The J.P. Anthony Agency LLC 2 Eastwick Drive, Suite 301 Gibbsboro, NJ 08026	**APPLICATION FOR EXCESS PROFESSIONAL LIABLITY INSURANCE (CLAIMS-MADE FORM)**

General Applicant Information

1. Name of Applicant: _____

    _____

2. Principle Address: _____

    _____

3. City: _____ County: _____ State: _____ Zip Code: _____

4. Phone: _____ Website Address: _____

5. Does the Applicant practice as: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC

    ☐ Other: _____

6. Date Applicant was established: _____ / _____ / _____

MM   DD   YY

Applicant Practice

7. Please describe in detail the professional activities for which coverage is desired:

    _____

    _____

    _____

8. List the total gross revenues for the past two years derived from those activities in Question 7. In addition, please list list projected revenues for the current year (For insurance agents and brokers, please provide total gross commissions).

Year	Amount
a. Current Projected	$_____
b._____	$_____
c._____	$_____

9. Provide the information on the Total Number of Professional Staff: _____

10. Is the Applicant controlled, owned or associated with any other firm, corporation or company, or do you have any wholly or partially owned subsidiaries?   ☐ Yes ☐ No   (If "Yes", attach an explanation)

11. Does the Applicant use a written contract, written agreement, or engagement letter with clients?   ☐ Yes ☐ No

☐ In all cases   ☐ Sometimes   ☐ Never

12. In the past (5) five years, has any professional liability claim or suit ever been made against the Applicant or any of its predecessor firms if any?   ☐ Yes ☐ No   If "Yes", how many? _____

Please complete the Claim Supplement and provide currently valued company loss runs for the past 5 years.

13. Does any principal, owner, partner or employee know of any incident, act, error or omission that could result in a claim or suit against the Applicant Firm or any predecessor firms?   ☐ Yes ☐ No   If "yes", how many? _____

Please complete the Claim Supplement and provide currently valued company loss runs for the past 5 years.

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13. Have all matters in Question 12. and 13. been reported to the Applicant's former or current insurer(s) or to the former insurer of any predecessor firm or former insurer of a current member of the Firm? ☐ Yes ☐ No

14. Has any principal, owner, partner or employee for whom coverage is sought been the subject of a disciplinary complaint made to any court, administrative agency or regulatory body? ☐ Yes ☐ No
(If "Yes", provide full details and documentation)

15. In the past five (5) years, has the Applicant or any of its members ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? (If "yes", please provide full details) ☐ Yes ☐ No

16. Please list primary insurance information below:
PRIMARY CARRIER: _____   PRIMARY LIMITS: _____
PRIMARY LIMITS: _____   PRIMARY PREMIUM: _____

17. Please list underlying information below (if more than one insurance carrier, please list on attachment):
UNDERLYING CARRIER: _____   UNDERLYING LIMITS: _____
UNDERLYING LIMITS: _____   UNDERLYING PREMIUM: _____

Representations

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue 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 part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the dates of this application and the time when the policy is 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.

_____   _____   _____
Signature of the Insured, Owner, Partner or Principal   Title   Date

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