

"CLAIMS-MADE" MANAGEMENT LIABILITY APPLICATION
(Supplement C)

1. Legal name of applicant:
2. Address:
3. Desired effective date of coverage:
4. Limits of liability requested (cannot be greater than the General Liability limit):
 - \$300,000 each offense or wrongful act / \$1,000,000 aggregate
 - \$500,000 / \$1,000,000
 - \$1,000,000 / \$2,000,000
 - \$1,000,000 / \$3,000,000
 - \$1,000,000 / \$10,000,000 (aggregate limit does not apply to each named insured with this option)
5. Does the applicant have knowledge of any incidents which would cause a reasonable person to believe that a claim or suit might result? Yes No
If yes, please give complete details, including date:
6. Name of person designated to receive any and all notices from the company or agent concerning this insurance:

COVERAGE CANNOT BECOME EFFECTIVE PRIOR TO THE DATE THIS SIGNED APPLICATION IS APPROVED BY THE COMPANY.

THE APPLICANT ACCEPTS NOTICE THAT ANY POLICY WHICH MAY BE ISSUED AND ANY RENEWALS THEREOF WILL APPLY ON A "CLAIMS MADE" BASIS.

The applicant agrees that in the event they become aware of any fact which would serve to alter any answer previously given to one or more of the foregoing questions, they will so advise the agent. The applicant further agrees that based on such revised information, the agent may revise or withdraw any quotation previously given.

The undersigned, being authorized by and acting on behalf of the applicant, declares that to the best of his / her knowledge and after having made proper inquiry, the responses to the foregoing are true and that no facts have been suppressed or any material facts misstated. The applicant further agrees that this application shall be the basis of any policy issued. The application is valid for 90 days from the date it is signed.

Agent's Signature: _____

Applicant's Signature: _____

Address:

Title:

City / State / Zip:

Date:

Applicable to new york only:

The **CLAIMS MADE** policy covers only claims:

- (1) actually made against the insured while the policy remains in effect, or
- (2) arising from incidents reported to the insurer while the policy remains in effect.

All coverage provided by the policy ceases upon the termination of the policy, except for the automatic (basic) extended reporting period coverage, unless the insured purchases additional (supplemental) extended reporting period coverage.

The automatic (basic) extended reporting period is 90 days. The additional (supplemental) extended reporting period is unlimited, with any period of time less than that being at the insured's option.

The applicant should be aware that there are potential coverage gaps that may arise upon expiration of the applicable (either basic or supplemental) extended reporting period. For example, there is no coverage for a claim made after the applicable extended reporting period terminates unless the incident giving rise to such claim was reported to the insurance company prior to the termination of the applicable extended reporting period.

There is no separate premium charge for the basic extended reporting period. The premium for the supplemental extended reporting period is 50% of the annual premium for the last policy.

If the applicant is changing from an occurrence policy to a claims made policy, the receipt of information from the insurer describing the limited scope of coverage and potential coverage gaps inherent in claims made forms is acknowledged.

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.

Agent's Signature:

Applicant's Signature:

Address:

Title:

City / State / Zip:

Date: