

# Application

## MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

FL SME - MPL



IF A POLICY IS ISSUED, IT WILL BE ON A CLAIM-MADE BASIS

### GENERAL INFORMATION

1. NAME OF APPLICANT : \_\_\_\_\_
2. PLEASE CHECK ONE BOX :  PARTNERSHIP  INDIVIDUAL  PROFESSIONAL CORPORATION  PROFESSIONAL ASSOCIATION
3. APPLICANT OFFICE ADDRESS : \_\_\_\_\_
4. DATE OF INCORPORATION : \_\_\_\_\_ 5. WEB SITE ADDRESS (if available) \_\_\_\_\_
6. DURING THE PAST 6 YEARS, HAS APPLICANT NAME CHANGED, HAD ANY MERGERS OR ACQUISITIONS?  YES  NO
7. DOES THE APPLICANT HAVE ANY SUBSIDIARIES OR AFFILIATES IN THE UNITED STATES &/OR CANADA?  YES  NO
8. PLEASE NAME SUBSIDIARIES OR AFFILIATES YOU DESIRE COVERAGE FOR: \_\_\_\_\_
9. PLEASE DESCRIBE IN DETAIL THE PROFESSIONAL ACTIVITIES FOR WHICH COVERAGE IS DESIRED: \_\_\_\_\_

### 10. PLEASE DETAIL GROSS RECEIPTS FOR ACTIVITIES PERFORMED BY THE APPLICANT :

ACTIVITIES	CURRENT YEAR	NEXT YEAR
TOTAL		

11. PLEASE SPECIFY WHAT PERCENTAGES OF INSURED'S RECEIPTS ARE SUBCONTRACTED BY A THIRD PARTY? \_\_\_\_\_%
12. ARE SUBCONTRACTORS REQUIRED TO HAVE THEIR OWN PROFESSIONAL LIABILITY INSURANCE?  YES  NO
13. PLEASE DETAIL NUMBER OF:

PARTNERS/ MANAGERS/DIRECTORS & OFFICERS	EMPLOYEES

### 14. HAS APPLICANT BEEN INVOLVED ON THE FOLLOWING AREAS:

- A. ON ACTIVITIES OF FINANCIAL INVESTMENT ADVICE, INCLUDING PENSION PLANS, LIFE AND HEALTH INSURANCE AND OTHER EMPLOYEE BENEFITS?  YES  NO
- B. AUDITING/ SAFETY OR HEALTH INSPECTIONS  YES  NO
- C. CONSTRUCTION, ENGINEERING, OR STATE INSPECTIONS  YES  NO
- D. DESIGN, MANUFACTURING, DISTRIBUTION OR PRODUCT MAINTENANCE  YES  NO

If yes to any question 14a-14d, please provide details : \_\_\_\_\_

15. DOES APPLICANT USE WRITTEN CONTRACTS WITH THEIR CLIENTS THAT HAVE BEEN REVISED BY LEGAL ADVISORS?  YES  NO

### 16. LIMITS OF LIABILITY & DEDUCTIBLES REQUESTED :

LIMITS OF LIABILITY	DEDUCTIBLES

### 17. PLEASE PROVIDE PREVIOUS INSURANCE INFORMATION :

CARRIER	LIMITS	DEDUCTIBLES	EFFECTIVE DATES		PREMIUM
			from (mo./day/year)	to	

18. HAS ANY SIMILAR INSURANCE EVER BEEN DECLINED OR CANCELLED? [ ] YES [ ] NO (if yes, attach an explanation.)

**INTERNAL CONTROLS**

- 19. A. HAS THE APPLICANT SUFFERED ANY LOSS DUE TO A DISHONEST OR FRAUDULENT ACT BY A PARTNER, DIRECTOR, OFFICER OR EMPLOYEE? [ ] YES [ ] NO
- B. IS ANY APPLICANT AWARE OF ANY CIRCUMSTANCE THAT COULD GENERATE A LOSS DUE TO A DISHONEST OR FRAUDULENT ACT COMMITTED BY A PARTNER, DIRECTOR OR EMPLOYEE? [ ] YES [ ] NO
- C. WHEN THE APPLICANT HIRES NEW EMPLOYEES, DOES HE REQUIRE REFERENCES FOR ALL EMPLOYEES? [ ] YES [ ] NO
- D. DOES ANY EMPLOYEE HAVE AUTHORIZATION TO SIGN CHECKS, MAKE PAYMENTS, OR TRANSFER FUNDS WITHOUT A SECOND SIGNATURE? [ ] YES [ ] NO If yes please detail name, position and time with Applicant.

**CLAIMS & CIRCUMSTANCES**

- 20. 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 APPLICANT, PARTNER, MANAGERS OR DIRECTOR & OFFICERS OR PREDECESSOR? [ ] YES [ ] NO
- 21. DOES ANY PERSON TO BE INSURED HAVE KNOWLEDGE OF ANY CLAIM AGAINST APPLICANT, PARTNER, MANAGERS OR DIRECTOR & OFFICERS OR PREDECESSOR? [ ] YES [ ] NO

**IF QUESTIONS 19-21 HAVE BEEN ANSWERED AFFIRMATIVE, YOU MUST DETAIL IN ORDER TO OBTAIN A QUOTE LETTER. NOT ANSWERING CORRECTLY CAN AFFECT YOUR RIGHT IN CASE OF CLAIM.**

**NOTICE TO APPLICANT - PLEASE READ CAREFULLY**

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS APPLICATION SHALL BE THE BASIS ON WHICH THE POLICY IS ISSUED, AND IN THE EVENT THE COMPANY ISSUES A POLICY, THE UNDERSIGNED PROPRIETOR OR PARTNER ACTING ON BEHALF OF THE APPLICANT AND ALL PERSONS PROPOSED FOR INSURANCE, ACKNOWLEDGES THAT THE COMPANY IN PROVIDING COVERAGE WILL HAVE RELIED UPON, AS REPRESENTATIONS, THE DECLARATIONS WHICH ARE CONTAINED IN OR ATTACHED TO OR INCORPORATED BY REFERENCE INTO THIS APPLICATION AND WHICH ARE INCORPORATED INTO THE POLICY.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE NOR THE APPLICANT TO PURCHASE THE INSURANCE.

**NOTE TO APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER, OR OFFICER AS DULY AUTHORIZED ON BEHALF OF THE APPLICANT.

SIGNATURE OF OWNER, PARTNER, OR OFFICER : \_\_\_\_\_

TITLE : \_\_\_\_\_

DATE : \_\_\_\_\_

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