



NEW HAMPSHIRE  
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.**

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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**

E & O LIMIT		Deductible
Per Claim	Aggregate	Per Claim
\$100,000	\$100,000	\$2,500

Years in business under current ownership \_\_\_\_\_      Has the business operated under any other name?  Yes  No

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

Annual payroll (latest 12 months)      \$ \_\_\_\_\_



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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

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



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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 policy are reduced by the cost of defense. A deductible applies to all payments for contractors errors and omissions defense costs. Please consult the policy 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.

**New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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 \_\_\_\_\_