

PLEASE EMAIL YOUR COMPLETED APPLICATION TO ISAAC@OREP.ORG



E&O Application

All questions must be answered completely. If any questions are considered "not applicable", please explain why. This application must be signed and dated by a principal of the firm.

NOTE: This application is for a "claims made" insurance policy.

Person Completing Form

First Name:	Last Name:
Title:	Email:
	Phone #:

Section I. Applicant Information

Company Name:	Date Established:
Business Address:	
City/State/Zip Code:	Company Website:
Estimated Gross Revenue 2023 (\$):	Gross Revenue 2022 (\$):

Section II. Policy History

Do you have current professional liability insurance? If yes, please send a copy of your current policy with your application.	Yes	No
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Indicate Desired Policy Limits	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> Other (Enter Amount): \$ _____
Indicate Desired Deductible/Retention:	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000

Would you like to see options for General Liability and/or Cyber Liability?	<input type="checkbox"/> General Liability	<input type="checkbox"/> Cyber Liability
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Section III. Your Professional Services, Team and Contracts

Describe the services the Applicant and any Subsidiaries provides. If none, please enter "0".

The percentage (%) of revenues by service type should equal 100%

____%	M&A Services	Raise Capital – Institutional Investors?		Yes	No
		If yes, provide a description:			
		Raise Capital – Non-Institutional Investors?		Yes	No
		If yes, provide a description:			
____%	Business Brokering	____%	Exit Planning/Business Coaching		
____%	Business Valuators	____%	Management & Strategic Consulting		
____%	Machinery & Equipment Appraisal	____%	Real Estate Appraisal		
____%	Other Services Description of other services:				

Valuation for Publicly Traded Companies:	Purchase Price Allocation?	Yes	No
	Stock Option Value for IRS?	Yes	No

Do you perform real estate transactions that are NOT a part of a business sale?	Yes	No
If yes, do you need coverage for your standalone real estate transactions?	Yes	No

How do you obtain real estate appraisals?	Client provides?	Yes	No
	Subcontract to a real estate appraisal firm?	Yes	No
	Own staff does real estate appraisal work?	Yes	No

Your Team:

Number of professional staff?		
Average years of experience for your professional staff?		
In the past 12 months, what were the three largest projects completed by the Applicant?		
Client	Service Type	Revenue Generated

Are you or any of your staff currently members of any of the following professional organizations?
Check all that apply:

List any certifications or designations held with each association:

	AM&AA	
	ASA	
	CABB	
	IBBA	
	M&A Source	
	NACVA	
	NEBB	
	OTHER (Please list):	

Your Contracts:

Does the Applicant have a written contract or agreement for every project? If no, provide the percentage (%) of the Applicant's revenue where a written contract is not secured: _____%	Yes	No
Hold harmless or indemnification clauses in your favor?	Yes	No
Hold harmless or indemnification clause in your client's favor?	Yes	No
Guarantees or warranties? If yes, please send a copy of your standard agreement.	Yes	No
Specific description of the services you will provide?	Yes	No
Have you sued any client in the past 3 years for unpaid fees? If yes, please send relevant documentation with completed application.	Yes	No
Do your clients provide you with financial reports and projections?	Yes	No

Section IV. Prior Activities Information

**If you answer "yes" to any of the following questions,
please submit relevant documentation with completed application.**

Has the Applicant Firm provided services used in any public securities offering within the past five (5) years?	Yes	No
Have any principals, partners, officers or professional employees ever been the subject of reprimand or disciplinary or criminal actions by authorities as a result of their professional activities?	Yes	No
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 their predecessors in business?	Yes	No
Have any professional liability claims been made against any proposed insured(s) in the past 5 years?	Yes	No

FRAUD WARNINGS

Attention: Applicant's in AR, CO, DC, KY, LA, NJ, NM, NY and OH

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 act, which is a crime, and may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each violation.)

(In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.)

Attention: Applicant's in FL

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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Applicant's in ME, TN, VA, and WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Attention: Applicant's in PA

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 subjects such person to criminal and civil penalties.

Attention: All other Applicant's

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, may be guilty of insurance fraud which may subject such person to criminal and/or civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prisons.

Representations; Electronic Signatures and Additional Terms

1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become a part of such Policy, if issued. The Insurer hereby is authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
2. The undersigned represents that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Insurer and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. The undersigned agrees that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify the Insurer and, at the sole discretion of Insurer, any outstanding quotations or binders may be modified or withdrawn.
4. The undersigned agrees that in the event of any misstatement, omission, or untruth in this Application or any material submitted along with or contained in the Application, the Insurer has the right to exclude from coverage any claim based upon, arising out of, attributable to, directly or indirectly resulting from, in consequence of, or in any way involving such misstatement, omission or untruth.
5. The undersigned represents that he/she has the authority to execute and deliver this Application on behalf of the Applicant and to bind the Applicant to the provisions set forth herein.

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge and agree that any indication of the signatory's intention to sign this document, including without limitation, typing the signatory's name in the signature line, or submission or any digital signature, electronic signature, facsimile or photocopy or other symbol or process attached to or associated with this Application shall be considered "secure" by the parties, shall have the same force and effect as an original manual signature, and the original and any such copies shall be deemed one and the same document. This Application is submitted under the Uniform Electronic Transactions Act – Col. Rev. Stat. §§ 24-71.3-101 et seq., and equivalent laws of other states as applicable, and by the Electronic Signatures in Global and National Commerce Act. By submitting this Application, you are confirming your agreement to submit this Application electronically, and your intent that your indication of agreement, along with information provided, will have the same force and effect as if this Application was submitted manually and your manual signature was provided. You should retain a copy of this Application for your records. (A copy of the completed Application will be emailed to you at the email known to us in conjunction with the policy and invoice). This Application must be signed by an Executive Officer of the Applicant.

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____