



## ***Errors & Omissions Program Application***

### **Form Highlights:**

- All-risk policy, offering coverage for all usual and customary services performed within the scheduled profession
- Coverage for BI/PD resulting from professional services included
- Automatic endorsements to remove applicable non-class restrictions/coverage enhancements when applicable
- Coverage for independent contractors included
- Supplemental payments for disciplinary proceedings covered up to \$5,000, outside of the limits
- Claims-made form
- Bi-lateral extended reporting period (ERP) available up to 3 years
- Prior acts coverage available
- True worldwide coverage

Please review the policy form and endorsements for coverage provided. Actual coverage may vary and is subject to policy language as issued.

### **Data Collection Tool**

Proposed Named Insured (dba if any): \_\_\_\_\_

Physical Address (include zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

Does Applicant currently carry insurance for their Septic Inspecting, Consulting, and Design Exposure? Yes ☐ No ☐

Expiring Carrier	Expiring Limits	Expiring Retention	Expiring Retro Date	Expiring Premium
	\$	\$	/ /	\$

If none, limits requested: ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000

Professional Class	Annual Revenue	% Revenues from Residential Service	% Revenues from Commercial Service	% Revenues from Other
Septic System Inspection	\$			
Septic System Design	\$			
Septic System Consulting	\$			
Other (Please specify):*	\$			
Total Revenues	\$			

**\*Coverage is not extended unless specifically added as a covered profession**

**Employee Breakdown (for covered services only)**

# Full Time Employees	# Part Time Employees	# of Independent Contractors	# California employees

Does any single contract contribute more than 50% of total gross revenues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Applicant have a Parent Entity?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, Provide name)
Does the proposed insured require coverage for additional insureds?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, Provide name)
During the past five years, has the Applicant's Professional Liability coverage been cancelled or non-renewed for a reason other than the insurer withdrawing from a state or no longer providing coverage?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, Provide name)

**For Applicants without previous coverage, warranty is required**

With regard to the coverages for which the Applicant is applying, have any claims been made against any party proposed for coverage within the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, complete supplement)
Is any party proposed for coverage aware of any fact, circumstance or event which could give rise to a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, complete supplement)

**Claims or Circumstances Supplement: For Applicants without previous coverage, warranty is required:**

If the answer to the claims made or knowledge question was yes, please provide the following information:

	Claim #1	Claim #2	Claim #3
Month/Year claim was made:			
Was coverage in force?			
Claimant			
Description			
Is the claim open or closed?			
Total claim amount:			
Defense Expenses Paid			
Indemnity Paid			

Are you a member of NOWRA? Yes ☐ No ☐ Other association member (please specify): \_\_\_\_\_**Additional Information:**

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\_\_\_\_\_  
Signature of Designated Officer\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Date