

# BEDFORD

UNDERWRITERS, LTD.

## WHOLESALE INSURANCE BROKERS

[www.bedfordunderwriters.com](http://www.bedfordunderwriters.com)

315 East Mill St. P O Box 278 Plymouth, WI 53073  
PH (920) 892-8795 (800) 735-1378 FAX (920) 892-8980

### APPLICATION FOR SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY INSURANCE (Claims Made Basis)

#### APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.  
(PLEASE TYPE OR PRINT IN INK)

#### 1. APPLICANT INFORMATION

- a. Full name of Applicant: \_\_\_\_\_
- b. Principal business premise address: \_\_\_\_\_  
(Street) (County)  
\_\_\_\_\_  
(City) (State) (Zip)
- c. Addresses of Branch Offices: \_\_\_\_\_
- d. Number of Employees: Full time \_\_\_\_ Part time \_\_\_\_ Seasonal \_\_\_\_ Total \_\_\_\_
- e. [ ] Corporation [ ] Partnership [ ] Individual [ ] Other Date established: \_\_\_\_\_
- f. Please list and describe affiliations with other firms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| g. (i) In the past five years has your name changed? | [ ]        | [ ]       |
| (ii) Has any other business been purchased?          | [ ]        | [ ]       |
| (iii) Has any merger taken place?                    | [ ]        | [ ]       |

If Yes, please attach details - including any changes in operations and key employees.

#### 2. PROFESSIONAL ACTIVITIES AND SPECIALTY

- a. Please describe the professional activities for which coverage is desired and indicate the percentage of gross receipts derived from each activity. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Fees and Receipts: **Past 3 Years:**  
Estimate for Coming Year: \_\_\_\_\_ Year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Are you engaged in any business or profession other than as described in Item 2(a)? [ ] Yes [ ] No If Yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Have you established a quality control and/or continuing education program to limit professional liability exposure? [ ] Yes [ ] No Please explain: \_\_\_\_\_  
\_\_\_\_\_

**3. CLAIMS/HISTORY**

Please attach details for any "Yes" answers.

- a. List any professional liability claims actually made against you in the past five years, including status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.  
If None, please check  None.
- b. Please list any known incidents which might give rise to a professional liability claim.  
If None, please check  None.
- c. Has any insurer canceled or refused to renew any similar insurance during the past five years?  Yes  No
- d. Previous coverage:

Policy Period	Insurer	Indicate whether Claims made or Occurrence policy	Limits of Liability	Deductible	Retro Date

**4. ADDITIONAL INFORMATION**

- a. Please attach a list of:
  - (i) Partners, key employees, etch, and their professional qualifications;
  - (ii) Professional societies and organizations to which they or you belong(s); and
  - (iii) Your five largest jobs in the past three years.
- b. Please attach copies of:
  - (i) Advertisements, brochures, descriptive literature;
  - (ii) Sample contract for services between you and your clients; and
  - (iii) Latest financial data (annual report or balance sheet and income statement).

\* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company.**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

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

\_\_\_\_\_  
Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

**EXECUTIVE RECRUITING CONSULTANTS SUPPLEMENT  
TO THE GENERAL APPLICATION FOR SPECIFIED PROFESSIONS**

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**1. APPLICANT INFORMATION**

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Name of Applicant: \_\_\_\_\_

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**2. APPLICANT RECRUITING OPERATIONS**

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	<u>Previous Year</u>	<u>Last Year</u>	<u>Estimate This Year</u>
a. Breakdown of Total Staff			
Professionals:	_____	_____	_____
Other Employees:	_____	_____	_____
Total:	_____	_____	_____
b. Number of Search Engagements:	_____	_____	_____
c. Average salary level of completed placements:	\$ _____	\$ _____	\$ _____
d. Highest salary level of completed placements:	\$ _____	\$ _____	\$ _____
e. Describe in detail the percentage breakdown of the different industries with which your company renders professional services (Total must equal 100%):			
_____			
_____			
_____			
_____			

I understand information submitted herein becomes a part of my Application and is subject to the same representation and conditions.

\_\_\_\_\_  
Name of Applicant\*

\_\_\_\_\_  
Title (Officer, partner, etc.)

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

\_\_\_\_\_  
Date

One signed copy will be attached to the policy, cover note or certificate, if issued.

\*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.