

**ANSWERING SERVICE E&O  
PROGRAM APPLICATION**

Email completed application to:  
[DalProSub@usrisk.com](mailto:DalProSub@usrisk.com)

**Section One – Applicant**

1. Name of Applicant: \_\_\_\_\_  
(as it should appear on the policy)  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Web Site: \_\_\_\_\_ No. of years in business: \_\_\_\_\_  
Is firm:  Corporation  Partnership  Individual  LLC  Other
2. Description of answering services provided: \_\_\_\_\_  
\_\_\_\_\_
3. Revenue from previous annual period: \$ \_\_\_\_\_ Projected revenues for the coming annual period \$ \_\_\_\_\_
4. Approximate number of clients: \_\_\_\_\_
5. Is applicant affiliated with any Industry Associations?  ASTAA  GLTSA  SATAS  STA  TSAT  
 WSTA other: \_\_\_\_\_  
Is the applicant affiliated with any User Group Associations?  NAE0  OEO  PIN  SNUG  TUG  
 TUNE
6. What type of equipment does the applicant use? \_\_\_\_\_
7. Is the applicant firm controlled, owned or affiliated with any other firm, corporation or company?  Yes  No
8. Does the applicant generate more than 50% of revenue from services provided to health care providers and other medically related entities (physicians, ambulances, pharmaceutical companies, etc)?  Yes  No  
If yes, percentage \_\_\_\_\_
9. Does the applicant provide services for 911 type emergency calls, life line type devices, or dispatch services?  Yes  No  
If yes, please detail: \_\_\_\_\_

**Answer if Alarm Monitoring Coverage is desired.**

10. Type of alarms monitored by the applicant and the percent of total revenue:
- |   |  |
|---|--|
| <input type="checkbox"/> _____% Ambulance | <input type="checkbox"/> _____% Elevator           |
| <input type="checkbox"/> _____% Burglar   | <input type="checkbox"/> _____% Food refrigeration |
| <input type="checkbox"/> _____% Fire      | <input type="checkbox"/> _____% Other: _____       |

**Insurance History**

11. Please list the Applicant's Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Retention	Premium

12. Does the current policy have a prior acts limitation or retroactive date?  Yes  No

If "Yes", please indicate date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Claims History**

***For questions 13 -15, if the answer is "Yes", coverage cannot be bound as per the terms and conditions of this program. Please provide details for the "Yes" answers for an indication outside the program.***

13. Have any claims, suits, or demands been made against the applicant, a predecessor firm, any past or present principals, partners, officers, or employees within the past five (5) years?  Yes  No

14. After inquiry with all principals, partners and officers, is the applicant aware of any dispute, error, omission, act or circumstance that is, or could reasonably be expected to become a claim under the policy for which this application is submitted to the Underwriters?  Yes  No

15. Has the applicant received any complaints, claims or been subject to litigation involving matters of privacy, injury, identity theft, denial or service attacks, computer virus infections, theft of information, damage to third party networks or the Applicant's customer's ability to rely on the Applicant's network?  Yes  No

***For questions 16-18, if the answer is "No", certain coverages cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide details for the "No" answers.***

16. Is the Applicant HIPAA/HITECH compliant?  Yes  No

17. If the Applicant stores personal information on portable devices, including Laptops, cell phones, PDA's and external hard drives, is such data encrypted to industry standards?  Yes  No

If you **\*do not\*** store personal information on portable devices, check here

18. Does the Applicant use anti-virus software and firewall protection on all desktops/portable devices and mission critical servers, and is it updated in accordance with the software provider's recommendations?  Yes  No

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## Section Two – Coverage Selection (*Check options desired*):

Requested effective date (No backdating): \_\_\_\_\_

### LIMIT DESIRED

- \$500,000 / \$500,000
- \$1,000,000 / \$1,000,000
- \$1,000,000 / \$2,000,000
- \$2,000,000 / \$2,000,000

### INCLUDE OPTIONS

- Alarm Monitoring Coverage Option
- Defense Outside the Limit Option

## Section Three – Notice to the Applicant

- A. The applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
- B. The applicant agrees that after receipt of the completed application form, underwriters have two working days to either confirm or deny coverage. It is also agreed this application shall be the basis of insurance and will be attached to and made part of the policy should a policy be issued.
- C. The applicant further represents that if the information supplied on this application changes between the date of the application and the inception date of the policy period, the applicant will immediately notify the underwriter of such a change, and the underwriter may modify or deny coverage.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Authorized signature of a Principal or Officer**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
**(Must be signed and dated no more than 45 days prior to binding)**

\* To submit application, save completed application to your computer,  
then click submit button and attach the saved application

[Click Here to Submit Application](#)