

# HALL & COMPANY

Professional Liability Insurance Brokers

## MARINE SURVEYORS, ENGINEERS, CONSULTANTS and/or NAVAL ARCHITECTS PROFESSIONAL LIABILITY INSURANCE

### GENERAL INFORMATION

1. Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Firm Is: Corporation  Partnership  LLC / LLP  Sole Proprietorship  Joint Venture

Predecessor Firm Name(s): \_\_\_\_\_

Date original firm commenced operations: \_\_\_\_\_ Federal Tax ID #- \_\_\_\_\_

2. How did you hear about our program?

Referral  Direct Mail  Web Search  Conference  Email Marketing  Renewal  Quoted previously

3. Number of Staff:

Principals	Licensed Professionals	Technical	Admin.	Total
				0

4. Has the applicant or any subsidiary in the past three years been involved with, or contemplates in the next 12 months any merger, acquisition or divestment? Yes  No

5. Vessels owned, leased or chartered? Yes  No

### INSURED SERVICES

6. Please select the service(s) performed (including any subsidiary companies) and provide an estimated percentage of the forecasted gross annual income that relates to each service:

Service	Percentage	Appendix Applicable to Service
Marine Consulting		Please ensure you complete Appendix 1
Marine Engineering		Please ensure you complete Appendix 1
Marine Surveying		Please ensure you complete Appendix 1
Naval Architect		Please ensure you complete Appendix 1
Small Craft Surveying		Please ensure you complete Appendix 1
New Building Supervision or Vessel Conversion		Please ensure you complete Appendix 1
Other (Please describe below)		Please ensure you complete Appendix 1

### EMPLOYMENT PRACTICES

7. Does the Applicant have a human resources department? Yes  No
8. Does Applicant have a human resources manual or equivalent written guidelines? Yes  No
9. Does a labor lawyer review the guidelines or procedures? Yes  No
10. Is an attorney consulted prior to discharging an employee for cause? Yes  No

11. If the applicant does have a human resources manual or equivalent written guidelines, does it contain a policy or procedure for the following:

- |  |                              |                             |                                    |                              |                             |
|--|------------------------------|-----------------------------|------------------------------------|------------------------------|-----------------------------|
| a. Hiring/interviewing                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | h. Fitness for work                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Terminations, redundancy, and early retirements | Yes <input type="checkbox"/> | No <input type="checkbox"/> | i. Polygraph testing               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Performance appraisal                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | j. Sexual harassment               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Discipline                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | k. Age discrimination              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Grievance procedure                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | l. Sexual Discrimination           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Drug testing                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | m. Racial Discrimination           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Confidential treatment of medical examinations  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | n. Americans with Disabilities Act | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

12. For the past year, indicate number of those who have:

a. Been terminated by the applicant		b. Resigned voluntarily	
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**FINANCIAL DETAILS**

13. Please complete the tables below:

**Note: Gross income = fees and commissions charged to Customers by the Insured, for professional services only. Exclude disbursements paid on behalf of the Customer and any sales of products and installation services.**

What is your actual annual gross income for the <u>last twelve months</u> ? (Please state the currency)	What is your forecast gross annual gross income for the <u>next twelve months</u> ?

**INSURANCE**

14. Does the firm currently carry professional liability insurance? If so, by whom (see chart below) Yes  No

Type of Insurance	Company	Per Claim Limit	Aggregate Limit	Deductible	Annual Premium	Expiration Date	Retroactive Date
Professional Liability							
Workers Compensation/USL&H							
General Liability							
Umbrella							

15. The firm would like a quotation for Professional Liability based on the following limit(s) and deductible(s)

Per Claim Limit	Aggregate Limit	Deductible

16. Do you have a Specific Additional Project Limit Endorsement on your current policy? Yes  No

17. a) Is your firm a named Insured under a project policy? Yes  No

b) If yes, please provide the following information for all projects (If more than one, please attach additional information at the end of the application.):

Carrier	Policy Term (Inception/Expiration)	Discovery Period	Limit of Liability	Deductible	Project Name
	to	to			

18. Have you or any principal, partner, officer, director, or shareholder of your firm ever been declined for Professional Liability Insurance or had such coverage canceled (except for nonpayment of premium) or nonrenewed? (Not applicable in Missouri)

If yes, please provide details below. Yes  No

**CLAIMS DETAILS**

In the last five years have any:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a.) Professional indemnity (errors and omissions) claims been made against you?                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b.) General third party liability claims been made against you?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c.) Fines or penalties claims been made against you?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d.) Circumstance arisen that could have resulted in any of the above liability claims been made against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

APPENDIX 1: MARINE SURVEYORS, CONSULTANTS and/or NAVAL ARCHITECTS

**Please attach details and/or Curricula Vitae outlining the experience and professional qualifications of your principals and key professional staff.**

1. Please provide a full and clear description of the activities of your Company for which coverage is required.

2. What is the largest annual income/fee earned from a single client in the last 12 months? \_\_\_\_\_

3. What percentage of your annual income relates to work in the offshore oil and gas industry? \_\_\_\_\_ %

4. What percentage of your gross annual income is derived from performing surveys on yachts and/or pleasure craft? \_\_\_\_\_ %

5. Do you have your on standard trading conditions? If YES, then please provide a copy. Yes  No

6. Do you ensure that your standard trading conditions are always provided to a customer before accepting service? Yes  No

7. Do you include a disclaimer and liability clause in all your reports or written advice to customers? If YES, then please attach a copy. Yes  No

8. Do you issue or carry out any of the following, if so, please attach sample certificates:

Gas free certificates*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Quality or Quantity certificates*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Overseeing bunker supply	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surveying cargo holds for holds for the loading of petroleum.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\*If yes to either 1 or 2 above, please attach a sample certificate.

