



# United States Liability Insurance Group

## Specified Professions Professional Liability

### RENEWAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

#### Section I: Background Information

- Name of Insured: \_\_\_\_\_  
Address: \_\_\_\_\_  
Website: \_\_\_\_\_
- Have there been any changes in the nature of the Applicant's business in the last 12 months? If Yes, please explain: \_\_\_\_\_
- During the past 12 months has the name of the firm been changed or has any other business been acquired, merged into or consolidated with the Applicant?  Yes  No If Yes, please explain detailing any liabilities assumed. \_\_\_\_\_
- List total gross receipts from activities as a Professional for which coverage is currently provided:  
Gross Receipts:  
Last year: \$ \_\_\_\_\_  
Current year (based on 12 months): \$ \_\_\_\_\_
- Describe the (2) two largest jobs or projects in the past year:  

Name of Client	Services Provided	Gross Billing/Fees
_____	_____	_____
_____	_____	_____

#### Section II: Businessowners Package Insurance

If you currently carry Businessowners Package Insurance with United States Liability Insurance Group, please complete questions 6 and 7. If you **DO NOT** currently carry Businessowners Package Insurance with United States Liability Insurance Group and would like a quotation, please complete the Supplemental Package Application PPPSA (04/2003) .

- Additional Insureds to be included (List name, address and relationship to Applicant): \_\_\_\_\_
- Personal Property limit needed (at 80% Coinsurance/Replacement Cost): \_\_\_\_\_
- EDP Equipment Limit \$ \_\_\_\_\_
- Property Protection Class (1-10): \_\_\_\_\_

**ARIZONA, PENNSYLVANIA AND OREGON FRAUD STATEMENT:** 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 A CIVIL PENALTY (AND A CRIMINAL PENALTY IF IN PENNSYLVANIA).

**UTAH, CONNECTICUT, OHIO FRAUD STATEMENT:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

**VIRGINIA FRAUD STATEMENT:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER, SUBMITS AN APPLICATION FOR INSURANCE OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**FRAUD STATEMENT (ALL OTHER STATES):** 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 THOUSANDS DOLLARS AND THE STATED VALUE OF THE CLAIM FOR SUCH VIOLATION.

#### NOTICE TO THE APPLICANT

The undersigned declares that to the best of his/her knowledge and belief that the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. It is agreed that this Application shall be material to the contract should a policy be issued and it will be attached to and become a part of the policy.

Signature of Applicant: \_\_\_\_\_

Must be signed by a Principal, Partner or Officer of the Firm

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