Administrative Services

| | | |
|--|--------------------------------------|-------------|
| Call Center - Including 911 and Emergency Services * | Motor Vehicle Title and Registration | Translation |
| Call Center - No 911 or Emergency Services | Paging | Typing |
| Concierge / Personal | Resume | |
| Grant Writing, Administration, and Monitoring * | Technical Writing | |

Communication and Media Services

| | | |
|---------------------------------|------------------------------|-----------------------|
| Advertising Agency * | Market Research * | Media Buying Agency * |
| Audio and Video (AV) Consulting | Marketing Consulting * | Printers * |
| Film Editing | Media and Brand Consulting * | Public Relations * |
| Graphic Design * | | |

Consulting and Financial Related Services

| | | |
|--|---|----------------------------------|
| Bookkeeping | Human Resource (HR) Consulting * | Regulatory Compliance Consulting |
| Business Brokers * | Management Consulting * | Tax Preparation |
| Consulting and Financial Related Services | Professional Association or Trade Association * | |
| ESG (Environmental, Social, and Corporate Governance) Consulting * | Project Management | |

Design Services

| | | |
|---------------------|------------------|----------------------------|
| Acoustic Consultant | Interior Design | Lighting Design Consulting |
| Exhibit Design | Landscape Design | |

General Information *Continued*

06. Select the services for which the **Applicant** is seeking coverage. (add one or more)

If any category you select is marked with an asterisk (*), please follow this link to download the supplemental application that matches the name of the class(es) you select below: <https://www.at-bay.com/mpl-supplemental-documents/>
Please attach all relevant documentation upon submission.

Education and Training

| | | |
|---------------------------------------|------------------------|----------------------------------|
| Career Coaching and Career Counseling | Educational Consulting | Training and Vocational School * |
| Charm School | Executive Coaching | Tutoring |
| College Preparation | Life Coaching | Vocational Counseling |
| Driving Instruction * | Test Proctoring | |

Employment and Staffing Services

| | | |
|--------------------------------------|--------------------------------------|-------------------------|
| Babysitter and Babysitter Referral * | Nanny and Nanny Placement * | Recruiting Consulting * |
| Employment Agency * | Professional Employment Organization | Staffing Agency * |
| Executive Recruiting * | Professional Organizer | Talent Agent * |
| Interim Management * | | |

Healthcare Services

| | | |
|--|---------------------|------------------------|
| Medical Billing, Coding, and Practice Management * | Pastoral Counseling | Transcription Services |
| Medical or Insurance Credentialing | | |

Insurance Consulting & Risk Management Services

| | | |
|------------------------|------------------------------|---------------------------------------|
| Actuarial Consulting * | Loss Control Consulting | Structured Settlement Broker Services |
| Claims Adjuster * | Loss Control Inspection * | Third-party Administrator * |
| Damage Appraiser * | Premium Finance | |
| Insurance Consulting | Risk Management Consulting * | |
| Insurance Inspection | | |

General Information *Continued*

06. Select the services for which the **Applicant** is seeking coverage. (add one or more)

If any category you select is marked with an asterisk (*), please follow this link to download the supplemental application that matches the name of the class(es) you select below: <https://www.at-bay.com/mpl-supplemental-documents/>
Please attach all relevant documentation upon submission.

Legal and Security Services

| | | |
|-------------------------|---|--|
| Accident Reconstruction | Lobbyist * | Probation Monitoring (including Felony Monitoring) |
| Alarm Monitoring | Mediation | |
| Arbitration * | Notary | Probation Monitoring (Misdemeanor only) |
| Court Reporting | Polygraph Operator | |
| Expert Witness * | Private Investigator and Private Detective | Trustee |
| Litigation Support * | | |

Logistics and Transportation Services

| | | |
|----------------------|-----------|----------------|
| Courier | Mailing * | Pilot Car * |
| Customs Brokers | Messenger | Process Server |
| Freight Forwarding * | | |

Miscellaneous Services

| | | |
|--------------------------------------|---|-------------------|
| Analytical Testing Lab Services * | Equipment Lease Broker * | Pet Grooming |
| Appraiser of Goods and Services * | Funeral Director - Including Cremation | Referral Services |
| Association Management * | Funeral Director - No Cremation * | Veterinarian * |
| Auctioneering - Non Real Estate * | Janitorial / Cleaning | |

General Information *Continued*

06. Select the services for which the **Applicant** is seeking coverage. (add one or more)

If any category you select is marked with an asterisk (*), please follow this link to download the supplemental application that matches the name of the class(es) you select below: <https://www.at-bay.com/mpl-supplemental-documents/>
Please attach all relevant documentation upon submission.

Real Estate Services

† Coverage unavailable in California and Hawaii.

