



MISCELLANEOUS PROFESSIONAL LIABILITY AND PREMISES LIABILITY INSURANCE APPLICATION NEW BUSINESS Vantage 360® MPL+



Kevin Dahlke Insurance Brokerage

THIS IS AN APPLICATION FOR CLAIMS-MADE AND REPORTED INSURANCE PROVIDED THROUGH ASPEN AMERICAN INSURANCE COMPANY. IT IS IMPORTANT THAT THE APPLICANT REPORT ANY CURRENTLY KNOWN CLAIMS OR CIRCUMSTANCES THAT COULD RESULT IN A CLAIM TO THE APPLICANT'S CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO COVER SUCH CLAIMS OR INCIDENTS. ASPEN AMERICAN INSURANCE COMPANY WILL NOT PROVIDE COVERAGE FOR CLAIMS OR INCIDENTS WHICH THE APPLICANT IS AWARE OF PRIOR TO THE INCEPTION DATE OF ANY COVERAGE THAT IS OFFERED AND ACCEPTED.

INSTRUCTIONS FOR COMPLETING APPLICATION:

Please type or print clearly in ink. All questions must be answered completely. If any questions are considered "not applicable," please explain why. If you need more space, continue on a separate sheet and indicate the question number. This Application and all supplemental forms must be signed and dated by an active Principal, Partner, Managing Member or Senior Officer of the Applicant. The original copy of the signed and dated Application is needed before any coverage can be bound. Return this and all supplemental applications to:

Kevin Dahlke Insurance Brokerage, Inc
6812 Deep Valley Rd
San Diego CA, 92120

SEND SUBMISSIONS TO: kevin@dahlkeinsurance.com

Please read this entire Application carefully before signing. Whenever used in this application, the term "Applicant" means the Named Insured(s) and any other entity proposed for coverage. Please also attach the following items in support of this Application:

- Resumes of Top Three (3) Key Employees/Personnel
Sample copy of the Applicant's standard client contract
Any Supplemental Applications required

Requested Effective Date: From To
12:01 a.m. Standard Time at the street address of the Applicant Firm

PART I: GENERAL APPLICANT INFORMATION

- Name of Applicant:
Applicant principal location:
a. Address: City: State: Zip Code: Telephone:
b. Website: Email Address:
c. Date Established:
3. a. Applicant is: Corporation Partnership Individual LLC Non-Profit
b. Applicant is: Local Regional (multi-state) National International

- c. If the Applicant conducts business outside its state of domicile (principal location), please list the states and corresponding % of revenues derived from each state:

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4. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company, or does the Applicant have any subsidiaries? Yes No

If yes, please advise:

Name of Entity	Nature of Operations	% of Ownership

5. Does any partner, owner, officer or employee of the Applicant serve as an officer or on the Board of Directors of any client or own more than a three (3) percent interest in any client? Yes No
If yes, provide a complete detail of such appointments and holdings.

Name of Individual	Client Name	Position/Directorship/Equity %

6. During the past five (5) years has the name of the Applicant firm been changed or has any other business(es) been acquired, merged into or consolidated with the Applicant firm? Yes No
If yes, provide a complete detail of transactions and detail any liabilities assumed.

Name of Entity	Date of Transaction	Type of Transaction	Liabilities Assumed

7. **Complete this question only if premises liability coverage is requested. If coverage is not requested, please proceed to next Section.**

Provide the following information for each area owned, occupied or leased by the Applicant.

Location Address	Square Footage	If Applicant is required to add Landlord as Additional Insured, provide details

Does any Applicant own, operate or control a day care center? Yes No

PART 2: APPLICANT'S DESCRIPTION OF OPERATIONS

8. Describe in detail the professional services you wish to insure (attach company brochures, advertising materials, etc., that describe these services).

9. Please provide the following information regarding your income from the above services:

a. Dates of Applicant's current fiscal period: From: _____ To: _____

- b. Total Gross Annual Revenue is derived from (check all that are applicable):

Revenues Sales Fees Commissions

Other (please describe): _____

c.

Operating Year	Total Gross Annual Revenues	Estimated Number of Clients	% of Revenue Performed By Independent Contractors Or Sub-Consultants	% of Revenue Derived from Operations Outside the United States
Past Fiscal Year				
Current Fiscal Year				
Estimate Next Year				

- d. Did the Applicant have a positive net income in the past 12 months? Yes No

If no, please indicated steps being taken to correct the negative net income.

