



## New Life Agency, Inc. Lloyd's Coverholder

8383 Wilshire Blvd, Suite 333 • Beverly Hills, CA 90211 • Tel (877) 952-5433 (LIFE) • Fax (877) 952-5589  
*Underwritten by Certain Underwriters at Lloyd's*

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### **■ ERRORS AND OMISSIONS COVERAGE**

**We understand the exposure so that you can properly insure your risk.**

<b>Premium:</b>	Competitive Rates. Complete Application for Quote.
<b>Deductible:</b>	As low as \$2500 per claim.
<b>Plan Maximum:</b>	Coverage limits up to 1,000,000 each claim 3,000,000 in the aggregate.

For more information please contact a Customer Care Representative.

This is not intended to be a complete outline of coverage. Actual wording and premium may change without notice.  
Underwriters reserve the right to modify terms and benefits at time of underwriting.



# PROFESSIONAL LIABILITY INSURANCE SURROGACY AND EGG DONOR AGENCIES

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### APPLICATION FOR MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE

#### THIS APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY

#### APPLICANT'S INSTRUCTIONS

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
2. IF YOU NEED MORE SPACE, CONTINUE ON ATTACHMENT 'A' AND INDICATE QUESTION NUMBER.
3. PLEASE COMPLETE THE FINANCIAL SUPPLEMENT ATTACHMENT 'B' AND OTHER SUPPLEMENTS WHERE REQUIRED.
4. THIS APPLICATION, WHICH INCLUDES SUPPLEMENT FORMS, MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM

1. Name of Applicant:				
2. Address:		City:	County:	State: Zip:
3. Telephone:	Facsimile:	E-Mail:		
4. Please describe in detail the nature and types of professional services the Applicant is engaged in and indicate the percentage of revenues derived from each. _____				
5. What services does the Applicant wish to have covered by the Professional Liability Insurance? _____				
6. Please indicate type of company:			7. Date established:	
Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Privately Held <input type="checkbox"/>				
Non-Profit <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Other <input type="checkbox"/>				
8. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own, any other firm or business enterprise? If yes, please explain: _____ No <input type="checkbox"/> Yes <input type="checkbox"/>				
9. Are any significant changes in the nature or size of the Applicant's business anticipated over the next 12 months? Or have there been any such changes in the past 12 months? If yes, please explain _____ No <input type="checkbox"/> Yes <input type="checkbox"/>				
10. In the past 24 months has the Applicant or any of its principals engaged in any business or profession other than as described in the above question? If yes, please explain _____ No <input type="checkbox"/> Yes <input type="checkbox"/>				



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11. Total Number of staff:			
12. Please provide the following			
Name of Principals & Qualified Employees	Professional Qualifications/ Designations	Number of years in practice	Number of years with Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
13 Please list Professional Associations to which the Applicant belongs:			
_____			
14. Gross Billings:			
This year(est): _____ Last Year: _____ Year prior: _____			
15. Please indicate the Applicant's five largest jobs/projects during the past three years:			
Client	Service	Applicant's Fee	Total project cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
16. Please provide percentage revenue derived from following:			
Federal Government: _____	State/Municipal Entites: _____	Corporations: _____	
Non-Profit Organizations: _____	Individuals: _____		
17. Does the Applicant use a written contract:			
	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
If not always, please explain how the scope of services to be provided is agreed:			
_____			
_____			
Please attach a copy of a standard contract or letter of engagement.			
18. Have the Applicant's services and advice been used in any disclosure documents or prospectuses to investors in any business entity? If yes, please detail (including procedures to ensure quality control):			
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
_____			
19. Does any director, Officer, employee or partner of the Applicant serve on the board of directors of any client of the Applicant? If yes, please explain:			
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
_____			



# PROFESSIONAL LIABILITY INSURANCE SURROGACY AND EGG DONOR AGENCIES

<p>20. Does any applicant, in the course of providing professional services, handle monies or investment instruments belonging to others? If yes, please explain:</p> <p>_____</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>																												
<p>21. Does any Applicant give advice to any client regarding investments of any kind? If yes, please explain:</p> <p>_____</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>																												
<p>22. Does any Applicant offer advice to any client in respect of the client's medical, mental or emotional condition or the clients relationships with other people? If yes, please explain:</p> <p>_____</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>																												
<p>23. Does the Applicant sub-contract work to others: If yes, please explain and include the nature of indemnities, hold harmless agreements, etc.:</p> <p>_____</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>																												
<p>24. Does the Applicant have a written procedures manual for employees to follow?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>																												
<p>25. Does the Applicant have a formalised training program for employees?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>																												
<p>26. Does the Applicant have promotional literature? If yes, please provide brief details:</p> <p>_____</p> <p>If no, please explain how Applicant's services are marketed:</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>																												
<p>27. Has any errors and omissions or professional liability insurance ever been declined or cancelled? If yes, please explain:</p> <p>_____</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>																												
<p>28. Is any errors and omissions or professional liability insurance in favour of the Applicant currently in force? If yes, please indicate errors and omissions insurance carried for each of the past three years:</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;">Carrier</th> <th style="text-align: left; width: 10%;">From (mm/yy)</th> <th style="text-align: left; width: 10%;">To (mm/yy)</th> <th style="text-align: left; width: 10%;">Limit</th> <th style="text-align: left; width: 10%;">Deductible</th> <th style="text-align: left; width: 10%;">Premium</th> <th style="text-align: left; width: 10%;">Retrodate</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Carrier	From (mm/yy)	To (mm/yy)	Limit	Deductible	Premium	Retrodate	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>
Carrier	From (mm/yy)	To (mm/yy)	Limit	Deductible	Premium	Retrodate																							
_____	_____	_____	_____	_____	_____	_____																							
_____	_____	_____	_____	_____	_____	_____																							
_____	_____	_____	_____	_____	_____	_____																							
<p>29. Has the Applicant or any director, officer, employee or partner provided professional services on behalf of the Applicant been subject to disciplinary action as a result of professional activities? If yes, please explain:</p> <p>_____</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>																												



