

# Part One – Small Firm Application for Target Professionals™ Liability



RLI Insurance Company  
Peoria, Illinois 61615

**This application applies to firms with revenues less than \$1,000,000. If your firm's revenue is more than \$1,000,000, please complete the RLI Target Professionals Application.**

Please answer all questions completely. This form must be completed signed and dated by the same partner, member, director or officer of the firm. Please type or print.

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Website: \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Date Established: \_\_\_\_\_ (If business has been in operation less than three (3) years, please provide the resume of a principal, partner or key employee.)
4. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company?  Yes  No  
If "Yes", please provide name(s) and relationship(s): \_\_\_\_\_
5. Does the Applicant have any subsidiaries?  Yes  No  
If "Yes", please list:  

Subsidiary Name	% of Ownership	Created Date	Services Performed
_____	_____	_____	_____
_____	_____	_____	_____
6. Applicant is:  Corporation  Partnership  Individual  LLC  Non-Profit
7. Total number of employees: \_\_\_\_\_
8. List all professional services for which coverage is desired:  

Professional Service	% of Revenues
_____	_____
_____	_____
_____	_____
9. Provide your firm's revenues attributable to the following years.  
Next Year: \$ \_\_\_\_\_ This Year: \$ \_\_\_\_\_ Last Year: \$ \_\_\_\_\_ Two Years Ago: \$ \_\_\_\_\_
10. Describe the 3 largest jobs or projects during the past three (3) years:  

Name of Client	Services Provided	Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____
11. Please answer the following questions regarding the use of independent/subcontractors:
  - (a) The total percentage of work done by independent/subcontractors: \_\_\_\_\_%
  - (b) Are all independent/subcontractors required to carry errors and omissions insurance?  Yes  No
12. Please answer the following questions regarding contractual procedures:
  - (a) A written contract or agreement is used:  In all cases  Sometimes  Never
  - (b) Are all written contracts reviewed by legal counsel?  Yes  No
  - (c) Percent of contracts that limit the insured's liability: \_\_\_\_\_%
13. Provide the following information about your firm's current Professional Liability insurance:  

Insurance Company	Policy Period	Per Claim / Agg. Limit	Deductible	Premium
_____	_____ to _____	\$ _____ / \$ _____	\$ _____	\$ _____

  
 Retroactive date on policy: \_\_\_\_\_ Years continuous coverage? \_\_\_\_\_ First Dollar Defense  Yes  No
14. After inquiry, do any directors, officers, principals, partners, insurance managers, of the firm for which coverage is sought, have knowledge of any incident, a circumstance, an event, or unresolved fee dispute that may result in a claim?  Yes  No
15. Within the past five (5) years, have any claims been made or legal action brought against the firm, its predecessor(s), or any past or present principals, partners, insurance managers, or employees?  Yes  No  
 # of claims \_\_\_\_\_ Total \$ Paid/Incurred (inclusive of reserves) \_\_\_\_\_

THE APPLICATION MUST BE SIGNED BY A PARTNER, MEMBER, DIRECTOR OR OFFICER OF THE APPLICANT.

SIGNATURE	TITLE	DATE
PRINT NAME		