



**A Division of NIF Group, Inc.**  
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**Manhasset, New York 11030**  
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**Phone: 516-365-7440**  
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**APPLICATION FOR PROFESSIONAL LIABILITY ERRORS & OMISSIONS INSURANCE**

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

**NOTICE: THIS INSURANCE COVERAGE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

1. Name of Applicant:

Address:

Web-Site Address:

2. Limit of liability desired:

\$500,000     \$1,000,000     \$2,000,000     Other

3. Deductible:

\$5,000     \$10,000     \$25,000     Other

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

5. Is the applicant engaged in any business or profession other than described in item 4?

If yes, please attach an explanation and estimated revenues.

6. List the total gross revenues for the past two years derived from those activities in Question 4. In addition, please list projected revenues for the current year.

<b>YEAR</b>	<b>AMOUNT</b>
a) Current Projected	\$
b)	\$
c)	\$

7. For the revenues listed in question 6a), please give the approximate derived from each of the Activities listed in Question 4.

<b>ACTIVITY</b>	<b>% OF 6a) REVENUES</b>
	%
	%
	%
	%

8. Applicant is:  Corporation     Partnership     Individual

9. Year Established:

10. Is the applicant firm controlled, owned or associated with any other firm, corporation or company?  Yes  No. If yes, attach an explanation. Are any activities listed in Question 4 provided to such business enterprises?  Yes  No.

11. a. Number of principles, partners, officers and professional employees directly engaged in providing services to clients:

b. Number of non-professional employees (clerks, secretaries, etc.)

12. Please provide the following:

Name in full of ALL Partners/Principles/ Key Employees	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE	HOW LONG AS PARTNER/ PRINCIPAL
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13. To what professional association(s) does the Applicant Firm belong:

14. Please include a list of Applicant Firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

15. Does the Applicant Firm use a written contract with client?

In all cases  Sometimes  Never

Please attach a copy of your standard contract(s).

16. What percentage of the Applicant Firm's business involves subcontracting of work to others? %

Does the Applicant Firm provide professional services to business entities in which it retains an ownership interest?

Yes  No. If yes, please explain.

17. Has any similar insurance ever been declined or cancelled?  Yes  No. (If yes, attach explanation.)

18. Is similar insurance currently in force?  Yes  No. If yes, please provide:

Description of services being covered:

Name of Insurer:

Expiration Date:

Prior Acts/Retro. Date:

Limit: \$

Deductible \$

Premium: \$

Length of time coverage has been in force:

19. Attach most recent audited financial statements (or recent tax returns) and descriptive or promotional materials.

A. Estimated gross receipts for current fiscal period: \$

B. Estimated cost of goods sold for current fiscal period: \$

20. Have any of the individuals listed in Question No. 12 ever been the subject of disciplinary action by authorities as a result of their professional activities?  Yes  No. If yes, please explain.

21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her?  Yes  No. If yes, please complete a Supplemental Claim Information form for each.

22. After inquiry have any claims been made against any proposed insured(s) during the past three (3) years?  Yes  No. If yes, please complete a Supplemental Claim Information form for each claim. Also, how many claims have been made in the last three (3) years?

*It is understood and agreed that with respect to Questions 20, 21 and 22 above, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.*

**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 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.**

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I HEREBY DECLARE that, after inquiry the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract Underwriters.

Signature of person authorized to execute on behalf of the Applicant

\_\_\_\_\_ Title

Date

This Application Form duly completed, together with any supplementary information, must be signed in ink by the person indicated.

Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.

THIS APPLICATION MUST BE SUBMITTED TO:

**N.I.F. PRO**

*A DIVISION OF NORTH ISLAND GROUP*

30 PARK AVENUE

MANHASSET, NY 11030-2444

TEL. 516-365-7440 800-664-3776 FAX 516-365-9566



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**TITLE ABSTRACTORS AND TITLE AGENTS**  
**SUPPLEMENTAL APPLICATION**

1. Type of business

Abstractor  Searcher  Title Insurance Agent  Other

2. a. Average number of years of experience of Professional Employees in field of Abstracting/Search  
Title Insurance Agent

b. Number of Professional Employees with less than 3 years experience

3. List states where Title Abstracting or Searching is undertaken.

4. a. Are you a licensed Abstractor/Searcher?  Yes  No  
Title Insurance Agent?  Yes  No

b. Does your state have legal qualifications?  Yes  No

c. Do you provide U.C.C. reports?  Yes  No. Do you certify accuracy?  Yes  No

5. Does any Title Insurance Company have ownership interest in the applicant?  Yes  No.

If yes, explain and include percentage owned.

6. Do you compile data:

Direct from court house records?  Yes  No

From an independent set of abstract books and tract indexes?  Yes  No

From another source?  Yes  No. If YES, please attach a description.

7. Do you use computerized data processing to retrieve information?  Yes  No. If YES, describe fully.

(Questions 8 & 9 for Title Insurance Agents Only)

8. Does the applicant title insurance agent perform title searches or abstracts for any of the Title insurance policies the applicant issues?  Yes  No. If yes, has the Title Insurance Co. been informed of this?  Yes  No

If an outside source performs searches, complete the following:

a. Name

b. Years in abstracting or searching field

c. Name of errors and omissions carrier?

9. Provide a listing of Title Insurance Companies you represent.

10. Has any employee of the applicant ever been reprimanded, censured or prosecuted for title agent activities?

Yes  No

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

Date

Name of Applicant

\_\_\_\_\_  
Signature of person authorized to execute on behalf of the Applicant

Pro – Title Abstract Agents Supplement (06/07/02)