

ASSP Professional Liability and Commercial General Liability Insurance

(Application follows)

The coverage for which you are applying is an **Annual** policy. The Professional Liability is written on a "**Claims Made**" basis. This means that the act, error or omission has to occur after the Retroactive Date and the Policy has to be in force at the time that the claim is made. The General Liability is written on a "**Per Occurrence**" basis - i.e., it responds to claims arising from occurrences which take place during the policy period - regardless of when the claim is made.

If your expiring General Liability policy was written on a "Claims Made" basis, you will need to contact that broker to find out what your options may be with regard to "tail" coverage for that policy. (Please note there is usually only a short time frame during which this "tail" coverage is available for purchase when the policy is expiring.)

The application attached becomes a part of your ASSP Professional and/or General Liability policy. Unless otherwise noted or advised, **coverage under the policy extends only to the activities you list** (unless changed by endorsement) - so it is very important you accurately and completely describe the work to be covered by these policies.

The ASSP General Liability policy excludes professional services – an essential part of your insurance coverage. Therefore, in order to bind any ASSP General Liability coverage, Underwriters require you also maintain the ASSP Professional Liability insurance.

It is preferable any subcontractors you use maintain their own professional and general liability insurance in limits at least equaling yours and name you as an additional insured under their policy. We do have an Additional Insured Form attached which may be used to request additional insured status for your clients or subcontractors. That coverage is provided only to the extent that liability arises out of your conduct as the Named Insured.

Watch the wording of your client's contracts! The ASSP General Liability policy provides coverage only with respect to your work and to the extent the same liability would exist in the absence of a contract. It does not cover contractual indemnification requirements nor cover you for failure to maintain a client's insurance requirements. For this reason, it is especially important for you and/or your attorneys to review the contractual and indemnification section of your clients contracts to make sure you are aware of the liabilities you may be assuming and request changes as necessary.

The GL insurance policy provides only General Liability coverage. Thus for example, the General Liability policy will **not** provide coverage for the following:

- *Automobile Liability (Owned, Non-owned or Hired)
- *Workers Compensation
- *Employers Liability
- *Stop Gap Coverage
- *Professional Liability
- ***Your** Personal Business Property

Some of these coverages may be available to us through other markets in certain states. If you are in need of them, let us know. In closing, we look forward to working with you. If you have any questions about the application or the coverage, please feel free to give us a call.

**AMERICAN SOCIETY OF SAFETY PROFESSIONALS
 PROFESSIONAL LIABILITY AND COMMERCIAL GENERAL LIABILITY
 (Specified Members of American Society of Safety Professionals)
 Application for "Claims Made" Professional Liability and "Occurrence" Commercial General Liability**

- A) Please PRINT or type answers to all questions, leaving no blank spaces.
- B) The application must be signed and dated.
- C) When answering questions, please use a separate attachment if space provided is insufficient.

APPLICANT INFORMATION:

- 1 a) Name of Applicant/Organization to be insured _____
 Name of Contact Person (person completing application) _____
- b) Address (**MUST** be a Physical Address) _____
 City _____ State _____ Zip Code _____
 Area Code/Phone Number _____ Fax Number _____
 Email Address _____ Website Address _____
 Mailing Address _____
- c) Applicant is Sole Proprietor Partnership Corporation Other _____
- d) Is the Applicant a subsidiary of another entity or does the Applicant have any subsidiaries? _____

- e) List Branch Offices and Addresses, if any: _____

- f) Do you work from home or a dedicated office? Home Dedicated Office
- g) Date Business was established: _____
- h) Total Gross Receipts (whether collected or not) from Billable Hours:
 This Year (Estimate): \$ _____ Last Year: \$ _____ Two Years Ago: \$ _____

2a) Please describe areas of consulting services below by showing the percentage of income derived from each and a brief description of each, please use a separate attachment if necessary.

Example: 30% Description: OSHA Compliance. I/we provide OSHA Compliance audits for industrial clients, mostly chemical manufacturers.

- _____% Description: _____
- _____% Description: _____
- _____% Description: _____
- _____% Description: _____
- _____% Description: _____

2b) Does the Applicant perform Onsite Safety Surveys/Inspections/Audits? Yes No

If yes, please advise what percentage of your work is in this area? _____%

2c) Do you perform any Safety Consulting activities offshore or overseas? Yes No

If yes, what are the activities you perform and do you perform them on a seldom, occasional or regular basis?

2d) What percentage of your Surveys/Inspections/Audits are:

Pre-Injury? _____% Post-Injury? _____%

2e) What percentage of your work involves companies dealing with heavy machinery? _____%

3) Briefly describe your clients and the purpose of the safety services you provide for these clients.

