

APPLICATION
FLOOD HAZARD SEARCHERS ERRORS AND OMISSIONS INSURANCE
CLAIMS MADE POLICY

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE IS ANY QUESTION, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

QUESTIONS	ANSWERS																
1. Full name and address of Applicant.	1.																
2. Address(es) of Branch Office(s).	2.																
3. Date Established.	3.																
4. The Applicant is:	4. <input type="checkbox"/> Individual; <input type="checkbox"/> Partnership; <input type="checkbox"/> Corporation; <input type="checkbox"/> _____.																
5. Furnish the number of Partners and Staff: a) Principals/Partners; b) Professional Staff; c) Other Employees (Secretaries, Clerks, etc.).	5. <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Full Time</u></td> <td style="text-align: center;"><u>Part Time</u></td> </tr> <tr> <td>a)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		<u>Full Time</u>	<u>Part Time</u>	a)	_____	_____	b)	_____	_____	c)	_____	_____				
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a)	_____	_____															
b)	_____	_____															
c)	_____	_____															
6. a) Furnish the following information on all principals, key employees, and subcontractors:	6. a)																
<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Full Name</u></th> <th style="text-align: center;"><u>No. Years Experience</u></th> <th style="text-align: center;"><u>Professional Qualifications</u></th> <th style="text-align: center;"><u>How Long a Principal</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	<u>Full Name</u>	<u>No. Years Experience</u>	<u>Professional Qualifications</u>	<u>How Long a Principal</u>													
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b) If the business is not more than TWO years old, attach resumes of the principals, key employees, and subcontractors.	b)																
7. a) Furnish estimated gross receipts and the number of searches for the NEXT fiscal year;	7. a) <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Gross Receipts</u></td> <td style="text-align: center;"><u>Searches</u></td> </tr> <tr> <td></td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">_____</td> </tr> </table>		<u>Gross Receipts</u>	<u>Searches</u>		\$ _____	_____										
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	\$ _____	_____															
b) Furnish gross receipts and the number of searches for the current year and the past TWO years.	b) 19 _____ \$ _____ 19 _____ \$ _____ 19 _____ \$ _____																

QUESTIONS	ANSWERS
<p>8. Furnish the names of the THREE largest clients.</p>	<p>8. Client Name</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>
<p>9. a) In what regions of the country are flood hazard searches conducted?</p> <p>b) Furnish the names of the THREE largest states.</p>	<p>9. a)</p> <p>b)</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>
<p>10. a) Is the Applicant or is any of the Applicant's staff, a practicing attorney?</p> <p>b) If "Yes," furnish full details.</p>	<p>10. a) YES/NO</p> <p>b)</p>
<p>11. a) Does the Applicant have a written agreement with each client?</p> <p>b) If "Yes," furnish a sample agreement.</p>	<p>11. a) YES/NO</p> <p>b)</p>
<p>12. Furnish the following:</p> <p>a) Copies of brochures and literature that describe the services rendered;</p> <p>b) A sample flood zone determination letter.</p>	<p>12.</p> <p>a)</p> <p>b)</p>
<p>13. Does the zone determination include:</p> <p>a) The name of the flood zone;</p> <p>b) The community name and flood zone parcel number;</p> <p>c) The flood zone map date;</p> <p>d) The base flood elevation?</p>	<p>13.</p> <p>a) YES/NO</p> <p>b) YES/NO</p> <p>c) YES/NO</p> <p>d) YES/NO</p>

QUESTIONS	ANSWERS
14. Is there a second independent internal flood hazard determination review before the zone determination is sent to the client?	14. YES/NO
15. What procedure is followed if a subject property is in more than one flood zone?	15.
16. What procedure is followed if the Applicant cannot find a subject property in the flood zone maps?	16.
17. a) How often, per year, are flood zone determination maps updated? b) What procedures are followed on flood zone determinations previously issued when FEMA maps are subsequently updated?	17. a) _____ b)
18. a) Does the Applicant offer recertification services over the life of all mortgages? b) If "Yes," is each property reviewed and recertified? c) If "Yes," how often?	18. a) YES/NO b) YES/NO c) _____
19. a) Does the Applicant offer flood zone portfolio analysis for a lender's entire book of mortgages? b) If "Yes," how often is the book reviewed?	19. a) YES/NO b) _____

