

International Placement Services, Inc.

101 S. Hanley Rd., Ste 700

St. Louis, MO 63105

ASSOCIATION PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important all questions are answered accurately.

- 1. Name of Applicant: _____
- 2. Year Established: _____
- 3. Geographic Scope (State, National, etc.): _____
- 4. List all past and present affiliations with other entities. Describe relationship in detail and indicate period of affiliation.

5. State the number of:

<u>Category</u>	<u>No.</u>	<u>Category</u>	<u>No.</u>
A. Directors	_____	D. Inactive Members	_____
B. Officers (Are Also Directors)	_____	E. Clerical Staff	_____
C. Active Members	_____	F. Other	_____

- 6. a) Describe the minimum qualifications for membership and submit copy of application form.

- b) Describe briefly the purpose and goals of your association. (For other than bar and medical associations, submit copies of articles of incorporation including by-laws and copies of contracts which the association has with others.)

7. State sources and amounts of total revenue:

	<u>Amount Last Fiscal Year</u>	<u>Amount This Fiscal Year</u>
A. Membership Dues	\$ _____	\$ _____
B. Government Funding	\$ _____	\$ _____
C. Sale of Publications	\$ _____	\$ _____
D. _____	\$ _____	\$ _____
E. _____	\$ _____	\$ _____
TOTAL GROSS REVENUE	\$ _____	\$ _____

- 8. State Total expenditures for:
A. Last Fiscal Year \$ _____
B. This Fiscal Year (Estimate) \$ _____

9. List the kinds of publications and other printed or recorded material including advertisements furnished to members and/or non-members (attach a copy of printed materials):

- | | YES | NO |
|---|--------------------------|--------------------------|
| 10. Answer a-k below. (Attach details of all "YES" answers) | | |
| a. Does applicant provide a referral service, legal aid service or computer service to its members or the public? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does applicant promote or sponsor any type of group travel, conventions, parades or other similar events, or assume any liability in connection therewith? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does applicant promote, sponsor or provide any form of insurance to its members or non-members? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does applicant act as a fiduciary or administer under the Employee Retirement Income Security Act of 1974? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does applicant develop standards used to evaluate the quality of goods, products manufactured or services rendered: | | |
| i) by members? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) by non-members? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Is applicant engaged in any form of research, development, and experimentation or testing? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Does the applicant act as or participate in peer group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Does the applicant take any disciplinary action or recommend disciplinary action as a result of peer review group activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Does the applicant perform any other activities or services not specifically included in (a-h)? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Has the applicant or any of its past or present officers, directors or employees ever have been convicted of a violation of any law or ordinance? | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Does the association maintain directors and officers liability coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Have any persons named herein, and for whom coverage is being sought, ever been the subject of reprimand or criminal actions by authorities as a result of their professional activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation. | | |

NOTE: Answer questions 12 through 13 only after inquiry of each member of the firm.

2. Have any professional liability claims ever been made against the applicant any proposed Insured? Yes No
3. 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

NOTE: If yes to 12 or 13, please complete a supplemental claim form for each claim.

I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES A PART OF MY MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME WARRANTY AND CONDITIONS.

Name: _____

Title: _____

Signature: _____

Date: _____