

**CONSULTANTS LIABILITY APPLICATION**  
**11-1-01**

**INSURED** \_\_\_\_\_ **DBA** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**AREA OF OFFICE IN SQUARE FOOTAGE:** \_\_\_\_\_

**SPECIALTY** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NUMBER OF YEARS IN BUSINESS** \_\_\_\_\_

**NUMBER OF OWNERS** \_\_\_\_\_ **NUMBER OF STAFF** \_\_\_\_\_

**PAYROLL OF STAFF** \_\_\_\_\_ **OF OWNERS** \_\_\_\_\_

**SALES OR RECEIPTS FOR LAST YEAR \$** \_\_\_\_\_ **THIS YR \$** \_\_\_\_\_

**NUMBER OF CLIENTS INSURED "DOES" WORKS FOR** \_\_\_\_\_

**TOP THREE CLIENTS NAMES IN ORDER OF RECEIPTS:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**LOSSES OR CLAIMS IN PAST 3 YEARS.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I ACKNOWLEDGE AND WARRANT THAT THE INFORMATION GIVEN IN THIS APPLICATION, EVEN IF NOT IN MY HANDWRITING, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. SPECIAL NOTICE: AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY AND/OR A CONSUMER CREDIT REPORT MAY BE MADE WHICH WILL**

**PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.**

**THE PROPOSED POLICY WILL CONTAIN THE FOLLOWING CLAUSE OF CONDITION, PLEASE MAKE YOURSELF AWARE OF IT:**

**IN CONSIDERATION OF THE PREMIUM CHARGED, IT IS A CONDITION OF THIS POLICY THAT THE INSURED(S), EMPLOYEES, STAFF OR SUBCONTRACTORS OF THE INSURED OF THE INSURED, WILL GIVE NO ORDERS, DIRECTIONS OR INSTRUCTIONS TO THE WORKSITE EMPLOYEES OF HIS CLIENT(S).**

**FURTHER, IT IS A CONDITION OF THIS POLICY THAT NO COVERAGE OR DEFENSE WILL BE PROVIDED BY THIS POLICY IF EMPLOYEES, AGENTS OF THE INSURED OR SUBCONTRACTORS OF THE INSURED ARE ALLOWED TO GO ONTO ANY OFFSHORE DRILLING RIG, OFFSHORE PLATFORM OR OFFSHORE BARGE. ONLY THE INSURED MAY GO ONTO OFFSHORE RIGS, BARGES OR PLATFORMS.**

**FAILURE TO COMPLY WITH THE ABOVE WILL NULL AND VOID THE INSURED'S POLICY AND COVERAGE.**

**DATE \_\_\_\_\_ INSURED'S SIGNATURE\_\_\_\_\_**

**INSURED'S NAME PRINTED:\_\_\_\_\_**

**HOME ADDRESS:\_\_\_\_\_**

**CITY, STATE, ZIP:\_\_\_\_\_**

**SOCIAL SECURITY NUMBER \_\_\_\_\_**

**THIS APPLICATION MUST BE FULLY COMPLETED, SIGNED AND DATED BY THE INSURED OR IT WILL NOT BE ACCEPTED.**

**AGENT.....**

**AGENCY.....**

**ADDRESS.....**

**CITY.....**

**STATE.....**

**ZIP.....**

**PHONE.....**