QUESTIONS	ANSWERS
<p>20. a) Does the Applicant hire flood hazard search subcontractors?</p> <p>b) If "Yes," furnish the following:</p> <p>1) The number of subcontractors hired in the last year;</p> <p>2) The number of searches conducted by the subcontractors;</p> <p>3) Under what circumstances are the subcontractors hired?</p> <p>4) Furnish the qualifications required of the subcontractors by the Applicant.</p> <p>5) Are the subcontractors required to have their own errors and omissions insurance?</p> <p>6) Describe the procedures used to review the subcontractors work.</p>	<p>20. a) YES/NO</p> <p>b)</p> <p>1) _____</p> <p>2) _____</p> <p>3)</p> <p>4)</p> <p>5) YES/NO</p> <p>6)</p>
<p>21. a) Furnish the following information about the general liability insurance carried by the Applicant:</p> <p>b) Does the general liability insurance include personal injury coverage?</p> <p>c) Does the general liability coverage include contractual liability coverage?</p>	<p>21. a) <u>Insurance Co.</u> <u>Policy Limit</u> <u>Expiration Date</u></p> <p>_____ \$ _____</p> <p>b) YES/NO</p> <p>c) YES/NO</p>
<p>22. a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?</p> <p>b) If "Yes," furnish full details.</p>	<p>22. a) YES/NO</p> <p>b)</p>

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<p>23. a) During the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant?</p> <p>b) If "Yes," furnish full details.</p>	<p>23. a) YES/NO</p> <p>b)</p>																								
<p>24. a) Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business?</p> <p>b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.</p>	<p>24. a) YES/NO</p> <p>b)</p>																								
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<p>c) Is the Applicant's expiring policy a CLAIMS MADE policy?</p> <p>d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy.</p>	<p>c) YES/NO</p> <p>d) _____</p>																								
<p>25. a) Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Claim was made; 2) Name of the Claimant; 3) Value of the Claim; 4) If the Claim is settled or outstanding; 5) Amount of the settlement; 6) Brief description. 	<p>25. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____ 																								
<p>26. a) Has any Claim been made during the last FIVE years against the Applicant, any of their past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions?</p>	<p>26. a) YES/NO</p>																								

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<p>26. b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Claim was made; 2) Name of the Claimant; 3) Value of the Claim; 4) If the Claim is settled or outstanding; 5) Amount of the settlement; 6) Brief description. 	<p>26 b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____
<p>27. a) Is the Applicant aware of any circumstances, or any allegation or contentions, as to any incident which may result in a Claim being made against the Applicant or any past or present owners, partners, officers, employees, or predecessors in business?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Applicant first became aware of any such alleged negligent act, error or omission; 2) Name of the potential Claimant; 3) Estimated value; 4) Brief description. 	<p>27. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____
<p>28. a) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application?</p> <p>b) If "Yes," furnish full details.</p>	<p>28. a) YES/NO</p> <p>b)</p>
<p>29. Does the Applicant agree that this Application is for a CLAIMS MADE policy?</p>	<p>29. YES/NO</p>
<p>30. a) Limit of Liability required?</p> <p>b) Amount of deductible required?</p>	<p>30. a) \$ _____ Each Claim/Aggregate</p> <p>b) \$ _____</p>

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this declaration shall be the basis of the contract between me/us and the Company and that this Application will form a part of the policy.

Name of Firm: _____

By: _____

(Owner, Partner, or Senior Officer)

Title: _____

Date: _____ 19 _____

**Signing this form does not bind the Applicant or the Company to complete the insurance.*