



Institute of Business Appraisers, Inc.

New Membership Benefit

IBA
ERRORS & OMISSIONS
INSURANCE

Exclusively for IBA Members

**Preferential Pricing: \$2,500 minimum premium
\$2,500 deductible**

5% credit for CBA and 10% for MCBA

Preferential Coverage:

Business Valuation, Expert Witness

**Full Prior Acts for applicants
with prior continuous coverage.**

**Defense in addition to limit:
available to qualified IBA members.**

Contact Jack Katzman to learn more at Katzman Insurance

Services Inc., P.O. Box 1786, Berlin, MD 21811, Tel: 800-967-5252, Fax: 410-
208-1062 e-mail: katzmanins@earthlink.net.



Application for Miscellaneous Professional Liability Insurance Policy

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES.

**This application must be completed in full, including all required attachments
 Attach a separate sheet of paper if more space is needed to answer any question.
 We treat all applications as confidential.**

1. Named Insured: _____
 DBA (if any): _____
 Mailing Address: _____
 Physical Address _____
 Phone: () _____ FAX: () _____ EMAIL: _____
 Additional Locations: _____

2. Date Business Established: _____
 Geographic Area in which You provide service(s):
 Local _____ Regional (Multi-state) _____ National _____ International _____

3. Are You owned by, or affiliated with other companies, or do You have any subsidiaries?
 Yes No

If Yes, please advise:

<u>Name of Entity</u>	<u>Nature of Operations</u>	<u>% of Ownership</u>
_____	_____	_____
_____	_____	_____

For which of these do You wish to extend coverage? _____

4. A. Within the past three years, have You changed Your name, acquired any business, or have You merged or consolidated with any entity? If yes, please provide the following information (if more space is needed advise by attachment).

Yes No

RETURN TO: KATZMAN INSURANCE SERVICES INC.
 P.O. BOX 1786, BERLIN, MD 21811
 TEL: 800-967-5252, FAX: 410-208-1062
 e-mail: katzmanins@earthlink.net

Revenues, sales, fees, or commissions for the: (circle the appropriate basis)

<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for the Coming Year</u>
\$ _____	\$ _____	\$ _____

B. What percentage of the above amounts was derived from operations outside the United States?

<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for the Coming Year</u>
% _____	% _____	% _____

C. Do You have a physical presence (e.g. office, staff, independent contractors) outside of the United States? If yes, indicate which countries and describe operations.

Yes No

8. Do You use independent contractors or subcontractors for the services described in Question 6 above?

Yes No

A. If yes, provide the estimated percentage of time used. _____%

B. If yes, describe the services they perform and provide sample agreements utilized with those parties.

9. A. Do You use a written contract or agreement describing the services You will provide? If yes, attach representative contracts, work orders, license agreements or letters of agreement You use with Your clients. If no, please explain how You determine and document rights and responsibilities with Your clients, customers or other parties regarding the services to be insured, then proceed to Question 10.

Yes No

B. Provide the percentage of time You use the written contracts and agreements describing Your services.

_____%

C. Do Your contracts contain the following:

Hold Harmless or Indemnity Agreement inuring to Your benefit? Yes No

Hold Harmless or Indemnity Agreement inuring to the benefit of others? Yes No

Guarantees or warranties? Yes No
Disclaimers inuring to Your benefit? Yes No

10. A. Have any claims, suits or proceedings been made during the past three years against any of You or any of Your predecessors in business, subsidiaries or affiliates or against any of their past or present partners, owners, officers, sales persons or employees? If yes, complete a Supplemental Claim Information Form for each claim.
- Yes No

If an insurance policy is issued, it will not insure any claims, suits or proceedings made against You or any past partner, owner, officer, sales person or employee before the effective date of the policy or any subsequent claims, suits or proceedings arising there from.

- B. Are any of You aware of any actual or alleged fact, circumstance, situation, error or omission which may reasonably be expected to result in a claim being made against You or any of the persons or entities described in Section 10. A above? If yes, explain in an attachment.
- Yes No

If an insurance policy is issued, it will not insure any claims, suits or proceedings that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission known to any of You before the effective date of the policy.

- C. Have You or any of Your predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of Your or their activities or services? If yes, explain in an attachment.
- Yes No

11. A. Provide the following information for similar insurance, if any, carried during the last three years.

<u>Company</u>	<u>Limit</u> <u>Policy Term</u>	<u>Retention</u>	<u>Premium</u>

- B. Provide the current retroactive date (if claims made coverage) _____

12. A. Provide the following information for Commercial General Liability coverage currently in force:

<u>Company</u>	<u>Limit</u> <u>Policy Term</u>

- B. Does the above policy include coverage for Products/Completed Operations hazards?
Yes No

- C. Does the above policy include coverage for Advertising Injury and Personal Injury perils?
Yes No

THE UNDERSIGNED AUTHORIZED OWNER, PARTNER, DIRECTOR, OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY DARWIN IN WRITING OF SUCH CHANGES. DARWIN RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED OWNER, PARTNER, DIRECTOR, OR OFFICER REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS/ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH HEREIN AND ATTACHED HERETO ARE TRUE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE UNDERWRITER ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE UNDERWRITER.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: 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, WHICH IS A CRIME.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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, MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE 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 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 AND 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 MARYLAND APPLICANTS: 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 MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO NEW JERSEY 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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR SUCH VIOLATION.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.

Signature of Applicant: _____
(MUST be signed by an Owner, Partner, Director, or Officer of the Named Insured.
It is agreed the signer has authority to act on behalf of all insureds.)

Printed Name of Applicant: _____ Title _____

Date: _____

Katzman Insurance Agency Inc.

148B Heritage Hills

Somers, NY 10589

Phone: 914-277-2800 (days)

Fax: 914-277-2888

e-mail: katzmanins@earthlink.net

Thank you for your interest in our Errors & Omissions Insurance Program. Enclosed is the application and supplement (s) I need completed in order to obtain a quote. I need the following supporting documents:

1. **A COPY OF YOUR BROCHURE OR A WRITTEN DESCRIPTION OF YOUR BUSINESS SERVICES.**
2. **A RESUME ON EACH CONSULTANT AND SUB-CONTRACTOR CONSULTANT WORKING FOR YOUR FIRM.**
3. **A SAMPLE CONTRACT AND OR PROPOSAL LETTER YOU USE FOR CLIENTS.**
4. **E-MAIL:** _____
5. **WEB PAGE:** _____

This will assist us in rating your business.

Sincerely yours,

KATZMAN INSURANCE AGENCY INC.

Jack Katzman