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SafePro TM

Please answer all the questions on this form. Before any question is answered please read carefully the declaration at the end of the application form which you are required to sign. Underwriters will rely on the statements that you make on this form. In this context, ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS, OR OMISSIONS. PLEASE TAKE CARE IN FILLING OUT THIS FORM. ANY POLICY THAT MAY BE ISSUED BASED UPON THIS FORM WILL PROVIDE CLAIMS FIRST MADE AND REPORTED COVERAGE.

Section 1 – Your details

- 1) Name of Applicant:
2) Address:
3) Website home page, If any:

Section 2 – Your business

- 4) Date Established:
5) Description of Professional Services:
6) Revenue for your last financial year:
7) Does the total number of staff exceed 100? (yes or No):
8) Please detail any mergers and acquisitions undertaken in the last 3 years (including retro-dates):
Name of Entity Retro Date or N/A
9) Do you anticipate any significant change in professional activities or structure of the Applicant in the coming financial year? (Yes, No or N/A)
10) Please indicate the market for your services (Yes, No or N/A, please check box for each category)

Yes No NA

- Aerospace
Financial Trading
Adult Entertainment/pornography
Gambling
Political
Military
Power/Energy

Section 3 – Risk mitigation

- 11) Do you have customers that represent more than 50% of your fees? (Yes, No or N/A)





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- 12.a) Are outside consultants/contractors utilized? (Yes, No or N/A)
If yes, do you typically require all consultants/contractors to hold professional indemnity insurance as a condition of work? (Yes or No)
13) Do you always contract with all clients in writing? (Yes, No or N/A)
14) Do you typically undertake contract engagements that are in excess of two years duration? (Yes, No or N/A)
15) Does any director, officer, employee or partner serve on the board of directors of any client? (Yes, No or N/A)
16) In the last 5 years has your company experienced any claims or are you aware of any circumstances that could give rise to a claim that may have been covered by this policy? (Yes or No)
17) In the last 5 years has your company or any director, employee or partner been the subject of any cease and desist orders or been the subject of official admonishments, disciplinary actions, critical directives or comments by regulators? (Yes, No)

Section 4 – Cover

18) Has any application for similar insurance made on behalf of your business, any predecessor of the business, or any principal, partner or director ever been declined or has such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)? (Yes, No or N/A)

19) Does your company currently have any Errors or Omissions or similar insurance in force? (Yes or No)
If yes, please provide details:
ie: Limits of Liability / Expiry Date / Retroactive Date(s) etc:

20) From what date should this policy be effective? (mm/dd/yyyy) _____/_____/_____

Declaration

I HEREBY DECLARE THAT I AM AUTHORIZED TO COMPLETE THIS APPLICATION ON BEHALF OF THE APPLICANT AND THAT AFTER DUE INQUIRY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND PARTICULARS IN THIS APPLICATION ARE TRUE AND COMPLETE AND NO MATERIAL FACTS HAVE BEEN MISSTATED, SUPPRESSED, OR OMITTED. I UNDERTAKE TO INFORM UNDERWRITERS OF ANY MATERIAL ALTERATION OR ADDITION TO THESE STATEMENTS OR PARTICULARS WHICH OCCUR BEFORE OR DURING ANY CONTRACT OF INSURANCE BASED ON THE APPLICATION IS EFFECTED. I ALSO ACKNOWLEDGE THAT THIS APPLICATION (TOGETHER WITH ANY OTHER INFORMATION SUPPLIED TO UNDERWRITERS) SHALL BE THE BASIS OF SUCH CONTRACT.

I UNDERSTAND THAT UNDERWRITERS WILL RELY ON THE STATEMENTS THAT I MAKE ON THIS FORM. IN THIS CONTEXT, ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS OR OMISSIONS.

Signed:* _____ Name: _____

Position:* _____ Date: _____

*the signatory should be a director or senior officer of, or a partner in, the Applicant.

