

**APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD'S**

Program for members of:



Administered by:



This application is for a claims- made insurance policy

Applicant Instructions

- Applicant must be a member of Insights Association (IA) (membership will be verified by IA))
- All questions must be answered completely; please print clearly; if any questions are considered "not applicable", please explain why.
- If you need more space, continue on attachment "A" and indicate question number.
- Please complete the Financial Supplement attachment "B" and other supplements where required.
- This application, which includes supplement forms, must be signed and dated by a principal of the firm.
- Send the completed application and all related documents to Alliant Insurance Services (Do not send to IA).

1. Name of Applicant (Firm/Company Name)

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List Other Subsidiaries to Be Insured by This Policy

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2. Address

Street No:	City:
State/Province:	Zip:
Country:	

3. Telephone Number

Fax Number

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E-mail address

Website

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4. Briefly describe the functions, purpose, and general operations of the firm.

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Describe in detail the nature and types of professional service the Applicant is engaged in and indicate the approximate percentage of revenues derived from each.

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5. Please indicate the type of company:

Sole Proprietor ☐

Corporation ☐

Partnership ☐

Privately Held ☐

Other ☐

If "Other" please specify below

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6. Date established

Number of Employees

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7. Is the Applicant certified under any of the following standards?

ISO 20252- Market, Opinion and Social Research ☐

ISO 26362- Access Panels in Market, Opinion and Social Research ☐

8. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own any other firm or business enterprise?

Yes ☐ No ☐

If Yes, please provide full details below

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9. Are any significant changes in the nature or size of the Applicant's business anticipated over the next 12 months? Or have there been any such changes in the past 12 months? Yes ☐ No ☐ If Yes, please provide full details below

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10. In the past 24 months has the Applicant or any of its principals engaged in any business or profession other than as described in question #4? Yes ☐ No ☐ If Yes, please provide full details below

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11. For each principal member of staff please provide the following:

<p>i)</p> <table style="width: 100%;"> <tr><td>Name of Principal or Qualified Employee</td><td></td></tr> <tr><td>Professional Qualifications</td><td></td></tr> <tr><td>Number of years in practice</td><td></td></tr> <tr><td>Number of years with Applicant</td><td></td></tr> </table>	Name of Principal or Qualified Employee		Professional Qualifications		Number of years in practice		Number of years with Applicant		<p>ii)</p> <table style="width: 100%;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
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Number of years in practice																	
Number of years with Applicant																	

12. Does the Applicant have a current audited financial statement? Yes ☐ If Yes, please attach No ☐ If No, please complete the following:

Applicant's total revenue as of most recent fiscal year	\$	Applicant's total assets as of most recent fiscal year	\$
Applicant's Total expenses as most recent fiscal year	\$	Applicant's Net Income as of most Recent fiscal year	\$

13. Gross Billings (In US Dollars):

Current year (forecast)	Last year	Year before last
\$	\$	\$

14. Please indicate the Applicant's five largest jobs/projects during the past three years:

Client	Service	Applicant's fee	Total Project Cost
1.			
2.			
3.			
4.			
5.			

15. Please provide percentage revenue derived from the following:

Federal Government		State/Municipal Entities	
Corporations		Non-Profit Organizations	

16. Does the Applicant use a written contract? Always ☐ Sometimes ☐ Never ☐

If not always, please explain how the scope of services to be provided is agreed upon:



Please attach a copy of a standard contract or letter of engagement.

17. Have the Applicant's services and advice been used in any disclosure documents or prospectus' to investors in any business entity? Yes No

If Yes, please detail (including procedures to ensure quality control):

18. Does any director, Officer, employee or partner of the Applicant serve on the board of directors of any client of the Applicant? Yes No If Yes, please provide full details below

19. Does any Applicant give advice to any client regarding investments of any kind? Yes No If Yes, please provide full details below

20. Does the Applicant sub-contract work to others? Yes No

If Yes, please explain and include the nature of the indemnities, hold harmless agreements, etc:

21. Does the Applicant utilize automated dialing machines? Yes No

22. Does the Applicant maintain primary General Liability coverage, including personal/advertising liability? Yes No

23. Does the Applicant currently maintain errors and omission or professional liability insurance? Yes No

If Yes, please indicate errors and omissions insurance carried for each of the past three years:

	Carrier	From (mm/yy)	To (mm/yy)	Limit	Deductible	Premium	Retrodate
Current year							
Last year							
Year before last							

The basic policy for which you have applied will not cover acts, error or omissions which took place prior to the inception date of the policy unless continuous coverage to the same value has been purchased.

Please confirm continuous coverage has been purchased: Yes ☐ No ☐

24. Has any errors and omissions or professional liability insurance ever been declined or cancelled? Yes ☐ No ☐ If Yes, please provide full details below

25. Please note the following:

Limit of Liability Desired	\$1,000,000 <input type="checkbox"/>	\$2,000,000 <input type="checkbox"/>	\$3,000,000 <input type="checkbox"/>	\$5,000,000 <input type="checkbox"/>	Other <input type="checkbox"/> (Please specify):
Deductible	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$15,000 <input type="checkbox"/>	\$25,000 <input type="checkbox"/>	Other <input type="checkbox"/> (Please specify):

26. Has the Applicant or any director, officer, employee or partner providing professional services on behalf of the Applicant been subject to disciplinary action as a result of professional activities? Yes No If Yes, please provide full details below

27. Does any person proposed to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her? Yes No If Yes, please provide full details below

28. Is the Applicant aware of any errors, omission or claims (including any circumstances whether reported to previous insurers or not, which have not developed into claims), during the last TEN years? Yes No
If Yes, please complete Attachment "C")

29. Has the Applicant been a party to any lawsuit or other legal proceeding within the past five years? Yes No

If Yes, please provide (on Attachment "A") a description which includes the venue of the action, the parties, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the Applicant, including all costs incurred; including defense expenses.

