Entrepreneurs Professional Liability - Consultants

Expedited placement. Optimal coverage. Competitive pricing.

E&O and GL for entrepreneurs and small businesses providing consulting services.

Coverage benefits

- Automatic Additional Insured (A/I) coverage
- Contingent Bodily Injury/Property Damage sublimit of $250,000
- Defense outside the limit (capped at aggregate policy limit)
- HIPAA/HITECH sublimit of $250,000
- 50/50 cooperation clause
- Third-party discrimination coverage
- Punitive damages coverage (where insurable by law)
- Independent contractor coverage

Revenue

The insured will be eligible for this coverage if they have generated $1,000,000 or less in gross revenue during the past 12 month period.

Claims

The Insured will be eligible for this coverage if there have not been any E&O claims made against any proposed insured(s) during the past five years.

Prior acts coverage

We will match the prior acts date on the Insured's current E&O policy. We require a copy of the Insured's expiring Declarations page in order to verify the retroactive date. If the Insured binds a limit with Us that is higher than their current limit, We will not provide prior acts coverage on the additional limits and retroactive date inception will apply.

Terms and conditions

No modifications can be made to terms and conditions. If modifications are required, the Insured will not be eligible for this coverage, however they can still be evaluated for coverage by Hiscox where coverage and rates can be adjusted accordingly.

Midterm changes can be considered on a case by case basis and must fall within the eligible Hiscox Streamlined Underwriting parameters set forth below:

- name change;
- mailing address change;
- increased/decreased limits.

It is a crime to knowingly and intentionally attempt to defraud an insurance company by providing false or misleading information or concealing material information during the application process or when filing a claim. Such conduct could result in your policy being voided and subject you to criminal and civil penalties.

Your details

Applicant name

Principal business address

Your consulting services

Please describe the **consulting services** you perform for others, for which coverage is desired

Projected annual (12 months) gross revenue: (check one)

☐ $0 - $50,000 ☐ $50,001 - $100,000 ☐ $100,001 - $250,000

☐ $250,001 - $500,000 ☐ $500,001 - $750,000 ☐ $750,001 - $1,000,000

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Qualifying conditions

By signing this form, you declare that:

- You are not providing services as a, or in the capacity of a
  - a) Depository institution (savings bank, commercial bank, savings and loan, credit union, or similar); investment bank, registered investment advisor ('RIA'), securities underwriter, securities broker-dealer, mergers and acquisitions consultant, or similar;
  - b) Attorney, Certified Public Accountant, insurance agent/broker;
  - c) Real estate consultant, real estate developer, real estate appraiser;
  - d) Safety/OSHA consultant, insurance risk management consultant;
  - e) Franchise/area development consultant;
  - f) Architect/Engineer and related design services, general contractor, and/or construction manager;
  - g) Medical/mental health services and/or medical equipment/device consultant;
  - h) Oil/gas consulting;
  - i) Intellectual property, copyright/trademark, and or patent consultant;
  - j) Employee benefit/pension consulting, actuary.
- You do not have revenue-generating, permanent physical operations located outside of the USA;
- As respects the coverage to be provided, over the past five years no claims have been made against you, and no legal nor regulatory action has been taken against you; and, after the appropriate investigations, you are not aware of any fact, circumstance, allegation or incident that could reasonably give rise to a claim or legal or regulatory action against you.

Insurance history

Is E&O coverage currently in force? Yes ☐ No ☐

If Yes, please provide details:

Name of current carrier: _____

Current limits: _____

Expiration date: _____

Retro date: _____

Coverage options

General Liability coverage (claims-made and reported) Yes ☐ No ☐

Coverage for intellectual property disseminated on your website Yes ☐ No ☐

Declaration

I/we declare that (a) this form has been filled in after an appropriate investigation; (b) its content are truthful and accurate and (c) all the facts and matters that may be relevant for the consideration of our insurance application have been communicated.

I/we agree that this form and all the information provided shall be incorporated in the insurance contract and shall form part thereof.

Applicant name _____

_____ _____

Signature of Principal/Partner/Officer/Director as authorized representative of the Applicant

Date (mm/dd/yyyy)