- e. Is the Applicant's overall net equity positive? Yes No

If no, please advise net equity and steps being taken to correct the negative net equity.

10. Please answer the following questions regarding the use of independent contractors or sub-consultants:

a. Does the Applicant utilize the services of independent contractors or sub-consultants? Yes No

b. Do the independent contractors or sub-consultants work exclusively for the Applicant? Yes No

c. Do the independent contractors or sub-consultants perform the same services as the Applicant? Yes No

d. Does the Applicant require all independent contractors or sub-consultants to carry errors and omissions insurance? Yes No

11. Does the Applicant have a physical presence (e.g. office, staff, and/or independent contractors) outside of the United States? Yes No

If yes, indicate what countries and describe operations.

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12. Please describe the Applicant's five (5) largest jobs or projects during the past three (3) years:

	Client*	Description of Services	Total Gross Billings
1.			
2.			
3.			
4.			
5.			

*Please describe the business/industry sector of the client. The client name is not required.

PART 3: APPLICANT'S DESCRIPTION OF STAFF AND PROFESSIONAL EXPERIENCE

13. Staffing – Please provide a breakdown of Applicant's staff as follows:

	Current Year	Last Year
a. Number of Principals, Partners or Officers		
b. Professional/Technical Staff not included in #12(a) above		
c. Support or Clerical Staff		
d. Total Staff Count		

14. Does the Applicant have any staff members that are certified, licensed or registered professionals (i.e. architect, engineer, medical practitioner, attorney, CPA, actuary, insurance agent or broker, financial planner/advisor, etc.)? Yes No

If yes, please provide individual's name, designation/affiliation and services they are providing.

Individual's Name	Designation/Affiliation	Service Being Performed

15. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in any way or been the subject of any investigation by any regulatory body relating to their profession?

Yes No

If yes, attach details.

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16. Please list the qualifications of top three (3) key personnel as per below and attach resumes of each.

Name	Title & Professional Designations	% of Ownership		Years of Experience
Resident/Home Address	City	State	Zip Code	Date of Hire

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Name	Title & Professional Designations	% of Ownership	Years of Experience	
Resident/Home Address	City	State	Zip Code	Date of Hire

Name	Title & Professional Designations	% of Ownership	Years of Experience	
Resident/Home Address	City	State	Zip Code	Date of Hire

PART 4: APPLICANT'S CONTRACT PROCEDURES

17. Does the Applicant secure a written contract or agreement for every project (provide a sample copy)?
 In all cases Sometimes Never Not Applicable

If not in all cases, in what percentage of your work is a contract utilized?		%
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18. Does the Applicant's written contract or agreement for professional services contain the following:

Hold harmless or indemnification clause in Applicant's favor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hold harmless or indemnification clause in client's favor	<input type="checkbox"/> Yes <input type="checkbox"/> No
A specific description of the services the Applicant is to provide	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any guarantees or warranties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outline and description of payment terms	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Does the Applicant ever enter into contracts where their fees for services provided are contingent upon the client achieving cost reductions or improved operating results? Yes No
 If yes, provide a detailed description of such arrangements.

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PART 5: DISCIPLINARY PROCEEDINGS AND CLAIM OR POTENTIAL CLAIM ACTIVITY

20. Has the Applicant initiated litigation against any of its clients in the past 5 years?
 Yes No

If yes, provide a description of all circumstances.

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21. Have any claims, suits, or proceedings been made against the Applicant, its predecessors, subsidiaries or affiliates or against any past or present partners, directors, officers, members, board members or employees within the past five (5) years? Yes No

If yes, indicate the number of such claims # and please complete a separate supplemental claim application for each.

22. Having inquired of all partners, directors, officers, members, board members or employees, are you aware of any act, error, omission, personal injury, fact, circumstance, situation or incident which could be a basis for a claim or suit under the proposed insurance? Yes No

If yes, indicate the number of such matters # and please complete a separate supplemental claim application for each.

23. Has the Applicant, its predecessors, subsidiaries or affiliates or any past or present partners, directors, officers, members, board members or employees ever been charged with or convicted of a felony?

Yes No

If yes, please provide complete details on a separate sheet, including the present status of any individuals.

24. Has the Applicant, its predecessors, subsidiaries or affiliates or any past or present partners, directors, officers, members, board members or employees ever been investigated by and/or cited by any regulatory agency or professional association for violations arising out of their activities or services? Yes No

If yes, please complete a separate supplemental claim application for each.