It is agreed that if such knowledge or information exists, any claim or action arising there from is excluded from this proposed coverage.

PLEASE ATTACH A CURRENT ANNUAL REPORT.

All written statements and materials furnished in conjunction with this Application are hereby incorporated by reference into this application and made a part hereof.

This application does not bind the Applicant to buy, or the Company to issue, the insurance but is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy.

The Applicant further declared that if the information supplied on this application changes between the date of this application and the time when the policy issued, the applicant will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Notice to New York and Ohio 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."

NOTE: Alliant will be providing this application and all of the information you have submitted with it to an insurance company for underwriting purposes. In submitting this application, the applicant understands and agrees that such insurance company may rely on the statements in this application and any other documents that accompany it in offering and binding an appropriate insurance policy. This application does not bind the applicant or the Company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The undersigned authorized officer of the association hereby represents that to the best of his knowledge the statements set forth in this application are true. If the information supplied on this application changes between the date of the application and the time when the policy is issued the applicant will immediately notify the Company.

I have read the foregoing application of insurance including supplement sheets "A", "B" and "C" and warrant that the responses provided on behalf of the Applicant are true and correct.

Producer

Alliant Insurance Services of Washington, D.C.

Applicant's Signature

Date

Name (printed)

Position

Send application and related documents to:

ALLIANT INSURANCE SERVICES
4530 Walney Road, Suite 200
Chantilly, VA 20151
Barry Peters
Direct: 301.263.6630
Barry.peters@alliant.com

**NETWORK SECURITY FORM FOR PROFESSIONAL LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD'S**

Program for Members of:

Administered by:



Please answer the following questions accurately. By answering these questions, the information provided together with any other material facts you supply will form the basis of any contract of insurance. Where cover is required for 100% owned and managed subsidiaries of the Company, include them in your answers to all of the questions.

1.	Do you collect, handle, store, process or transmit personal data* , whether for your own purposes or on behalf of others?	Yes	No
	If YES , please describe the nature of the personal data* :		
2.	Do you comply with any regulatory and industry supported privacy and security compliance frameworks that apply to your business, including PCI (Payment Card Industry) data security standards?	Yes	No N/A
3.	Do you have written corporate privacy and data security policies and procedures in place covering the handling, storage and transmission of personal data* ?		
4.	Is all personal data* encrypted using industry standard software whilst residing on your systems (including laptop computers, removable storage devices, PDAs, smartphones and home based PCs) or being moved (transmitted electronically or physically moved) within your organization or to/from your business partners/ service providers or other public networks?		
	If NO , please explain what measures you take to prevent unauthorized access to personal data* :		
5.	Indicate the number of personal data* records you may have residing on your systems at any one time, either at rest or in transit, including those of your employees:		
	<input type="checkbox"/> Under 1,000 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,000-10,000 <input type="checkbox"/> 10,000-100,000 <input type="checkbox"/> 100,000 – 1 million <input type="checkbox"/> More than 1 million		
6.	Do you maintain IT network security procedures and protocols that include as a minimum:	Yes	No N/A
	a. Formalized security policies for anyone with direct or remote access to your hard wired or wireless network?		
	b. Weekly secure offsite data back up and tested recovery?		
	c. Perimeter firewall protection?		
	d. Updated anti-virus measures?		
	e. Operating system and software patch management?		
7.	Have you passed an accredited external privacy audit in the last 24 months?		
8.	Do you outsource any of your data handling, data processing or business services?		
	a. If YES , do you communicate your security requirements to ensure those service providers maintain adequate data security measures to at least industry standards?		
	b. If YES , do you insist under service level agreements that your service providers indemnify you for any losses you suffer as a result of their action?		
9.	Do you have a business contingency plan in place that is regularly updated and tested?		
10.	What is the dependency of your business on access to data and business applications?		
	a. high – any interruption will have a significant and immediate effect		
	b. moderate – no material impact for up to the first 12 hours		
	c. low – no material impact for up to the first 72 hours		
11.	Regarding the risks to which this proposal form relates, in the last 5 years <u>after enquiry</u> :		
	a. Have you suffered any losses or had any claims made against the Company?		
	b. Are you aware of any circumstances which may give rise to a loss or claim against the Company?		
	c. Has the Company suffered or received any complaints involving any breach of security, data loss or breach of privacy?		
	d. Has the Company or any of its partners or directors been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?		

*** Personal data** is information relating to an identified or identifiable person. This can include social security or salary details, physical and e-mail address details, payment card details, medical information or criminal convictions and can be in electronic or physical file format.

I/we declare that the responses given above are accurate. Where necessary I/we have provided additional material information relevant to this proposal. Given the importance of my/our answers, I/we will inform Underwriters of any material changes to these facts that occur after completion of this proposal.

Name:

Signed:

Position held at the Insured:

Date: