

ERRORS & OMISSIONS INTEGRATED APPLICATION

1. Company Name

NAME OF INSURED

2. Address

3. Website

DATE EST.

4. Limit of Insurance

\$500,000

☐

\$1,000,000

☐

\$2,000,000

☐

OTHER

☐

DEDUCTIBLE

\$500

☐

\$1,000

☐

\$2,500

☐

OTHER

☐

5. Is the applicant or employees a certified public accountant?

YES

☐

NO

☐

6. Describe the professional activities of your firm and years of experience:

7. Is your firm involved in any other business or profession other than described above?

YES

☐

NO

☐

If Yes, please describe:

CATEGORY

8. Gross revenue by type of transaction

REAL ESTATE /
RENTAL / LEASING

Transactions
Past Year

Revenue
Past Year

Transactions
Current Year

Revenue
Current Year

RETAIL TRADE

Transactions
Past Year

Revenue
Past Year

Transactions
Current Year

Revenue
Current Year

ACCOMMODATION /
FOOD SERVICE

Transactions
Past Year

Revenue
Past Year

Transactions
Current Year

Revenue
Current Year

MEDIA OR
TELEVISION

Transactions
Past Year

Revenue
Past Year

Transactions
Current Year

Revenue
Current Year

MANUFACTURING

Transactions
Past Year

Revenue
Past Year

Transactions
Current Year

Revenue
Current Year

TECHNOLOGY

Transactions
Past Year

Revenue
Past Year

Transactions
Current Year

Revenue
Current Year

MEDICAL

Transactions
Past Year

Revenue
Past Year

Transactions
Current Year

Revenue
Current Year

WHOLESALE
TRADE

Transactions
Past Year

Revenue
Past Year

Transactions
Current Year

Revenue
Current Year

CONSTRUCTION

Transactions
Past Year

Revenue
Past Year

Transactions
Current Year

Revenue
Current Year

SCIENTIFIC /
TECHNICAL SERVICES

Transactions
Past Year

Revenue
Past Year

Transactions
Current Year

Revenue
Current Year

TELEMARKETING /
DIRECT MAIL

Transactions
Past Year

Revenue
Past Year

Transactions
Current Year

Revenue
Current Year

CPA FIRM

Transactions
Past Year

Revenue
Past Year

Transactions
Current Year

Revenue
Current Year

OTHER:

Transactions
Past Year

Revenue
Past Year

Transactions
Current Year

Revenue
Current Year

9. Historical gross revenues (most recent year first):

YEAR	<input type="text"/>	AMOUNT	\$ <input type="text"/>
YEAR	<input type="text"/>	AMOUNT	\$ <input type="text"/>
YEAR	<input type="text"/>	AMOUNT	\$ <input type="text"/>
YEAR	<input type="text"/>	AMOUNT	\$ <input type="text"/>

10. List the percentage of revenues from the following transaction types:

COMMISSION % FLAT FEE % OTHER %

11. Average / Maximum value of transaction:

AVERAGE MAXIMUM

Number of independant contractors?

Do you work with individuals with assets over \$1,000,000?

YES NO

12. Applicant is a/an:

LLC CORPORATION PARTNERSHIP INDIVIDUAL

13. Does the applicant ever function in a dual intermediary agent function?

YES NO

14. Describe procedures to avoid financial statement misrepresentation when presenting business financials to potential buyers:

Does applicant prepare a broker's reconstruction of financial statments? YES NO

Does applicant conduct any business valuation or due diligence on behalf of the buyer or seller? YES NO

15. Does applicant provide written recommendations that each party retain an attorney and accountant for purpose of performing due diligence review, including an evaluation of income, expense, and feasibility of the business opportunity represented?

YES

NO

16. Number of partners, principals, officers, and professional employees engaged in providing professional services to clients:

Number of non-professional service employees:

17. Is the applicant firm controlled, owned or associated with any other firm, corporation or company?

YES

NO

If yes, please describe the relationship:

18. Please provide the following information on key employees, principals, partners:

FULL NAME OF KEY EMPLOYEE				
PROFESSIONAL QUALIFICATIONS				
DATE QUALIFIED				
HOW LONG IN PRACTICE?				
HOW LONG PARTNER / PRINICPAL?				

FULL NAME OF KEY EMPLOYEE

PROFESSIONAL QUALIFICATIONS

DATE QUALIFIED

HOW LONG IN PRACTICE?

HOW LONG PARTNER / PRINICPAL?

19. What professional associations does the applicant belong to?

20. Please list four largest deals in past three years:

PROJECT / DEAL / CLIENT NAME
NATURE OF THE SERVICES
REVENUE OBTAINED

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
▼	▼	▼	▼
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
▼	▼	▼	▼
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

21. Does the applicant use a written contract with the client?

IN ALL CASES

☐

SOMETIMES

☐

NEVER

☐

22. What percent of applicant's business involves subcontracting of work to others?

 %

23. Does applicant have similar insurance in place?

YES

☐

NO

☐

*if YES, provide policy with application

24. Have applicant had any claims on insurance in place?

YES

☐

NO

☐

How many claims in last five years?

25. Describe any claims or disciplinary actions by authorities as a result of professional activities:

Direct phone number of applicant

Date:

Direct email of applicant

Name of Applicant

Signature

*Owner / Officer