RSUI Group, Inc. 945 East Paces Ferry Road, Suite 1800 Atlanta, GA 30326-1160

APPLICATION FOR MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE (CLAIMS-MADE FORM)

Gei	neral Applicant Information						
1.	Name of Applicant:						
2.	Principal Address:						
3.	City:	County:	State:	Zip Code:			
4.	Phone:		Website Address: _				
5.	Does the Applicant practice as: Other:	☐ Corporation ☐	Partnership	dual 🗌 LLC			
6.	Date Applicant was established	l: / / / /	Y				
aa/	licant Practice						
7.	Please describe in detail the pr	ofessional activities for w	hich coverage is desired:	:			
8.	Does any member of the Applic (If "yes", please provide full deta		services other than those	e mentioned in question 7.?			
9.	To what professional associat	ion(s) does the Applicant	belong?				
10.	Has any one client (including at 12 months? If "yes", please pro			oplicant's gross revenues during the past			
11.	List the total gross revenues for the past two years derived from those activities in Question 7. In addition, please list projected revenues for the current year (For insurance agents and brokers, please provide total gross commissions).						
	Year	Amount					
	a. Current Projected	\$	<u>-</u>				
	b. Past Fiscal Year	\$	_				
	c. Second Past Fiscal Year	\$					

Activity	% of 11.a	% of 11.a. Revenues						
		%						
		%						
Place include a list of	the Applicant's five (5)	%	during the pact the	roo (3) years (Do	act comple			
Please include a list of the Applicant's five (5) largest jobs or projects during the past three (3) years. (Do not comfor Insurance Agents and Brokers)								
Project / Client Name	Service Performed for Client	Revenue from those Services	Date Service Began	Former Employer of Applicant (Yes or No)	Pct. of gro			
Information								
Information Please provide the follow	ving: (Please include al	I principal and key en	nployee resumes)					
	ving: (Please include al Professional Qualifications	I principal and key en Years with Applicant Firm	nployee resumes) Years in Practice	Continuing Education (Yes or No)	Position w Firm			
Please provide the follow Name of all Principals, Partners, Owners and	Professional	Years with Applicant		Education				
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Please provide the follow Name of all Principals, Partners, Owners and	Professional	Years with Applicant		Education				
Please provide the follow Name of all Principals, Partners, Owners and Key Employees	Professional Qualifications	Years with Applicant		Education				
Please provide the follow Name of all Principals, Partners, Owners and	Professional Qualifications	Years with Applicant	Years in Practice	Education				
Please provide the follow Name of all Principals, Partners, Owners and Key Employees	Professional Qualifications	Years with Applicant	Years in Practice	Education (Yes or No)				
Please provide the follow Name of all Principals, Partners, Owners and Key Employees Provide information on	Professional Qualifications the Applicant's Staff:	Years with Applicant	Years in Practice	Education (Yes or No)	Position w Firm			

17. In the past five (5) years, has any predecessor firms, if any? If "Yes" Please complete the Claim Supple	how many?			Applicant or any o ☐ Yes ☐ No	of its						
8. Does any principal, owner, partner or employee know of any incident, act, error or omission that could result in a claim or suit against the Applicant or any predecessor firms? If "yes", how many?											
9. Have all matters in Question 17. and 18. 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?											
	20. 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? (If "yes", provide full details and documentation)										
21. Please list the Applicant's Profession	onal Liability Insurance (Coverage carried dur	ing the past three	Yes No							
periods without coverage. Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Deductible / Retention	Premium							
	TO. WINN, DB/TT				-						
22. Does the current policy have a priparticle purchased claims made coverage from the coverage of the current policy have a priparticle purchased claims made coverage from the current policy have a priparticle purchased claims made coverage from the current policy have a priparticle purchased claims made coverage from the current policy have a priparticle purchased claims made coverage from the current policy have a priparticle purchased claims made coverage from the current policy have a priparticle purchased claims made coverage from the current policy have a priparticle purchased claims made coverage from the current policy have a priparticle purchased claims made coverage from the current policy have a priparticle purchased claims made coverage from the current policy have a priparticle purchased claims made coverage from the current policy have a priparticle purchased claims and coverage from the current policy have a priparticle purchased claims and coverage from the current policy have a priparticle purchased pur		•			licant first						
MM DD YY											
23. Has the Applicant ever purchased (If "yes", please provide date purch			I	☐ Yes ☐ No							
24. In the past five (5) years, has the insurance declined, cancelled or no				lity insurance or □ Yes □ No	similar						
Limits Desired:	Deductible [Desired:									
Desired Effective Date: /) / <u>YY</u>										
The Applicant declares that the above stamisstated. All written statements and mareference into this application and made pa	aterials furnished to the C										
This application does not bind the Applicant the contract should a policy be issued, and information supplied on this application chawill immediately notify the company of sauthorization or agreement to bind the insurant	it will be attached to and anges between the dates out changes, and the Co	made part of the policy of this application and t	. The undersigned the time when the p	Applicant declares	s that if the e Applicant						
Signature of the Insured, Owner, Partner	or Principal	Title		Date							