



CONTRACTORS ERRORS OR OMISSIONS SUPPLEMENTAL APPLICATION CLAIMS-MADE COVERAGE

Contractors Errors and Omissions is a Claims-Made coverage. Please read the entire coverage part carefully to determine your rights, duties, coverage and coverage restrictions.

Applicant _____

Effective Date _____

☐ Retroactive Date _____

If different than effective date, please provide proof of continuous uninterrupted coverage to desired retroactive date and loss runs which include all claims and known incidences.

Do you have a website? ☐ Yes ☐ No Website Address _____

Do you currently carry Errors & Omissions Liability Coverage similar to that being applied for in this application? ☐ Yes ☐ No

a. Carrier's Name _____

b. Limit of Insurance _____ Effective Date _____

d. Current Premium _____ Deductible : _____

Prior Errors and Omissions Carrier(s)

[] indicate if no prior insurance

Effective Date	Expiration Date	Retroactive Date	Prior Carrier		Policy Number	Limit of Liability	Premium

Has any company ever declined to write, cancelled or non-renewed Errors and Omissions for you in the last five years? ☐ Yes ☐ No If "YES", please explain _____

Claims-Made Limits of Liability Requested

MAP Contractors

<input type="checkbox"/> \$ 10,000 per claim / \$ 50,000 Aggregate	\$1,000 deductible per claim
<input type="checkbox"/> \$ 25,000 per claim / \$ 75,000 Aggregate	\$ 1,500 deductible per claim
<input type="checkbox"/> \$ 50,000 per claim/ \$100,000 Aggregate	\$ 2,500 deductible per claim

Commercial Package Policy

<input type="checkbox"/> \$ 10,000 per claim / \$ 50,000 Aggregate	\$1,000 deductible per claim
<input type="checkbox"/> \$ 25,000 per claim/ \$ 75,000 Aggregate	\$ 1,500 deductible per claim
<input type="checkbox"/> \$ 50,000 per claim / \$100,000 Aggregate	\$ 2,500 deductible per claim
<input type="checkbox"/> \$100,000 per claim / \$100,000 Aggregate	\$ 5,000 deductible per claim

Years in business under current ownership _____

Has the business operated under any other name? ☐ Yes ☐ No



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If yes, provide name(s), description and insurance carrier(s)

Annual payroll (latest 12 months) \$

Is owner on premises actively managing the business operations? ☐ Yes ☐ No

If no, describe the level of management on jobsite

Total number of jobs completed in the last 12 months

Three largest jobs:

Cost of Contract:\$ Customer/Location

Job description

Cost of Contract:\$ Customer/Location

Job description

Cost of Contract:\$ Customer/Location

Job description

Does the insured operate/own any business(es) other than the described? ☐ Yes ☐ No If yes, provide the following:

Name of Business

Description of Operations

Current insurance carrier

Does the applicant draw plans, designs or specifications? ☐ Yes ☐ No If Yes, provide details

Claim/Loss History

Has there been any Construction Defects or **Errors and Omissions** losses or claims made or pending in the last five years?

☐ Yes ☐ No

If Yes, complete the following

Insurer	Loss/Claim Report Date	Type of Loss/ Claim*	Description of Loss/ Claim	Open / Closed	Amount Paid	Amount Reserved

*Type of Loss

✓ Errors or
Omissions

✓ Construction
Defect

✓ Other



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Do you or anyone in your organization have any knowledge of any **incidents** or **circumstances** that might give rise to an **Errors or Omissions** claim? ☐ Yes ☐ No If yes, complete the following:

Date of incidence / circumstance	Description of incident/circumstance	Status - Open or Closed

The insurance coverage for which you are applying is written on a CLAIMS-MADE policy. Only claims which are first made against you and reported to us in writing during the coverage period are covered, subject to policy provisions. The limits of liability stated in the Supplemental Declarations are reduced by the cost of defense. A deductible applies to all payments for contractors errors and omissions defense costs. The deductible can be reduced or exhausted by the payment of contractors errors and omissions defense costs. Please consult the coverage part directly for specific coverage. If you have any questions about coverage, please discuss them with your insurance agent or broker.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Massachusetts

Any person who knowingly and with intent to defraud any insurance company or another 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 committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance of 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.



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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE

Applicant's signature_____

Date_____

Producer's signature_____