



**RIGHT OF WAY PROFESSIONALS
ERRORS & OMISSIONS INSURANCE APPLICATION**

UNITED NATIONAL INSURANCE COMPANY UNITED NATIONAL SPECIALTY INSURANCE COMPANY

NOTICE: This is an application for a claims-made insurance policy with limits of liability which include both damages and claim expenses. If you have any questions, consult your agent, broker or attorney.

1. Name of Applicant: _____
2. Address: _____
City: _____ State: _____ Zip: _____
3. Website: www. _____ Email Address: _____
4. Individual Partnership Corporation Other: _____ 5. Date Established: _____
6. Is the Applicant owned or controlled by, affiliated or associated with any other company or corporation?
 Yes No (If yes, attach explanation)
7. Any subsidiaries or additional offices/branch offices? Yes No (If yes, attach list of additional offices)
8. During the past five (5) years, has the name of the Applicant been changed, or has any other business been purchased, merged or consolidated with the applicant? Yes No (If yes, attach details)
9. Total Gross Billings/Receipts: \$ _____ \$ _____ \$ _____
(past fiscal year) (current fiscal year) (estimate next fiscal year)
10. Were more than 50% of Applicant's gross annual billings from any one year derived from a single client or contract? Yes No
(If yes, provide client's name, services rendered and length of contract or expected length of business relationship below)

11. Describe the Applicant's three (3) largest jobs/projects during the past three (3) years and their gross receipts:

Client	Services Rendered	Receipts

12. Does the Applicant secure a written contract or agreement for every project? Yes No
(If no, attach explanation including how responsibilities are defined between Applicant and Client)
13. Provide a breakdown of the Applicant's staff (including Principals, Partners, Officers): Full-Time: ____ Part-Time: ____ Total: ____
14. Of the Applicant's total staff, how many are: Principals/Partners/Officers: ____ Professional Staff: ____ Other Employees: ____
15. Provide the following information on all principals and key employees (any additional can be listed on an attachment):

Full Name	Title	Professional Licenses or Designations/Qualifications	Years of Experience	Years with Applicant

* If business is less than three years old, attach resumes of the principals and key employees *

16. How many employees (including Principals, Partners, Officers) of the Applicant who are members of IRWA have achieved the status of:

- _____ IRWA Member in Good Standing _____ Senior Right of Way Agent (SR/WA)
- _____ Appraiser Certified (R/W AC) _____ Asset (Property) Management Certified (R/W AMC)
- _____ Environmental Certified (R/W EC) _____ Negotiation/Acquisition Certified (R/W NAC)
- _____ Relocation Certified (R/W RC)
- _____ Other Professional Association Memberships (indentify): _____
- _____ Other Professional Credentials/Designations (indentify): _____

17. Indicate as a percentage of last year's gross revenue the Applicant's Right of Way (ROW) and Non-ROW related services. The answers must total 100%. (List any additional services that could not fit in the box below on an attached sheet)

Service	% ROW	% Non ROW	Service	% ROW	% Non ROW
Abstractor			Title/Escrow/Closing		
Project Manager			Real Estate Appraiser		
Property Manager			Real Land Surveyor		
Design Professional			Environmental Consultant (Phase 1)		
Acquisition/Relocation/Nominal Appraisals			Real Estate Development		
Realtor/Broker			Other (identify):		

18. Please check any of the following Project Activities in which the Applicant is involved:

- Roadway Special Authority Railway Utilities Communications Airport

19. Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part time? Yes No
(If yes, provide details below):

20. Are subcontractors used to perform professional services? Yes No (If yes, complete the box below)

Questions	Answers
a. Number of subcontractors hired in the last year:	a.
b. Percentage of receipts derived from subcontractors work:	b.
c. Type of work done by subcontractors:	c.
d. Qualifications required of a subcontractor:	d.
e. Minimum experience of a subcontractor required:	e.
f. Are any subcontractors used outside the U.S.? If yes, what countries?	f.
g. How is the work of subcontractors supervised by the Applicant?	g.
h. Are the subcontractors required to carry their own E&O Insurance?	h.
i. Does Applicant obtain proof of E&O Insurance from every subcontractor?	i.

21. Does the Applicant provide services for any client in which a principal, partner, officer or employee of the Applicant is also a principal, partner, officer, employee or shareholder of said client? Yes No

(If yes, provide client name, relationship to client and approximate gross annual billings generated from this client below)

22. Has the Applicant had Errors and Omissions (E&O) Insurance previously, either under its existing name, or that of any predecessor in business? Yes No (If yes, provide details of E&O coverage for the past three years in the box below)

Insurer	Policy No.	Limits of Liability	Deductible	Premium	Expiration Date

- a) If yes, is that policy a CLAIMS-MADE policy? Yes No
 b) If yes, attach a copy of the expiring Declarations Page and provide the Retroactive (Prior Acts) Date: _____

23. Does the applicant understand that this application is for a CLAIMS-MADE Errors & Omissions policy? Yes No

24. E&O Limit of Liability desired: \$ _____ / \$ _____ Deductible: \$ _____ Desired effective date: _____

25. Has any application for this type of insurance by the applicant or their predecessors in business ever been declined, or has any similar insurance ever been cancelled, non-renewed, refused renewal or had special terms imposed? Yes No (If yes, provide details on an attachment)

26. Has any claim, suit or demand been made against the Applicant, its predecessor(s) or any past or present owners, officers, principals, partners, directors or employees within the past five (5) years?
 Yes No (If yes, complete a Claim Supplement for **EACH** incident)

27. Having inquired of all principals, partners and officers, is the Applicant aware of any circumstances, allegations or contentions, as to any incident which may result in a claim being made against the Applicant or any past or present principals, partners, officers, employees or predecessors in business? Yes No (If yes, complete a Claim Supplement for **EACH** incident)

28. Please submit the following with this completed application and any supplemental application(s):
- a) Copies of Applicant's company brochures, advertisements and marketing literature
 - b) Copy of Applicant's Standard Contract/Agreement and engagement/proposal letter used with Clients
 - c) Resumes of all Principals, Partners and Key Professional Employees if in business less than 3 years
 - d) Copy of the expiring Errors and Omissions (E&O) Declarations Page
 - e) Any additional information to questions on this application should be printed or typed on the Applicant's company letterhead. Please identify the question number to which you are referring when providing additional information.

29. Does the Applicant currently carry General Liability Insurance? Yes No

30. Does the Applicant desire a quote with General Liability included? Yes No (If yes, complete a General Liability Supplement)

The undersigned authorized representative of the Applicant declares that after reasonable review and inquiry, the statements set forth in this application and any attached addendums/supplements are true and complete to the best of his/her knowledge. Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submit an application or file a claim containing a false or deceptive statement, may be guilty of insurance fraud and subject to fines or imprisonment. The authorized representative also understands that the signing of this application does not bind the company to offer, or the applicant to purchase, any insurance policy. In the event that a policy is issued based upon this application, this application will become a part of the policy.

Signature

Date

Name (printed)

Title (must be Owner, Officer or Partner)