



SierraSpecialty

ALLIED HEALTH PROFESSIONALS INSURANCE APPLICATION

1. The Philadelphia Insurance Companies Business Owners Policy may only be offered to applicants who occupy less than 10,000 square feet of office space. Do you occupy less than 10,000 square feet of office space? YES NO (If "no," please do not complete the remainder of the application.)

2. The precise name of the Applicant Firm/Professional, which is submitting this Application:

Please attach a sample of your letterhead, which must precisely match the above name. Applicant

FEIN #: _____ SIC Code: _____

Type of Corresponding Insurance : Non-Profit Directors & Officers Miscellaneous Professional Accountants Officers Accountants Professional Lawyers Professional

3. Please identify the applicant's type of formation: Non-Profit Organization Corporation Limited Liability Partnership or Corporation Partnership Sole Proprietorship

4. Applicant Firm's principal location:

Address: _____ City _____

County _____ State _____ Zip Code _____

Phone _____ E-Mail _____

Web-Site _____

5a. Applicant Firm's billing address (if different than above): Same as Above Street _____
 City _____ State _____ Zip Code _____

5b. Please list any additional office locations on an attached sheet. Check if there are locations attached

6. When was the Applicant Firm established? ____/____/____ (Month/Day/Year)

7a. Please describe the nature of the firm's operations: _____

7b. Number of employees: _____

8. Please list the following for your existing premises insurance:

Carrier	Effective Date	Expiration Date	Coverage is on B.O.P. form	Content Limits	Liability Limits
			Y/N	\$	\$
Policy Number	Total Premium	Number of Claims	Total Value of Claims	Please attach a narrative description for all claims, whether they were covered by insurance or not, for the past three years. <input type="checkbox"/> Check if there are attachments	

9a. Please indicate limits desired for the following coverages:

Liability and Medical Expenses	Fire Legal Liability	Tenants Liability	Hired/Non-Owned Auto	Valuable Papers	Money & Securities	Interior Glass
\$	\$	\$	<input type="checkbox"/> <i>Desired</i> <input type="checkbox"/> <i>Not Desired</i>	\$	\$	\$
Building	Contents	Employee Dishonesty	Computer Hardware	Computer Software	Signs	Mechanical Breakdown
* See Supplement Below	\$	\$	\$	\$	\$	\$

9b. Please indicate the deductible desired: \$ _____

Building Supplement

- Building Coverage is Desired (below supplement to be completed)**
- Building Coverage is not Desired (below supplement not to be completed)**

Please indicate the following characteristics of the insured premises:

Interest	Year Built	Square Feet	% Occupied	Smoke Detectors Present?	Type Construction	Sprinklers Present?
<input type="checkbox"/> <i>Rent</i> <input type="checkbox"/> <i>Own</i>			%	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>		<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

Professional Section-Must be Completed

1. Check all that apply:
 - Applicant's Profession is: _____
 - The Applicant's professional staff is currently licensed and in good standing in the state indicated in question 4 above, for the profession indicated above.
 - Professional Malpractice has never been alleged against the Applicant or its staff.
 - * Professional Malpractice has been alleged against the Applicant and all pertinent facts are attached.
 - No member of the applicant's staff has ever been expelled from a professional association, nor been convicted of a felony.
 - No member of the applicant's staff has ever lost a professional license as a result of misconduct or alleged misconduct.
 - Every professional member of the applicant is a member of a professional association.
2. The Applicant consists of how many professionals licensed in the profession listed in question 1? _____
3. The Applicant's revenues attributable to professional services rendered are: \$ _____

REPRESENTATIONS: I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives. The Company bears no obligation to provide terms requested by the applicant.

WARNING: ANY PERSON WHO, KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE 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.

Signature of Applicant:

Must be Partner or Officer* _____

Title _____

DATE _____

NAME OF AGENCY: _____