



3D STAR INSURANCE SERVICES, INC.

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MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE EXPENSES, AND THAT DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Name of Applicant: _____
Address: _____

Phone: _____ Fax: _____
Web-Site Address: _____

2. Applicant is: Individual Partnership Corporation Other

3. Year Established: _____

ATTACH COPY OF APPLICANT'S LETTERHEAD

4. Limits of Liability Desired: \$ _____ each Claim/Annual Aggregate

5. Deductible Desired: \$2,500 \$5,000 \$10,000 \$25,000 Other

6. Please describe in detail the professional services for which coverage is desired:

7. Please provide the following information for all partners, principals, employed professionals and key employees (attach separate sheet if necessary).

Name	Home Address	SS#	D/O/B
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8. Is the Applicant engaged in any business or profession other than that described in Question 6?
 Yes No

If yes, please attach an application and estimated revenues.

9. Please indicate the total annual gross revenues derived from the services described in Question 6 for the past three years and the projected revenues for the current year:

YEAR	REVENUE
a) Current	\$ _____
b) _____	\$ _____
c) _____	\$ _____
d) _____	\$ _____

10. For the revenue listed in Question 8a, please indicate the approximate percentage derived from each of the services listed in Question 6:

SERVICE	PERCENT OF REVENUE
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

11. 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 attach an explanation and indicate if any services described in Question 6 are provided to such firm or business enterprise.

12. During the past three years, has the Applicant's name been changed, or has the Applicant purchased, merged or consolidated with any other business or has the Applicant been purchased? Yes No If yes please attach explanation.

13. Are any changes in the nature or size of the Applicant's business anticipated over the next 12 months?
 Yes No
 If yes, please attach an explanation. Changes in size of less than 25% need not be explained.

14. Please indicate the number of:
- a) Principals, partners, officers and professional employees directly engaged in providing services to clients. _____ b) All other (non professional/clerical) employees _____

15. Please provide the following:

Names of All Partners, Principals, and Key Employees	Professional Qualifications/Designations	# Of Years In Practice	# Of Years With Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Please list professional associations to which Applicant belongs:

17. Has the Applicant provided services to any governmental entities? Yes No
If yes, please attach an explanation.
18. Has the Applicant provided services to any employee benefits plans, including any pension plans or does it plan to do so? Yes No If yes, please attach an explanation.
19. Has the Applicant provided services to any bank, savings and loan or other financial institution, or does it plan to do so? If yes, please attach an explanation.
20. Please indicate the Applicant's five largest jobs/projects during the past three years, showing client's name services provided and gross revenues for each:
21. 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 attach an explanation.
22. Does the Applicant use a written contract with clients?
 In all cases Sometimes No
23. Does the Applicant subcontract work to others? Yes No
24. Does the Applicant have a written procedural manual for employees to follow? Yes No
25. Does the Applicant have a formalized training program for newly hired employees?
 Yes No
26. Does the Applicant have promotional literature? Yes No If yes, please attach sample copies of all types.
27. Has any errors and omissions or professional liability insurance ever been declined or cancelled?
 Yes No If yes, please attach an explanation.

28. Is any errors and omissions or professional liability insurance currently in force?
 Yes No.

Provide the following information regarding any coverage during the past five (5) years:

Company	Expiration Date	Limits	Premium
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RETROACTIVE DATE OF CURRENT POLICY: _____

29. Does any director, officer, employee or partner of the applicant have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim?
 Yes No If yes, please attach an explanation:
30. Has the Applicant or any director, officer, employee or partner of the Applicant ever been the subject of disciplinary action as a result of professional activities?
 Yes No If yes, please attach an explanation.
31. Please attach a list and status of all errors and omissions claims made during the past three years against the Applicant or any director, officer, employee or partner of the Applicant. If none, please check here:
 None.

This insurance application, duly completed, together with any supplementary information, must be signed, in ink, by the Applicant. One signed copy will be attached and form a part of any policy issued. Completion of this insurance application does not bind or obligate the Company to offer this insurance.

Signing this form, and tendering any payment, does not bind the Company or the applicant to complete the insurance. The insurance application must be signed to be considered for quotation. By signing below you certify that all information you have provided is correct. You herewith authorize the Company or its representatives to gather any additional information they may deem necessary in order to process this application for quotation or to issue a policy. Your signature below authorizes, but does not obligate the Company to obtain additional information or to verify the information provided from any regulatory agency, provider of services to you or your business, and any financial institution or credit rating company relating to information about you or your business. By your signature, you herewith authorize the release of information regarding your losses, any financial information, or any regulatory compliance matters to the Company.

NOTICE: IN NEW YORK, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

SUPPLEMENTAL CLAIM INFORMATION FORM

APPLICANTS INSTRUCTIONS:

This form is to be completed by Applicant who has been involved in any claim or suit or is aware of any facts, circumstances, acts, errors or omissions which may give rise to a professional liability claim. **COMPLETE ONE FORM FOR EACH SUCH CLAIM OR CIRCUMSTANCE.**

If space is insufficient to answer any question fully, attach separate sheet.

Answer all questions completely.

(PLEASE TYPE OR PRINT)

1. Full name of Applicant: _____
2. Full name of individual(s) or firm involved in claim: _____
3. Full name of Claimant: _____
4. Indicate whether: Claim/Suit () or Incident ()
5. Date of alleged error: _____
6. Date of claim: _____
7. (a) Description of claim: (Provide enough information to allow evaluation and use a separate exhibit if additional space is required and include a copy of the complain): _____

(b) Description of case and events: _____

8. Additional defendants: _____
9. IF CLOSED:

Total loss Paid including Deductible: \$ _____

Indicate whether: Court judgment () or Out-of-court settlement ()
10. IF PENDING

Claimant's settlement demand \$ _____
Defendant's offer for settlement \$ _____
Insurer's loss reserve \$ _____
Deductible \$ _____

Is claim in Suit? Yes () No ()

If yes, Amount asked in complaint \$ _____

11. Name of insurer: _____

I understand that the information submitted herein become a part of my professional liability application and is subject to the same certifications, warranties and conditions.

Applicant's Full Name: _____

By: _____ Date: _____

The Applicant hereby acknowledges that the persons or entities proposed for insurance are aware that the limits of liability contained in the policy applied for shall be reduced, and may be completely exhausted, by Defense Expenses and, in such event, the Company shall not be responsible for the continued defense of any Claim or liable for Defense Expenses or for the amount of any judgment or settlement to the extent that any of the foregoing exceed the limits of liability of such policy

The applicant hereby further acknowledges that the persons or entities proposed for insurance are aware that Defense Expenses that are incurred shall be applied against the deductible amount.

APPLICANT: _____

BY: _____

TITLE: _____

DATE: _____