# PROFESSIONAL LIABILITY INSURANCE SURROGACY AND EGG DONOR AGENCIES

30. Is the Applicant aware of any errors, omissions or claims (including any circumstances reported to previous insurers which have not developed into claims) during the last ten years? If yes, please complete Attachment 'C'	No <input type="checkbox"/>	Yes <input type="checkbox"/>
31. Has the Applicant been a party to any lawsuit or other legal proceeding within the past five years?  If yes, please provide (on Attachment 'A') a description which includes the venue of the action, the parties, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the applicant, including all costs incurred; including defense expenses.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
31. The basic policy for which you have applied will not cover acts, error or omissions which took place prior to the inception date of the policy. If you desire a quote for these prior acts, please enter the date from which you want prior acts covered _____.  (Note that coverage does not apply to know or expected claims or those which are insured should have foreseen).		

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE, THE INSURANCE, BUT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE APPLICANT FURTHER DECLARED THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORISATION OR AGREEMENT TO BIND THE INSURANCE.

NOTICE; IN CERTAIN STATES, 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.

I HAVE READ THE FOREGOING APPLICATION OF INSURANCE INCLUDING SUPPLEMENT SHEETS 'A', 'B' AND 'C' AND WARRANT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_ IN \_\_\_\_\_

PRODUCER \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



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### FINANCIAL SCHEDULE

Please provide the following information concerning the current year estimated financial figures and two previous years:

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

	19 ____ \$	19 ____ \$	19 ____ \$
Total Revenues	_____	_____	_____
Total Gross Assets	_____	_____	_____
Total Capital (Equity)	_____	_____	_____
Total Debt	_____	_____	_____
Short-Term Debt	_____	_____	_____
(due with one year	_____	_____	_____
Total Long-Term Debt	_____	_____	_____
Total Established Credit Lines with Banks	_____	_____	_____
Net Income after Tax	_____	_____	_____
Depreciation/Amortization	_____	_____	_____
Any further details you may wish to include:	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



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### CLAIMS SCHEDULE

Please complete this form if the Applicant is aware of any errors, omissions or claims as indicated in Question 30 of the Application Form (including any circumstances reported to previous insurers which have not developed into claims) during the last ten years.

1. Name of Applicant:	
2. Name of Member of Staff involved in claim:	
3. Name of (potential) claimant:	
4. Date of incident:	Date claim made:
5. Under which policy was the claim made?  Carrier: _____  Policy No: _____	
6. Status of claim:  Closed <input type="checkbox"/> or Open <input type="checkbox"/>	Please indicate Total Loss Paid: (Including defense expenses)  _____
7. Total defense costs and expenses to date:	
8. Damages or other relief sought by the claimant(s):	
9. Insurers loss reserve:	
10. Please give the following details: i) the specific act, error or omission upon which the claimant bases the claim. ii) a brief description of the claim. iii) details of the current status and proposed strategy for handling the claim.  _____  _____  _____  _____  _____  _____  (Please continue overleaf if necessary .....)	

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



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### Broker Request for a Non-Binding VRI

BROKER \_\_\_\_\_

1. Name of Applicant:						
2. Address:						
3. What services does the Applicant wish to have covered by the Professional Liability Insurance?						
4. Please indicate type of company:					5. Date established:	
Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Privately Held <input type="checkbox"/>					6. Total Number of staff:	
Non-Profit <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Other <input type="checkbox"/>						
7. Gross billings:						
8. Is any errors and omissions or professional liability insurance in favour of the Applicant currently in force? <span style="float: right;">No <input type="checkbox"/> Yes <input type="checkbox"/></span>						
If yes, please indicate errors and omissions insurance carried for each of the past three years:						
Carrier	From (mm/yy)	To (mm/yy)	Limit	Deductible	Premium	Retrodate
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
9. Is the Applicant aware of any errors, omissions or claims during the last ten years? <span style="float: right;">No <input type="checkbox"/> Yes <input type="checkbox"/></span>						
10. Does the Applicant use a contract always, sometimes or never?						
11. Requested limits and deductible?						
12. Target premium?						

Signed: \_\_\_\_\_

Date: \_\_\_\_\_