United States Liability Insurance Group

Consultants and Specified Professions Professional Liability

RENEWAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Section I: Background Information

1. Name of Insured: _____
   Address: _____
   _____
   Website: _____

2. Have there been any changes in the nature of the Applicant's business in the last 12 months? If Yes, please explain: _____
   _____

3. During the past 12 months has the name of the firm been changed or has any other business been acquired, merged into or consolidated with the Applicant? ❑ Yes ❑ No If Yes, please explain detailing any liabilities assumed. _____
   _____

4. List total gross receipts from activities as a Consultant/Professional for which coverage is currently provided:

	Gross Receipts:
Last year:	$_____
Current year (based on 12 months):	$_____

5. Describe the (2) two largest jobs or projects in the past year:

Name of Client	Services Provided	Gross Billing/Fees
_____	_____	_____
_____	_____	_____

6. (a) Number of Employed Consultants:_____
   (b) Does the Applicant use Independent Contractors? ❑ Yes ❑ No
   (c) Number of Independent Contractors used: _____

Section II: General Liability/Personal Property Insurance

*If you currently carry General Liability and/or Personal Property Insurance with United States Liability Insurance Group, please complete questions 7 and 8. If you **DO NOT** currently carry General Liability and/or Personal Property Insurance with United States Liability Insurance Group and would like a quotation, please complete the Supplemental Package Application PPPSA (05/2000) .*

7. If Applicant uses Independent Contractors, is General Liability coverage to include Independent Contractors? ❑ Yes ❑ No

8. Personal Property limit needed (at 80% Coinsurance/Replacement Cost):_____

ARIZONA, PENNSYLVANIA AND OREGON FRAUD STATEMENT: 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 AND MAY BE SUBJECT TO A CIVIL PENALTY (AND A CRIMINAL PENALTY IF IN PENNSYLVANIA).

UTAH, CONNECTICUT, OHIO FRAUD STATEMENT: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

VIRGINIA FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER, SUBMITS AN APPLICATION FOR INSURANCE OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

FRAUD STATEMENT (ALL OTHER STATES): 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 AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSANDS DOLLARS AND THE STATED VALUE OF THE CLAIM FOR SUCH VIOLATION.

NOTICE TO THE APPLICANT

The undersigned declares that to the best of his/her knowledge and belief that the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. It is agreed that this Application shall be material to the contract should a policy be issued and it will be attached to and become a part of the policy.

Signature of Applicant: _____
Must be signed by a Principal, Partner or Officer of the Firm

Date:_____