‡ Coverage unavailable in Alaska, Arizona, California, Hawaii, Nevada, New Mexico, Oregon, and Washington.

| | | |
|--------------------------------|---------------------------------------|---|
| Auctioneering of Real Estate * | Landman and Right of Way Consulting * | Real Estate Agent and Broker * |
| Cell Site Acquisition * | Mortgage Brokers ‡ * | Real Estate Appraiser ‡ * |
| Closing Agent † * | Mortgage Review and Auditing | Real Estate Consulting, Counseling or Advisor |
| Escrow Agent † * | Property Management ‡ * | Relocation Agent |
| Estate Sale Coordination | Property Preservation * | Title Abstractor † * |
| Flood Zone Determination | Property Tax Appeal * | Title Agent † * |
| Forestry Consulting * | | |

Travel, Hospitality, and Events Services

| | | |
|--------------------------|-----------------------------|-------------------|
| Caterer | Hotel Property Management * | Travel Agents * |
| Event Planning | Photography | Wedding Officiant |
| Florist | Tour Operators * | Wedding Planning |
| Food Safety Consulting * | | |

Other

If other, please provide details.

Claims History

07. Having inquired of all partners, directors, officers, members, board members, or employees, is the Applicant aware of any act, error, omission, personal injury, fact, circumstance, situation, or incident that could be a basis for a claim or suit under the proposed insurance?

Yes

No

If yes, please provide details.

08. Have any claims, suits, or disciplinary proceedings been made against the Applicant, its predecessors, subsidiaries, or affiliates or against any past or present partners, directors, officers, members, board members, or employees within the past three years?

Yes

No

If yes, please provide details on claims, payments, and reserves.

a. In the past three years, how many claims has the Applicant made or reported?

Number of claims

b. In the past three years, how much in total payments and reserves have been made or posted (by, or on behalf of) the Applicant – including loss, indemnity, defense costs, and expenses?

Amount paid

\$

Policy Information

09. Does the Applicant currently have professional liability coverage that would require a retroactive date to be matched?

Yes

No

If yes, what is the retroactive date? (MM/DD/YY)

At-Bay requires a copy of the expiring declarations page and / or endorsements proving the current retroactive date and limits. If the limits required are greater than the limits on the expiring policy, a split retroactive date of "Inception" will apply to the additional limits.

Signature

The undersigned authorized representative (the **Applicant's** Chief Executive Officer, Chief Financial Officer, Chief Security Officer, Chief Technology Officer, Chief Information Officer, Risk Manager, General Counsel, or any functionally equivalent positions, regardless of title) of the **Applicant** declares that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this application, are true and complete and may be relied upon by the insurer providing, and reviewing, this application for insurance.

| |
|-------------------------------------|
| Authorized representative title* |
| Authorized representative name |
| Authorized representative signature |
| Today's date (MM/DD/YY) |

* **Signature requirements:** The **Applicant's** Chief Executive Officer, Chief Financial Officer, Chief Security Officer, Chief Technology Officer, Chief Information Officer, Risk Manager, General Counsel, or any functionally equivalent positions, regardless of title.

Fraud & Legal Notice(s), Warnings and Disclosure(s)

If the information in any **Application** changes prior to the inception date of the Policy, the **Applicant** will notify the insurer of such changes, and the insurer may modify or withdraw any outstanding quotation. The insurer is authorized to make inquiry in connection with this **Application**.

Should the insurer issue a Policy, **Applicant** agrees that such Policy is issued in reliance upon the truth of the statements and representations in the **Application** or incorporated by reference herein, and any misrepresentation, omission, concealment or otherwise shall be grounds for the rescission of any Policy issued.

Signing of this **Application** does not bind the **Applicant** or the insurer to complete the insurance, but it is agreed that this **Application** and any information incorporated by reference hereto, shall be the basis of the contract should a Policy be issued, and is incorporated into and is part of the Policy.

All written statements, materials or documents furnished to the insurer in conjunction with this **Application** are hereby incorporated by reference into this **Application** and made a part hereof, including without limitation, any supplemental applications or questionnaires.

FRAUD NOTICE TO ALABAMA APPLICANTS

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

FRAUD NOTICE TO CALIFORNIA APPLICANTS

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

FRAUD NOTICE TO COLORADO APPLICANTS

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

FRAUD 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.

FRAUD 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.

FRAUD NOTICE TO NEW YORK 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 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.

FRAUD NOTICE TO OHIO APPLICANTS

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 FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

FRAUD NOTICE TO OKLAHOMA APPLICANTS

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

FRAUD NOTICE TO OREGON 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 MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Fraud & Legal Notice(s), Warnings and Disclosure(s) *Continued*

FRAUD NOTICE TO VERMONT APPLICANTS

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

FRAUD NOTICE TO KENTUCKY AND 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.

FRAUD NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

FRAUD NOTICE TO ALL OTHER 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 FINES AND CONFINEMENT IN PRISON.

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