4) What percentage of the Applicants clients are in the following industries totaling 100%?

Chemical	_____%	Metal & Mining	_____%
Commercial & Private Industries	_____%	Municipalities	_____%
Construction	_____%	Oil & Gas	_____%
Hazardous Waste	_____%	Railroad/Aviation/Aerospace	_____%
Industrial	_____%	Other (please specify below)	_____%
Marine	_____%		100%

ADDITIONAL INSUREDS

5) Please complete attached Additional Insured request form, if applicable.

PREVIOUS INSURANCE AND LOSS HISTORY

6a) Professional Liability:
Does the Applicant presently have a professional liability policy? Yes No

6b) Please give details of previous professional liability policies purchased in the last **five** years by the Applicant or predecessor or prior entity.

Carrier	Limits	Deductible	Paid Premiums	Coverage Dates Effective From To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6c) Commercial General Liability
Please provide carrier information for the last **three** years:

Expiration Date	Carrier	Policy Number	Policy Type	General Aggregate	Products Aggregate	Per Occurrence	Total Premium
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

7a) Have any claims or suits been made during the past **five years** against the Applicant, or any person now a principal or owner of the Applicant, or any predecessor entity or any prior entity owned or previously owned by a current principal or owner of the Applicant either as an individual or as a safety consultant: Yes No

If yes, please provide full particulars; including date of occurrence, description of occurrence or claim, date of claim, amount paid, amount reserved and claim status (open/closed). Use a separate attachment if necessary:

7b) Upon inquiry of all personnel, is the Applicant, or any employee, manager or owner of the Applicant, aware of any circumstance, incident or situation, which may result in a claim? Yes No

If yes, please give details (use a separate attachment if necessary): _____

7c) Have all claims and circumstances requiring a response in questions 7a) and 7b) already been reported to and accepted by a current or past Insurer? Yes No

If no, please give full details on a separate attachment.

7d) Has any similar insurance for the Applicant or any person now a principal or owner of the Applicant, or any predecessor entity or any prior entity owned or previously owned by a current principal or owner of the Applicant either as an individual or as a safety consultant ever been canceled or declined or refused renewal? Yes No

If yes, please give details (use a separate attachment if necessary):

8) Does the Applicant always provide clients with contracts and disclaimers? Yes No

9) Does the Applicant use a contract to limit the exposure? Yes No

10) Are safety consulting services provided on a full-time basis or part-time basis Full-Time Part-Time

If on a part-time basis, please give details of other work.

11a) Please list all professional designations:

11b) Please list memberships to any professional associations:

12a) Number of employees: Full Time Staff _____ Part Time Staff _____

12b) Please provide the following information, use a separate attachment if necessary:

Name of All Partners/Principals; Key Employees	Position	How long as Partners/Principals, Key Employees	ASSP Membership Number	Professional Designations

PLEASE ATTACH A RESUME FOR EACH OF THE ABOVE.

13a) Limits of Liability Requested:

Professional Liability:

- \$100,000/100,000
 \$250,000/250,000
 \$500,000/500,000
 \$1,000,000/1,000,000
 \$1,000,000/2,000,000
 Other

General Liability:

- \$100,000/100,000
 \$250,000/250,000
 \$500,000/500,000
 \$1,000,000/1,000,000
 \$1,000,000/2,000,000
 Other

13b) Deductible Requested for Professional Liability:

- \$1,500
 \$2,500
 \$5,000
 \$7,500
 \$10,000
 \$ _____

If a deductible greater than \$7,500 is chosen, a copy of your latest financial statement may be required to bind coverage.

I hereby declare that the above statements and particulars are true, and that I have not suppressed or misstated any material facts. At the present time, I have no reason to anticipate any claim being brought against me for any act, error or omission on my part, other than as stated above, and agree that this Proposal Form shall be the basis of the contract between the Underwriters and me and shall be deemed a part thereof.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Complete Equity Markets, Inc.

(In CA) dba Complete Equity Markets

Insurance Agency, Inc.

1190 Flex Court

Lake Zurich, IL 60047

(800)323-6234

(847)541-0900 (Local)

(847)541-0444 FAX

Name of Applicant _____

Signature _____

Title _____

Date _____

The Applicant must sign this proposal form duly completed, together with any supplementary information, in ink. A signed copy will be attached to and form part of the policy or certificate, if issued. **Completion of this proposal form does not obligate the Applicant or the Underwriter to complete this insurance.**

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