NOTICE: Without prejudice to any other rights and remedies of Aspen American Insurance Company (hereinafter "Company"), the Applicant understands and agrees that if any such fact, circumstance or situation exists, whether or not disclosed above in response to Questions 20 - 24, any claim or action arising from such fact, circumstance, or situation is excluded under any policy issued by the Company. Report all known claims and/or circumstances to the Applicant firm's current insurer.

PART 6: INSURANCE INFORMATION

25. a. Does the Applicant currently carry Commercial General Liability Insurance? Yes No

If yes, please provide:

b. Name of Insurance Carrier _____

c. Does the Commercial General Liability Insurance policy include coverage for Products/Completed Operations hazards? Yes No

d. Does the Applicant's Commercial General Liability Insurance policy include coverage for Advertising Injury and Personal Injury perils? Yes No

26. (Question 26 is NOT applicable to Missouri residents) Has any policy or application for professional liability insurance on your behalf or on the behalf of any of your partners, owners, officer, employees, or on behalf of any predecessors in business ever been declined, cancelled, or renewal refused? Yes No

If yes, provide details.

27. Please provide the following information on your professional liability insurance for the past three (3) years:

Name of Insurer	Limit of Liability	Deductible	Policy Period	Premium

Retroactive Date of current policy, if any: _____

28. Please select:

a. The Limit of Liability

<input type="checkbox"/> \$100,000 / \$300,000	<input type="checkbox"/> \$500,000 / \$1,000,000	<input type="checkbox"/> \$2,000,000 / \$2,000,000
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<input type="checkbox"/> \$250,000 / \$250,000	<input type="checkbox"/> \$1,000,000 / \$1,000,000	<input type="checkbox"/> \$3,000,000 / \$3,000,000
<input type="checkbox"/> \$250,000 / \$500,000	<input type="checkbox"/> \$1,000,000 / \$2,000,000	<input type="checkbox"/> \$4,000,000 / \$4,000,000
<input type="checkbox"/> \$500,000 / \$500,000	<input type="checkbox"/> \$1,000,000 / \$3,000,000	<input type="checkbox"/> \$5,000,000 / \$5,000,000

b. The Deductible:

<input type="checkbox"/> \$0	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> Other:
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> Other:

PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF THE APPLICANT FIRM'S PRACTICE NOT SPECIFICALLY ADDRESSED HEREIN.

FRAUD WARNING STATEMENT

NOTICE TO APPLICANTS OF ALL STATES EXCEPT COLORADO, DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, TENNESSEE, VERMONT, VIRGINIA, WASHINGTON: Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is: [] Bound Effective (time) (date); [] Not Bound.

BROKER'S SIGNATURE:

Some states require that we have the Name and Address of your (Applicant's) Authorized Agent or Broker.

Name of Authorized Agent Broker: _____

Address: _____

License Identification Number: [Florida Applicant's Only] _____

By signing this Application, the undersigned, on behalf of the Applicant and all insureds proposed for coverage, represents and agrees to each of the following five (5) items:

1. The Applicant firm has made a comprehensive internal inquiry or investigation to determine whether any Applicant firm member is aware of any act, error, omission, personal injury, fact, circumstance, situation or incident which could be a basis for a claim or suit under the proposed insurance;
2. This Application, and any required additional supplemental applications submitted to and accepted by the Company shall constitute the Application;
3. Each of the statements and answers given in this Application, and in each of the supplemental applications are:
 - a. Accurate, true and complete to the best of the Applicant's knowledge;
 - b. No material facts have been suppressed or misstated;
 - c. Representations the Applicant firm is making on behalf of all persons and entities proposed to be insured;
 - d. A material inducement to the Company to provide insurance, and any policy issued by the Company is issued in specific reliance upon these representations.
4. This Application, along with each of the supplemental applications are hereby deemed to be attached to, and incorporated into, any policy contract that is issued, regardless of whether the Application or any of the supplemental applications are signed or dated; and
5. The Applicant agrees to promptly report to the Company, in writing, any material change in its operations, conditions, or answers provided in this Application, or any supplemental applications, that may occur or be discovered between the date of completion of such Application(s) and the inception date of any policy issued by the Company. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance, including any bound coverage.

This Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

I understand this application is not a binder unless indicated as such on this form by the brokering agent.

Date (Mo./Day/Yr.)

Applicant Signature

Print or Type Name

Title