



SECTION 1: APPLICANT INFORMATION

Applicant Name:			
Current Address:		City:	
State:	ZIP Code:	Phone:	
Date Established:		Email:	
Gross Revenue Current Year:		Gross Revenue Last Year:	

SECTION II – PROFESSIONAL SERVICES

Describe the services the Named Insured and any subsidiaries provide.

1. Services (must equal 100%)

	Percentage of Revenue		Percentage of Revenue
Business Valuators:		M&A Services (See item 3 on next pg):	
Machinery & Equipment Appraisal:		Management & Strategic Consulting:	
Real Estate Appraisal:		All Other Services:	
Exit Planning/Business Coaching:			

2. Valuation for Public Traded Companies:

Purchase Price Allocation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other:
Stock Option Value for IRS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SECTION II – PROFESSIONAL SERVICES (CONTINUED)

3. M&A Services

Consulting: Yes No

Business Brokering: Yes No

Acting as Intermediary/Selling Ownership Shares:

i. Raise Capital – Institutional Investors? Yes No

ii. Raise Capital – Non Institutional Investors? Yes No

SECTION III - GENERAL

1. Are you or any of your staff members of any of the following professional organizations? Include all that apply.

AMAA

ABA

AICPA

ASA

NACVA

ISBA

NEBB

Other:

2. Do your clients provide you with financial reports, projections, appraisals of assets: real estate or fixed? Yes No

3. Does the Applicant have a written contract or agreement for every project? Yes No

A. Provide the percentage of the Applicant's revenue where a written contract is not secured %

B. Do the Applicant's contracts contain any of the following?

i. Hold Harmless or indemnification clauses in your favor? Yes No

ii. Hold Harmless or indemnification clauses in your client's favor? Yes No

iii. Guarantees or warranties? Yes No

iv. Specific description of the services you will provide? Yes No

SECTION III - GENERAL (CONTINUED)

4. Has the Applicant in the last 12 months or does the Applicant anticipate in the next 12 months any restructuring, legal or financial reorganization, or filing for bankruptcy, or has any auditor in the last 3 fiscal years rendered a "going concern" opinion for the financial statements of the Applicant?

Yes

No

If yes, please provide details:

5. Has the Applicant in the past 18 months been involved with any actual, negotiated or attempted merger, acquisition or divestiture or does the Applicant anticipate in the next 18 months it may be involved with any actual, negotiated or attempted merger, acquisition or divestiture?

Yes

No

If yes, please provide details:

SECTION IV – PRIOR ACTIVITIES INFORMATION

1. Have any principals, partners, officers or professional employees ever been the subject of reprimand or disciplinary or criminal actions by authorities as a result of their professional activities?

Yes

No

If yes, please provide details:

SECTION IV – PRIOR ACTIVITIES INFORMATION (CONTINUED)

2. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him or his predecessors in business? Yes No

If yes, please provide details:

3. Have any professional liability claims been made against any proposed insured(s) in the past 5 years? Choose an item. Yes No

If yes, please provide details:

SECTION V - SURPLUS LINES NOTICE

THIS POLICY IS WRITTEN AS A SURPLUS LINE POLICY, APPLICABLE TO THE STATE SURPLUS LINES REGULATIONS. THE INSURER (LLOYDS OF LONDON) IS NOT PERMITTED TO TRANSACT BUSINESS AS AN ADMITTED OR LICENSED CARRIER AS DEFINED BY THE STATE COMMISSIONER OF INSURANCE. THE POLICY IS NOT SUBJECT TO THE FILING OR APPROVAL REQUIREMENTS, AUDIT REQUIREMENTS, OR REVIEW FOR SOLVENCY BY ANY STATE DEPARTMENT OF INSURANCE. IN THE EVENT OF INSOLVENCY OF THE INSURER, THIS POLICY IS NOT COVERED BY ANY STATE INSURANCE GUARANTY FUND. THE UNDERSIGNED ACKNOWLEDGES AND ACCEPTS THAT THE COVERAGE WRITTEN UNDER THIS POLICY IS A SURPLUS LINE POLICY AND IS SUBJECT TO THE TERMS AND CONDITIONS STATED HEREIN.

SECTION VI - CYBER LIABILITY

In signing this application, the Applicant confirms that it:

- A. has a written corporate-wide privacy policy which addresses information management, records and compliance and conducts awareness training regarding Privacy issues for all employees;
- B. maintains the following on its computer system and regularly updates:
 - 1. firewalls including for use of mobile laptops and PCs remotely.
 - 2. anti-virus and malware prevention solutions.
 - 3. a formalized strategy to ensure timely updates of software and operating systems;
- C. does not collect, process and store more than 100,000 individual records that can be considered to be personally identifiable information. Personally identifiable information means any information collected that could be used to identify an individual;
- D. has established and documented system backup and recovery procedures;
- E. backs-up all sensitive/critical business data at least every 7 days;
- F. has a written Business Continuity and Disaster Recovery Plan in place which establishes the steps for keeping all aspects of the business functioning and IT related infrastructure recovery/continuity in the midst of disruptive events.

Comment on above:

SECTION VII – OTHER INFORMATION

1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become a part of such Policy, if issued. The Insurer hereby is authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
2. It is represented that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Insurer and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify the Insurer and, at the sole discretion of Insurer, any outstanding quotations or binders may be modified or withdrawn.
4. It is agreed that in the event of any misstatement, omission, or untruth in this Application or any material submitted along with or contained herein, the Insurer has the right to exclude from coverage any claim based upon, arising out of, attributable to, directly or indirectly resulting from, in consequence of, or in any way involving such misstatement, omission or untruth.

Signature:

(must be signed by an Executive Officer of the Applicant)

Title:

Date:

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either digital signature, electronic signature, facsimile or photocopy shall have the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.

In the event this application is submitted electronically, this application is provided under the Uniform Electronic Transactions Act – Col. Rev. Stat. §§ 24-71.3-101 et seq. By submitting this application, you are confirming your agreement to submit this application electronically, and your indication of agreement, along with information provided, will have the same force and affect as if this application was submitted manually and your manual signature was provided. You should retain a copy of this application for your records.