



303 W. Madison Street, Suite 700, Chicago, IL, 60606
Tel: 866.879.6565 Fax 866.720.5003 Email: eando@5starsp.com

MISCELLANEOUS PROFESSIONAL LIABILITY QUESTIONNAIRE

Please complete the following questionnaire to receive a NON-BINDING INDICATION of the anticipated annual cost of Miscellaneous Professional Liability coverage. After reviewing the indication, if you would like to receive a binding quotation, you must submit a full application. Upon review and acceptance of the full application, a quotation will be provided.

- 1. Name of firm: _____
Street Address: _____ City: _____
State: _____ ZIP: _____
- 2. Current expiration date: _____ Current Retrodate: _____
Current Insurer: _____
Current limits: _____ Current Deductible: _____ Premium: _____
- 3. Requested limit of liability: _____ Requested deductible: _____
- 4. Professional Fee Income: This Year: _____ Last Year: _____
Total Number of Staff This Year: _____ Last Year: _____
- 5. Please describe in detail the nature and types of professional services the Applicant is engaged in and indicate the approximate percentage of revenues derived from each:
- 6. Have you reported any claims or incidents that might lead to claims in the last ten (10) years?
Or are you aware of any claims or circumstances that have not yet been reported to your insurance company? If Yes, please attach additional information. Yes No



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Agency Name: _____ **Agent/Broker:** _____

Agency Address: _____ **City** _____ **State:** __ **Zip:** _____

Phone Number: _____ **FAX Number:** _____

E-mail address: _____ **Website:** _____