

# PROFESSIONAL LIABILITY – APPLICATION



Please attach any relevant company literature that will assist us with application evaluation. It is your duty to disclose all material information that may affect the premium or conditions. This completed application will form part of your insurance policy. Coverage is subject to receipt of the original signed application within 30 days of inception.

**Please mail, fax, or e-mail a scanned completed application to:**

AFFINITY INSURANCE SERVICES, INC.  
 159 EAST COUNTY LINE ROAD  
 HATBORO, PA 19040  
 FAX: 866.937.3348  
 E-MAIL: Jeff\_Ambrose@asg.aon.com  
 QUESTIONS? CALL 877.266.4929

## GENERAL INFORMATION:

Company Name:	
Address:	
Phone:	Fax:
E-mail:	SNAME Membership #:
Website:	
Date Company Established:	
Please indicate limits of liability desired:	

Subsidiary Companies to be named in the insurance policy:
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Directors and Senior Managers (Please give names and qualifications):
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a. Please provide us with the number of:

Qualified Staff:
Clerical Staff:

b. Please give details of any trade association to which you are a member:


## BUSINESS ACTIVITIES:

a. Please indicate your gross Annual Income (fees and commissions only):

Estimate for this financial year

Estimate for next financial year

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b. Please indicate (a) the activities to be insured and (b) the approximate percentage of your gross annual income derived from these activities:

Activities to be Insured	% of Annual Income

c. Please name the clients for whom you regularly act:


d. Are you involved in any process of manufacture, construction, alteration or repair other than in a consultancy capacity?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

e. Do you use a standard form of contract, agreement or Letter of appointment?  
(If yes, please provide us with copies.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**INSURANCE / CLAIMS HISTORY**

a. Are you currently insured for your professional liability exposure?  
If yes, please provide us with the following details:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

(i) Name of insurer:
(ii) Limit of liability:
(iii) Deductible:
(iv) Premium:

b. Have any claims been made against the company or its present partners or directors in respect of the type of liabilities to which this proposal relates?  
(If yes, please attach full details)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

c. Have you, at any time, been refused similar insurance, quoted increased premiums or had special terms imposed?  
(If yes, please attach full details)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**DECLARATION**

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or omitted any material facts. (A material fact is one likely to influence the underwriter's assessment of this proposal.) I/We agree that this proposal, together with any other information supplied by myself/ourselves shall form the basis of any contract of insurance effected thereupon. I/We undertake to inform the underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

Name: _____	Position: _____
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Signature: _____	Date: _____
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SNNAME Member Professional Liability Insurance is provided through Affinity Insurance Services, Inc. in all states except: AIS Affinity Insurance Agency in NY; AIS Affinity Insurance Agency, Inc. in MN and OK; AIS Affinity Insurance Agency, Inc. dba Aon Direct Insurance Administrators in CA (License #0795465). Coverage availability may vary by state. All policies are subject to the terms, conditions, exclusions, company underwriting guidelines and approval.