

PROFESSIONAL LIABILITY INSURANCE PLAN FOR CLAIMS-MADE COVERAGE

Freelance Reporting Firms Application Form

NOTICE: THIS POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED IS A CLAIMS-MADE AND REPORTED POLICY, AND SUBJECT TO ITS TERMS AND CONDITIONS, THIS POLICY ONLY COVERS CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER IN WRITING DURING THE POLICY PERIOD, OR DURING THE EXTENDED REPORTING PERIOD, IF APPLICABLE.

THIS APPLICATION IS FOR RESIDENTS OF NEW YORK ONLY. If you reside in another state, please contact the administrator for the correct application.

APPLICANT INFORMATION (Applicant Must Complete)

NAME OF FIRM NAME OF OWNER

MAILING ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE

FAX #

HOME PHONE#

E-MAIL ADDRESS

NCRA MEMBERSHIP #

Retroactive date on current policy (if not a renewal): ___/___/___

If a renewal policy, what is the earliest date of continuous coverage without lapse: ___/___/___

1. What is the total gross revenue (from all sources) of your firm? _____

2. Indicate the number of Independent Contractors (not including yourself or your employees) you wish covered on your policy.

3. During the past 5 years have any claims been made, or is any claim now pending, against you, any employee, or any independent contractor for whom coverage is sought? Yes No

If Yes, please attach a separate sheet providing details.

4. Have you or any officer, partner, employee or Independent Contractor affiliated with you been made aware of any situation which may give rise to a claim being made against them? Yes No

If "YES", give details (attach a separate sheet if necessary).

5. Does your firm supply official court reporting services? Yes No

With respect to Questions 3 and 4, it is agreed that if such knowledge of any claim, fact or circumstance exists, any claim or action subsequently arising there from shall be excluded from coverage should this proposed Application lead to an insurance policy being issued.

This application is subject to the underwriter's approval. Your completion of this application and premium payment does not bind coverage or obligate the insurance company to issue you insurance coverage. Coverage will become effective upon receipt of your acceptable application and premium payment. Your application cannot be processed unless it is completed in its entirety. The application is subject to the company's underwriting rules.

Mercer Consumer Insurance Compensation & Disclosure

In this transaction, Mercer Consumer, a service of Mercer Health & Benefits Administration LLC (Mercer Consumer) is acting as the insurance agent and program manager for Liberty Insurance Underwriters Inc. ("Insurer") for this type of coverage, and not as your insurance broker. Comparable insurance products may be available in the insurance market place. Mercer Consumer is only offering this selected carrier quote proposal.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon such factors as volume, growth or retention of business. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

You may obtain this information by referring to <http://www.personal-plans.com/disclosure> and enter in the security code o4913435 or call us at 1-888-206-5088 for specific details.