

Professional Liability Insurance Application

Applicant Information

Full Name

Business Name

Business Address

Phone Number

Email Address

Business Details

Profession/Type of Business

Years in Business

Number of Employees

Estimated Annual Revenue

Description of Professional Services

Locations of Services Offered

Current Insurance Information

Current Insurer (if any)

Policy Expiration Date

Current Coverage Limit

Any Claims in Last 5 Years?

If yes, please provide details

Coverage Requested

Requested Liability Limit

Requested Policy Start Date

Additional Information or Comments