**CLAIMS**

9. Litigation: circumstances, previous losses and claims

a) Have any claims, proceedings or suits ever been made or threatened in the past ten years against the Applicant or any entity intended to be covered or any present or former directors, officers, trustees or employees? Yes  No

b) Is the Applicant or any entity or person intended to be covered aware of any negligent act, error or any other fact, circumstance or situation which may reasonably be expected to give rise to a claim against it or any of its directors, officer, trustees or employees? Yes  No

(This question applies to Professional Liability, Directors and Officers Liability and Employment Practices Liability.)

**If yes to either question, please complete the Claim Reporting Form at [www.hallandcompany.com/applications](http://www.hallandcompany.com/applications). You will be directed to the applications page when you submit this application.**

## Claim Reporting Form

**For each claim that has been made against the Applicant or any of its present or former directors, officers, trustees or employees, please provide the following:**

Full name of the entity and / or individual(s) involved in the claim:

Additional defendant(s):

Full name of the claimant(s):

Date of alleged act, error or omission: \_\_\_\_\_

Name of the insurance company to whom this claim has been reported:

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Date Claim was made: \_\_\_\_\_ Present status of the claim: \_\_\_\_\_

**If claim is closed, please state:**

Total Damages paid/outstanding: \_\_\_\_\_ Defense Expense paid/outstanding: \_\_\_\_\_

**If claim is open, please state:**

The maximum amount demanded: \_\_\_\_\_ Your opinion as to the likely settlement value: \_\_\_\_\_

Insurance Company loss reserves: \_\_\_\_\_

**If settlement negotiations have begun, please state:**

Claimant's settlement demand: \_\_\_\_\_ Defendant's offer to settle: \_\_\_\_\_

Defense cost to date: \_\_\_\_\_

Description of claim:

Name and address of Attorney who provided defense:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>ARKANSAS:</b> 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.
<b>COLORADO:</b> 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.
<b>DISTRICT OF COLUMBIA:</b> 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.
<b>FLORIDA:</b> 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.
<b>HAWAII:</b> For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
<b>KENTUCKY:</b> 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.
<b>LOUISIANA:</b> 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.
<b>MAINE:</b> 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.
<b>MINNESOTA:</b> A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.
<b>NEW JERSEY:</b> Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>NEW MEXICO:</b> 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.
<b>NEW YORK (Non Auto)</b> 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 each such violation.
<b>OHIO:</b> 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.
<b>OKLAHOMA:</b> WARNING: 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.
<b>OREGON:</b> Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
<b>PENNSYLVANIA:</b> 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.
<b>TENNESSEE (Non WC):</b> 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.
<b>VERMONT:</b> Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.
<b>VIRGINIA:</b> 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.
<b>WEST VIRGINIA:</b> 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.
<b>ALL OTHER STATES:</b> Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

The Applicant declares that, after inquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments hereto are true and no material facts have been suppressed, omitted or misstated. Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this application if, subsequent to the date of this application, but prior to the inception of such policy, there are any material alterations to the information contained herein.

Completion of this application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

**YOUR SIGNATURE AND AUTHORIZATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Applicant's Signature: \_\_\_\_\_

**To submit the application follow the instructions in the order listed below.**

1. Save a copy of the completed application to your computer for your records.
2. Print, sign, and mail or fax a hard copy of the completed application to Hall & Company at the address below.  
(A signed application is needed to complete underwriting.)
3. Submit the completed electronic application with attachments to Hall & Company.  
Alternatively you can fax the application and/or attachments to (360) 598-3703 or mail to the address below.

When you press the Submit button an e-mail window will open with the application attached.

Please attach to this e-mail the following additional documents:

1. A copy of your current Declarations page if you presently carry Professional Liability Insurance.
2. Your company's brochure or Statement of Qualifications.
3. Additional information from question 24b regarding whether your firm is a named Insured under a project policy.
4. Please attach any additional information regarding your firm and its services that you wish us to consider.

If you use a web based e-mail program, such as Hotmail or Yahoo, please save the completed application to your computer and e-mail it along with the documents listed above to [submittals@hallandcompany.com](mailto:submittals@hallandcompany.com).

**Michael J Hall & Company 19660 10th Avenue NE Poulsbo, WA 98370**  
**Phone: (360) 598-3700 Fax: (360) 598-3703 Website: [www.hallandcompany.com](http://www.hallandcompany.com)**