☐ **Scottsdale Insurance Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

CONSULTANT LIABILITY APPLICATION

Applicant's Name: _____

_____

Mailing Address: _____

_____

Location Address: _____

_____

Agency Name: _____

Agent No.: _____

Address: _____

_____

E-mail: _____

Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ **To** _____ **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
☐ Limited Liability Company ☐ Other (Specify) _____

Website Address: _____

E-mail Address: _____ **Phone No.:** _____

Limits Of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)		$
Products & Completed Operations Aggregate		$
Personal & Advertising Injury (any one person or organization)		$
Each Occurrence		$
Damage To Premises Rented To You (any one premise)		$
Medical Expense (any one person)		$
Errors and Omissions Coverage (Limits must be equal to General Liability Limits)	Each Claim Aggregate	$ $
Sexual and/or Physical Abuse Coverage		$25,000/$50,000 (included)
Other Coverage, Restrictions and/or Endorsements:		$
Deductible		$

1. **Describe all professional or business services performed by applicant:** _____

2. **Number of years in business:** _____

3. **List all states in which applicant performs operations:** _____

4. **Number of employees: Total:** _____ **Full Time:** _____ **Part Time:** _____

5. **Total annual: Payroll: $**_____ **Gross Receipts: $**_____

6. **Schedule Of Hazards:**

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

7. **List applicant's five largest clients (projects), service provided and cost of service:**

Client (Project) Name:	Services Provided	Cost of Service

8. **Provide a breakdown of the applicant's consulting services including type of consulting activity and percent of gross receipts derived from each type of consulting activity:** _____

9. **Identify which of the following categories the applicant offers consulting services for:**

- ☐ Animals
- ☐ Chemicals
- ☐ Computer/Information Technology
- ☐ Construction
- ☐ Engineers or Architects
- ☐ Environmental
- ☐ Financial/Investment
- ☐ Gas or Oil
- ☐ Irrigation
- ☐ Legal
- ☐ Management/Business
- ☐ Marketing
- ☐ Medical
- ☐ Nuclear
- ☐ Nutrition
- ☐ Political
- ☐ Public Relations
- ☐ Range Management
- ☐ Real Estate
- ☐ Regulatory
- ☐ Safety
- ☐ Security
- ☐ Social Media
- ☐ Social Services
- ☐ Other: _____

10. Does applicant provide the following services:

Construction Project Manager ☐ Yes ☐ No

Expert Witness ☐ Yes ☐ No

Inspection Company ☐ Yes ☐ No

Real Estate Agent ☐ Yes ☐ No

Tutor ☐ Yes ☐ No

11. Does applicant use a written contract? ☐ Yes ☐ No

If yes, attach copy of contract.

12. Does applicant subcontract work to others? ☐ Yes ☐ No

13. During the past three years, has the applicant's name been changed or has the applicant purchased, merged or consolidated with any other business? ☐ Yes ☐ No

If yes, explain: _____

14. Is applicant involved in any business or profession other than what is described above? ☐ Yes ☐ No

If yes, describe and provide estimated receipts: _____

15. Is applicant controlled by, owned by, or associated with any other firm, corporation or company? ☐ Yes ☐ No

If yes, describe: _____

16. Does applicant assist in negotiating or have any authority to alter or enter into contractual relationships on any client's behalf? ☐ Yes ☐ No

If yes, explain: _____

17. Does applicant have Professional Liability coverage in force? ☐ Yes ☐ No

If yes: With whom? _____

Effective dates: _____

Limits: _____

18. List professional associations to which the applicant belongs: _____

19. During the past three years, has any company canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri) ☐ Yes ☐ No

If yes, explain: _____

20. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ☐ Yes ☐ No

If yes, describe: _____

21. Additional Insured Information:

Name	Address	Interest

22. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Coverage					
Occurrence or Claims Made					
Total Premium					

23. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. ☐ Check if no losses in the last five years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

24. Include the following documents with the Application:

a. Sample copies of all types of client contracts, including sub-contractor contracts.

b. Copies of all promotional or marketing materials.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.