



BUSINESSRISKPARTNERS

Zain Jeewanjee Insurance Agency est 1985 (Lic # 0697055)

6155 Almaden Expy., # 310, San Jose, CA 95120 Ph: 408-997-7718 Fax: 408-997-7890

Miscellaneous Professional Liability Application

Please complete the application by either entering the required information directly from your keyboard, or printing the application and entering the information by hand. You will need Adobe Acrobat Reader Version 4.0 (at minimum). If you are using version 3.0, you can upgrade it for free at www.adobe.com. Fax, e-mail or mail the completed application to Business Risk Partners at the address noted above.

General Information

1. Company Name

(Applicant)

Street

City

State

Zip

Telephone

E-mail Address

Website

2. Please list the states in which the Applicant provides services.

3. Please provide a brief description of the professional services for which coverage is desired.

Revenue Breakdown

4. Please list the professional services that the Applicant provides and the % of revenue generated by each service.

Professional Service	Percentage of Revenue
	%
	%
	%
	%

Description of Business

5. Please indicate the total revenue for the following fiscal years for both the Applicant and any subsidiaries performing professional services sought to be covered under this policy?

Current Year:

Last Year:

Next Year (projected):

6. How many years has the Applicant been in business?
7. Please indicate the Applicant's total number of employees.
8. How many of these employees provide professional services directly to clients?
9. Does the Applicant derive more than 20% of its gross annual revenue from any single customer? No Yes
10. Does the Applicant have a contract in place with clients?
- | | | | |
|-----------------|------------------|------------------|-------|
| All of the time | Most of the time | Some of the time | Never |
|-----------------|------------------|------------------|-------|
11. Do the Applicant's contracts contain indemnification/hold-harmless clauses running in its favor?
- | | | | |
|-----------------|------------------|------------------|-------|
| All of the time | Most of the time | Some of the time | Never |
|-----------------|------------------|------------------|-------|
12. Does the Applicant do business through independent contractors?
- | | | | |
|-----------------|------------------|------------------|-------|
| All of the time | Most of the time | Some of the time | Never |
|-----------------|------------------|------------------|-------|
13. Does the Applicant contractually require independent contractors to maintain E&O insurance?
- | | | | |
|-----------------|------------------|------------------|-------|
| All of the time | Most of the time | Some of the time | Never |
|-----------------|------------------|------------------|-------|

Description of Business (Continued)

14. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activities?

No Yes

If you answered "yes" to the above question, please describe:

15. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees?

No Yes

If you answered "yes" to the above question, please describe including name of claimant; type of service provided and allegation made; date claim was made; demand amount and final disposition including indemnity and expense amounts:

16. Does the Applicant, Applicant's owners, principals, directors, officers or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business?

No Yes

If you answered "yes" to the above question, please describe:

It is understood and agreed that if the answer to the previous three queries is "yes", any such claim or potential claim is specifically excluded from this proposed coverage.

17. List any industry associations/memberships with which the Applicant is affiliated.

18. Please indicate desired coverage terms.

Limit

Retention

Retro Date

If no retroactive date is selected, proposed coverage will begin on the policy effective date.

19. Please attach any additional information we may find helpful in evaluating your risk.

In addition, please attach any special coverage requests.

20. OPTIONAL: In order to best meet your coverage needs, please provide the following information about the Applicant's current policy.

Carrier

Limit

Retention

Premium

Retro Date

Expiration

Notice to Applicant: Please Read Carefully.

Warranty: The undersigned warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the Applicant's business including, but not limited to the size of the firm, the area of business engaged in by the firm and the information contained on each Supplemental application submitted by the Applicant.

SIGNATURE:

TITLE:

DATE:

WWW.BUSINESSRISKPARTNERS.COM



BUSINESSRISKPARTNERS

1 WATERSIDE CROSSING PHONE 860-903-0000
SUITE 302 FAX 860-903-0001
WINDSOR, CT 06095

TRAVEL AGENCY / TOUR OPERATOR SUPPLEMENTAL APPLICATION

1. Please provide a breakdown for the following (Total must equal 100%):

____ % Retailer

____ % Wholesaler

____ % Other, Please describe:

2. Please provide a breakdown of the following areas of service:

____ % Commercial sales

____ % Foreign tours

____ % Operation or sale of: Spring Break packages, student, young adult, outdoor adventures, or sports tours.

____ % Cruise line operations

____ % Foreign based operations

3. Conferences in which the Applicant holds appointments. Please check any that are applicable:

____ ARC

____ LATN

____ AMTRAK

____ CLIA

____ TPPC

____ Others, Please list:

4. What legal disclaimers, if any, does the Applicant use on its sales literature or other materials?

5. Does the Applicant arrange for transportation?

Yes No

6. Does the Applicant select the means and/or method of travel?

Yes No

7. Does the Applicant select the particular carrier? Yes No

If the Applicant answered "Yes" to questions 5, 6, or 7, please describe any policy in place regarding how it selects means/methods/carriers

8. Regarding any tours arranged, from a safety perspective, please set forth any policy in place regarding the selection and avoidance of locations:

9. Please state whether any legal disclaimers are used as to the safety of any given location. Yes No

10. Does your agency engage in marketing aircraft charters to other travel agencies? Yes No

11. Does your agency market aircraft charters (affinity and/or non-affinity) to groups? Yes No

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____