



13. Have all matters in Question 12. and 13. been reported to the Applicant's former or current insurer(s) or to the former insurer of any predecessor firm or former insurer of a current member of the Firm?  Yes  No
14. Has any principal, owner, partner or employee for whom coverage is sought been the subject of a disciplinary complaint made to any court, administrative agency or regulatory body?  Yes  No  
(If "Yes", provide full details and documentation)
15. In the past five (5) years, has the Applicant or any of its members ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? (If "yes", please provide full details)  Yes  No
16. Please list primary insurance information below:  
 PRIMARY CARRIER: \_\_\_\_\_ PRIMARY LIMITS: \_\_\_\_\_  
 PRIMARY LIMITS: \_\_\_\_\_ PRIMARY PREMIUM: \_\_\_\_\_
17. Please list underlying information below (if more than one insurance carrier, please list on attachment):  
 UNDERLYING CARRIER: \_\_\_\_\_ UNDERLYING LIMITS: \_\_\_\_\_  
 UNDERLYING LIMITS: \_\_\_\_\_ UNDERLYING PREMIUM: \_\_\_\_\_

**Representations**

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

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Signature of the Insured, Owner, Partner or Principal

Title

Date