

QUESTIONS	ANSWERS
<p>8. Furnish the percentage of current year receipts derived from:</p> <p>a) Pre-employment tests; b) Theft and inventory shrinkage; c) Other _____ _____</p>	<p>8.</p> <p style="text-align: center;">%</p> <p>a) _____ b) _____ c) _____ _____</p> <p>Total 100%</p>
<p>9. Furnish the names of the THREE largest clients.</p>	<p>9.</p> <p style="text-align: center;"><u>Client Name</u></p> <p>1) _____ 2) _____ 3) _____</p>
<p>10. Furnish details of the professional services rendered by the Applicant.</p>	<p>10.</p>
<p>11. a) Does the Applicant use a contract with clients?</p> <p>b) If "Yes," attach a sample copy of the contract.</p>	<p>11. a) YES/NO</p> <p>b)</p>
<p>12. Attach copies of brochures or other advertising that describes the services performed.</p>	<p>12.</p>
<p>13. Furnish copies of the following forms:</p> <p>a) Form used to notify prospective subject that a test is to be performed;</p> <p>b) Form used to notify subject before beginning an examination of the prohibitions of the federal and state laws;</p> <p>c) General release form in which subject consents to take the test voluntarily and releases polygraph operator from liability;</p> <p>d) Report form used to report results of test.</p>	<p>13.</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p>

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<p>14. a) Is a pre-test interview done before all tests?</p> <p>b) If "Yes," are questions to be asked the prospective subject put in writing and read to him/her in this interview?</p> <p>c) Is the person to be tested informed in writing that:</p> <p>1) A third party will be present;</p> <p>2) Other devices will be used?</p>	<p>14. a) YES/NO</p> <p>b) YES/NO</p> <p>c)</p> <p>1) YES/NO</p> <p>2) YES/NO</p>									
<p>15. a) Are the questions asked during the polygraph test the same as those asked in the pre-test phase?</p> <p>b) Is the person being tested allowed to terminate the test at any time?</p>	<p>15. a) YES/NO</p> <p>b) YES/NO</p>									
<p>16. Is a written report prepared for all tests?</p>	<p>16. YES/NO</p>									
<p>17. How often are the Applicant's instruments calibrated?</p>	<p>17. _____</p>									
<p>18. How long does the Applicant keep records of examinations?</p>	<p>18. _____</p>									
<p>19. a) Is the Applicant a member of any Professional Organizations, Associations, or Societies?</p> <p>b) If "Yes," furnish full details.</p>	<p>19. a) YES/NO</p> <p>b)</p>									
<p>20. Furnish the states in which the Applicant is registered, licensed, or enrolled to practice.</p>	<p>20. _____</p> <p>_____</p> <p>_____</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>	<table border="0"> <tr> <td data-bbox="824 1507 1144 1539">21. a) <u>Insurance Co.</u></td> <td data-bbox="1209 1476 1299 1539"><u>Policy Limit</u></td> <td data-bbox="1364 1476 1518 1539"><u>Expiration Date</u></td> </tr> <tr> <td data-bbox="901 1591 1144 1623">_____</td> <td data-bbox="1177 1581 1339 1623">\$ _____</td> <td data-bbox="1388 1591 1518 1623">_____</td> </tr> <tr> <td colspan="3" data-bbox="901 1654 1063 1686">b) YES/NO</td> </tr> </table>	21. a) <u>Insurance Co.</u>	<u>Policy Limit</u>	<u>Expiration Date</u>	_____	\$ _____	_____	b) YES/NO		
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<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>																								
<p>23. a) During the past FIVE years has the name of the Applicant 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 omission 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 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) _____ 																								

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<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>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. a) YES/NO</p> <p>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.*