Professional Liability Inspector Application

Tim Parkman Insurance
P.O. Box 2220
Clinton, MS 39060
877-782-2594 Option 3 for CL Underwriting
Submit Applications Via: Fax: 888-255-0961
Email: quotes@tpi-insurance.com

PROFESSIONAL LIABILITY APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

ELIGIBILITY QUESTIONS

1. Please enter your gross revenue for the last full calender year (If start up enter an estimate for the first year of operation): _____

2. Does the applicant provide inspection/testing services on any of the following:
-Amusement Rides
-Aviation
-Cranes
-Mines
-On Site Safety
-Scaffolding
-Weapons
-Welding
-Marine
-Automobiles
-Railroad
-Elevators/Lifts
-Medical/Healthcare
-DNA/Genetics
-Section 8 Property
Yes ☐ No ☐

3. Are any of these revenues derived from entering into contracts where services provided are contingent upon the client achieving cost reductions or improved operating results? Yes ☐ No ☐

4. Confirm that the Applicant licensed to perform the inspection services for which coverage is being sought and that they have never had their license revoked or suspended, been fined/disciplined or been subject to any investigation by any regulator. Yes ☐ No ☐

5. Does the Applicant always enter into a written agreement with a customer/client and always obtain, and maintain for the Applicant's records, an executed copy of such agreement before the Applicant renders services? Yes ☐ No ☐

6. Does the Applicant provide any additional services (further consulting or contracting) to their clients other than the inspection services for which coverage is being sought? Yes ☐ No ☐

7. During the past 5 years have any Claims, Suits or Demands for Arbitration been brought by or against the Applicant (including all predecessors in business, owners, officers and directors)? Yes ☐ No ☐

8. Is the Applicant aware of any circumstance, allegation, incident, act, error or omission which may lead to a claim? Yes ☐ No ☐

9. What best describes your Inspector / Tester business? _____

10. Please describe the industry: _____

GENERAL DETAILS

Name and Mailing Address of Applicant _____

_____ State _____ Zip code _____

Name and Address of Retail Broker: _____

_____ State _____ Zip code _____

CONTACT DETAILS

Contact Name _____

Telephone _____ Email _____

COVERAGE DETAILS

1. Requested Effective Date:

2. Is Cyber coverage Required? Yes ☐ No ☐
If yes, please complete questions 3 -6

3. Has the applicant had any computer or information security incidents during the past three years ? Yes ☐ No ☐

4. Has the applicant given written notice under the provisions of any prior or current cyber risk, media or network security policy of specific facts or circumstances which may give or have given rise to a Claim being made against any proposed Insured? Yes ☐ No ☐

5. Has the applicant failed to encrypt all protected health information and credit card data stored digitally?: Yes ☐ No ☐ Not Applicable ☐

6. Has the applicant failed to maintain computer virus, firewall and secure backup protection? Yes ☐ No ☐

7. Is Commercial General Liability (separate head of cover) coverage required? Yes ☐ No ☐
If yes, please complete question 8

8. Does your business provide any one of the following: Construction, Installation, Maintenance, Treatment, Cleaning or Security? Yes ☐ No ☐

9. Is Hired and Non Owned Auto coverage required? Yes ☐ No ☐
If yes, please complete question 10 – 12

10. *Are* any of your employees who use their vehicle for company business under 21, driving on company business more than 2 hours a day or beyond a 75 mile radius from your office? Yes ☐ No ☐

11. Do employees transport any passengers on business use? Yes ☐ No ☐

12. How many employees use their personal vehicles on business use?

13. Is TRIPRA coverage required? Yes ☐ No ☐

14. Professional Liability each claim/aggregate limit required: $500,000/$500,000 ☐ $1,000,000/$1,000,000 ☐ $1,000,000/$2,000,000 ☐

15. Professional Liability each claim deductible required: $0 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐

16. If Professional Liability insurance is currently in force, what is the current retroactive date of the policy:

DECLARATION

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

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 AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature _____ Retail Broker's Signature _____

Date _____ Date _____